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Care For Me First evaluation

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“So lovely to be with people in the same position,
as well as to have expert to talk to.” *Parent*

“So helpful to be heard and feel someone understands
where we are in our journey and to know we can always
find support when needed! Thank you.” *Parent*

“Stay and Play is essential for parents/children. Expertise is freely given
and it gives younger children the opportunities to make friends
with other adopted children which is incredibly unique.” *Parent*

“It is so important to be able to share and talk to people in
similar situations. I think at times you can feel quite alone as your
friends and family don’t always fully understand and perhaps you aren’t
being that open because you don’t want to share all details.” *Parent*

Early permanence training was “excellent, informative
& very useful to bring back to agency.” *Social worker*

“It was a very informative and useful session
to me as an adoption social worker. Both presenters
came across as knowledgeable and experienced
and knew what they were talking [about].” *Social worker*

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1. Care For Me First evaluation: executive summary

The Care for Me First programme, funded by a DfE Practice Improvement grant, aimed to improve early placement for young children via Fostering for Adoption and Concurrent Planning within London. Coram worked with Southwark Children's Services, Action for Children, the adopter peer support network, We Are Family (WAF) and local authorities in London.

The programme offered:

1. Training and preparation for potential adopters who are considering early placement.
2. Parent and baby/toddler play groups for early permanence carers and adopters which are supported by a specialist clinician (e.g. child psychologist or child psychotherapist).
3. Training on early permanence for professionals.

Evaluation approach

- In-depth interviews with project/group leads and clinicians.
- Feedback from adoptive parents and carers who attended the support groups, gathered from a support group/clinician feedback form and an online survey.
- Evaluation of the training provided for social workers/managers and early permanence carers.

Conclusions: programme core provisions

Early permanence preparation training

- Overall potential carers were positive about the preparation training.
- Potential carers agreed the preparation training helped them to understand the early permanence carer role, the legal process and what being a foster carer entails.
- Nearly all felt the training helped them to be more certain that becoming an early permanence carer/adopter was right for them.

Groups supported by a specialist clinician

- Professionals said the support groups with the clinicians were going well.
- It was said that adoptive parents/carers appreciated the support provided by the clinician, which was seen as sensitive, reassuring, and non-stigmatising.
- Feedback from professionals suggested that clinicians had a more in-depth understanding of issues that affect adopted children than other health professionals in generalist settings.
- The support groups were also seen as providing an opportunity for potential issues to be identified by professionals and support suggested or referrals made. Parents attending the groups were positive about their interaction with the clinician and were satisfied with the support they received.

- Most parents said they would attend the support group in the future specifically to see the clinician.
- All parents would recommend the group to other adoptive parents.

Early permanence training for social workers and managers

- Social workers/managers attending the training were very positive.
- They found training on the early permanence process, assessment, and support/training for carers useful.
- The knowledge and experience of the trainers was valued.
- The training was suitable for social workers/managers with varying levels of prior understanding of early permanence.
- Social workers/managers said they would put their learning into practice and recommend the training to colleagues.

Conclusions: programme objectives

- Early permanence preparation training was provided to 143 carer applicants (approximately 85 households) throughout London between November 2017 and March 2019.
- As of April 3rd 2019, 13 of these households had received an early permanence placement, with a further 16 households dually approved and waiting for a placement.
- Social workers/managers from 22 local authorities/agencies received early permanence training, contributing to greater consistency of experience to early permanence carers across London.
- Awareness and understanding of early permanence was high among adopters and early permanence carers had heard about it at early points in their journey.
- Early permanence carers appeared to benefit greatly from the dedicated preparation training; they found it helpful and felt more confident about many aspects of early permanence.
- Early permanence carers found the support groups with clinician support accessible, valuable and relevant. Professionals saw particular value in resolving issues early and avoiding subsequent escalation.
- Early permanence training for social workers/managers was also received very positively, and they commented that they would put their learning into practice and share it with their colleagues

2. Introduction

2.1. Background

The Care for Me First programme, funded by a DfE Practice Improvement Fund (PIF), aims to improve early placement for young children via Fostering for Adoption and Concurrent Planning within London, offering consistency of the model and high professional standards across London's Regional Adoption Agencies (RAAs). The programme provides:

1. Dedicated and comprehensive training and preparation for potential adopters who are considering early placement, including understanding and acceptance of their role as foster carers during court proceedings and the potential outcomes and risks of such placements. The training is available to prospective early permanence carers referred from any London based LA, RAA or VAA.
2. Parent and baby/toddler play groups for early permanence carers and adopters which are supported by a specialist clinician (e.g. child psychologist or child psychotherapist). The clinician is available for informal consultation about any concerns the adopter/carer may have, for example about the child's attachment to the carer or developmental issues. It aims to improve access to services for children placed under early permanence arrangements and enable early signs of issues (such as disrupted sleep or language development) to be addressed with psychologically-informed input. This model provides early access to specialist support to carers/new adopters of young children from complex backgrounds. It aims to provide advice and reassurance to the carers/adopters and to identify those children who require further professional intervention as soon as possible. Coram is working with the adopter peer support network We Are Family (WAF) and local authorities in London to deliver this programme locally.
3. Training on early permanence for professionals including senior managers in Children's Services, children's social workers, adoption social workers, members of the legal profession and the judiciary.

In developing the PIF programme, Coram worked with Southwark Children's Services and Action for Children, the adopter peer support network We Are Family (WAF) and local authorities in London.

2.2. Research objectives

Coram's Impact & Evaluation team was commissioned to evaluate the Care For Me First programme on behalf of Coram Adoption and the Department for Education.

This evaluation seeks to understand:

1. Whether the project has provided early permanence training for a significant number of potential early permanence carers throughout London (i.e. in addition to applicants to Coram);

2. If the project has helped to generate a greater consistency of experience for adopters across London;
3. Determine the visibility of early permanence (including concurrency and foster for adoption) to adopters and how they became aware of it;
4. To what extent do early permanence carers benefit from dedicated preparation training;
5. In what ways do early permanence carers benefit from support groups where a clinician is available for informal support and where they are supported by peers (other early permanence carers or adopters).
6. What are the benefits and how useful is dedicated early permanence training for social workers.

2.3. Methodology

This evaluation took a mixed-methods approach. The first stage consisted of in-depth interviews with project/group leads. These interviews aimed to understand the set-up and format of the support groups, how the clinician has been received by early permanence carers and adopters, and how they benefit from attending the support groups. Interviews were also conducted with the clinicians attending the groups, to better understand their role and the type of support that they provide. A copy of the interview discussion guides can be found in the appendix of this report.

Feedback from early permanence carers and social workers/managers attending early permanence training was collected from training taking place between October and March 2019.

Feedback from adopters/carers was collected at the support groups on a regular basis between September 2018 and March 2019. Group leaders/volunteers were responsible for handing out the forms and parents had the choice to hand them back to the group leader (to be returned to Coram) or to email their completed form back to Coram directly.

An online survey of adopters and early permanence carers was also conducted between December 2018 and February 2019. This survey sought to understand more about their experiences of adoption and early permanence, including how they got involved, feedback on the support groups and the value of the preparation training they received (if applicable).

It is likely different cohorts of early permanence carers have attended the preparation training and support groups due to being at different points in their journey, but this does not detract from the validity of findings.

2.4. This report

This report presents the findings from interviews conducted with project leaders and clinicians about the support groups with clinician input. An analysis of parent feedback on the support groups (and clinician), the preparation training and their awareness/views of

early permanence is included, as well as feedback from social workers/managers on their early permanence training.

In this report we use the term 'early permanence' to cover both 'concurrency' and 'foster for adoption'. The terms 'specialist clinician' and 'clinician' will be used to refer to the professional providing psychologically-informed input at the support group (who may be a clinical psychologist or a psychotherapist with understanding of adoption issues). Adoptive parents and early permanence carers will be referred to as 'adoptive parents/carers', but in subsequent mentions as simply 'parents'. Where we are commenting specifically about adoptive parent or early permanence carer experiences, these will be referred to as such.

Project/group leaders and clinicians will collectively be referred to as professionals where appropriate.

3. Overview of the support groups

The support groups in the various locations were set-up and run differently to each other. However, the psychological support provided at the groups is an important element for all, as is the peer support provided.

3.1. Coram

Coram Adoption runs the Stay and Play group, held at Coram's central London campus. It is a two hour session and takes place once a month. It is open to all Coram adopters, including early permanence carers. Up to 40 parents and children attend each session. Approximately 12-15 early permanence carers/adopters and their children attend each month.

Several professionals attend the group. This includes the Adoption Support Manager (group organiser), an adoption support social worker, family support worker, contact supervisor and a child psychotherapist. Therapists from the Coram Creative Therapies team also offer particular input such as an opportunity for creative play and a 'good bye song' which brings each session to a close. Often a social worker of particular children will attend as well.

3.2. Southwark

Southwark runs a dedicated support group exclusively for early permanence carers. The parents who attend are at different stages of the process, but it includes those who have dual approval and are waiting for a child to be placed as well as those with children in placement. On average 4-6 parents attend each session.

The sessions are attended by a social worker from the adoption team and a clinician. The group takes place once a month and lasts for two hours.

3.3. We Are Family

We Are Family (WAF) is an adoption support community based organisation in and around London. WAF runs eleven support groups, of which four participated in the Practice Improvement Fund programme and therefore had a specialist clinician attending. The groups are in Hackney and Islington, Southwark, Havering and Shepherd's Bush.

The support groups cater for a mixture of parents. The Hackney and Islington group is a mainstream community play and stay group (a pre-existing group which WAF joined up with), where 3-4 adopter families attend alongside other non-adoption families. Southwark and Havering groups are attended by adopters and/or early permanence carers only. Shepherd's Bush was only recently established in 2018.

The frequency of group meetings varies depending on the area and parental demand, but they tend to be either fortnightly or monthly. The Care for Me First programme funded clinicians to attend once a month.

4. Early permanence preparation training for parents

The Care for Me First programme provides preparation training for early permanence applicants. Coram collected feedback from applicants attending the preparation training in December 2018, February and March 2019. Applicants were asked to complete a short feedback form about the training, including what was good and any improvements that could be made.

Coram followed up with the social workers of applicants after the training to ascertain their adoption status and if they had an early permanence placement.

4.1. Number attending the training and uptake

As shown in table 1, a total of 143 applicants received early permanence preparation training. Eleven two-day training sessions were held between November 2017 and March 2019.

Table 1: Early permanence preparation training

Date	Number of applicants attended
November / December 2017	13
January 2018	10
March 2018	12
April 2018	14
May 2018	13
July 2018	16
August / September 2018	18
October 2018	7
November / December 2018	10
January / February 2019	13
March 2019	17

Post-training status of applicants

At the end of the programme funding (March 2019), the social workers of applicants who had attended the preparation training were contacted to provide an update on the status of the applicants (following the training). Information requested included:

- Whether the applicants were still in assessment;
- If they had been dually approved, or approved as a mainstream adopter;
- What type of placement they had (early permanence or mainstream), or if they are still waiting for a placement.

To be dually approved means that the adopters are approved as both a foster parent and adoptive parent.

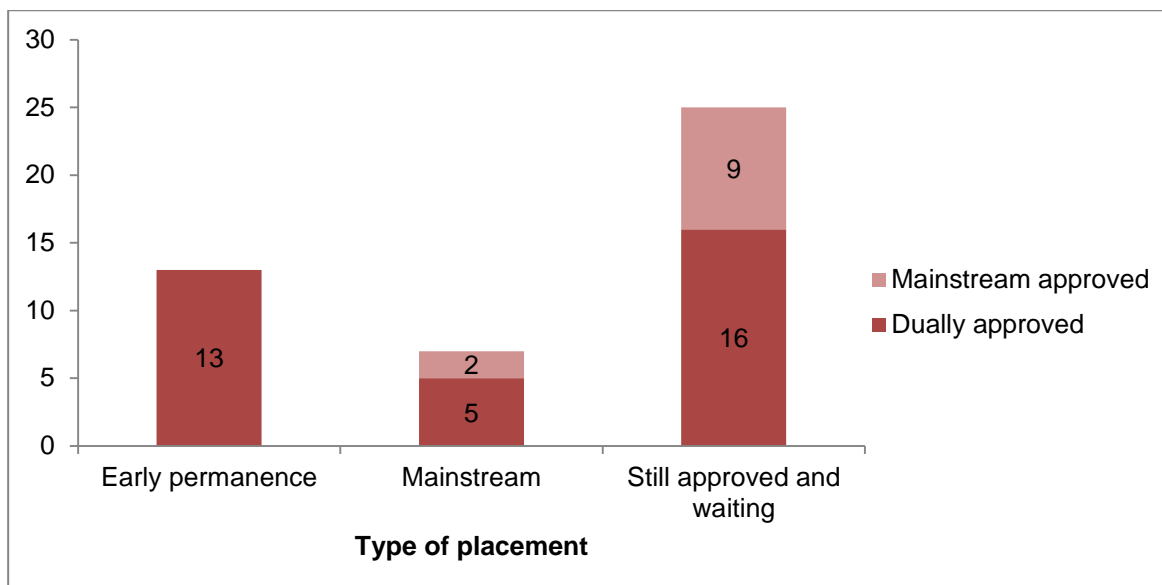
The details for 60 households (this includes both couples and single adopters) were provided. As shown in table 2, as of April 3rd 2019 following the training 45 adopters were no longer in assessment. Eight adopters were still in assessment, and seven had withdrawn from the process. The adopters still in assessment included adopters who attended the training in 2018 and 2019.

Table 2: Assessment status of adopters who attended the preparation training

Status	Number of households
No longer in assessment	45
Still in assessment	8
Withdrawn	7

Of the adopters who are no longer in assessment, 34 have been dually approved and 11 have been approved as mainstream adopters. Figure 1 shows that the majority of dually approved adopters were still waiting for a placement (16), but of those with a placement, more had an early permanence placement (13) than a mainstream placement (5). Two of the mainstream approved adopters had a placement, and nine adopters were approved but waiting.

Figure 1: Approved and placement type of adopters



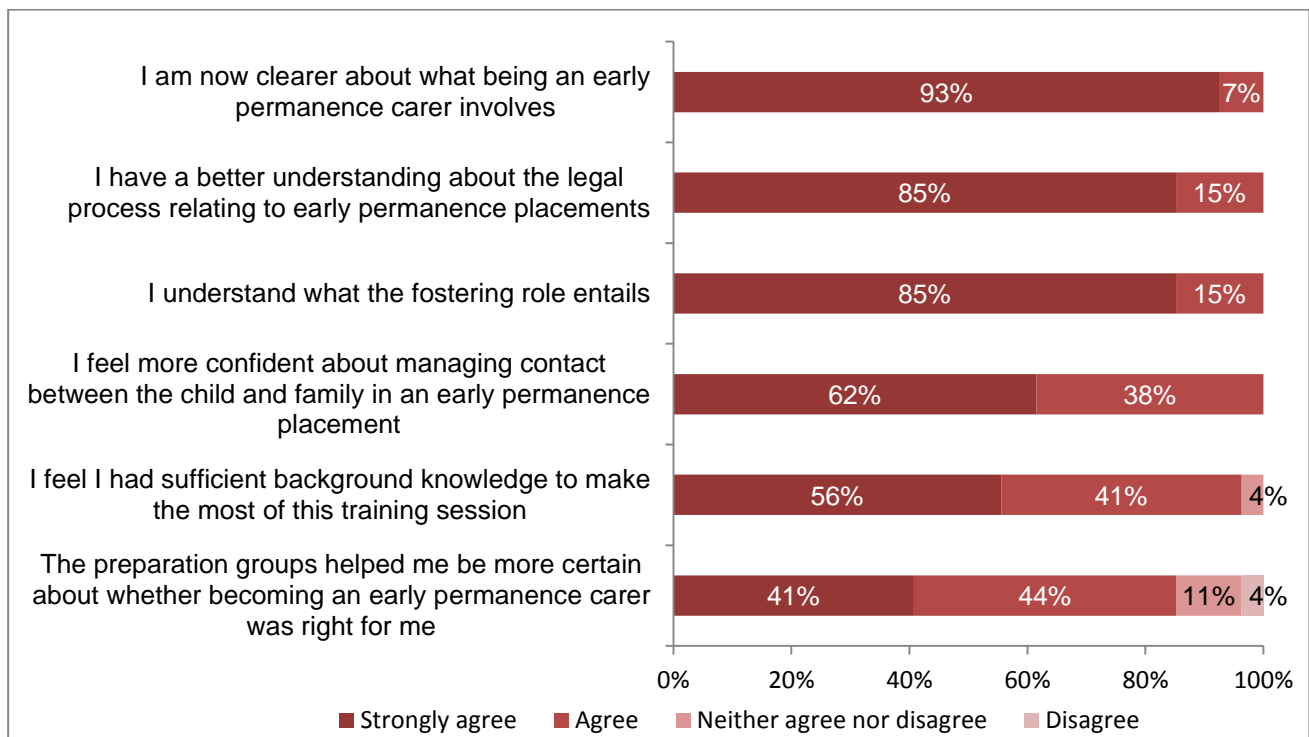
Base: 45 adopters who attended the EP preparation training and are no longer in assessment

4.2. Carer feedback

Applicants for early permanence were asked to complete a short feedback form (appendix 3) after both early permanence preparation training sessions had taken place. Carers were asked to indicate the extent to which they agreed with a series of statements about the preparation training sessions as a whole. A total of 27 feedback forms were collected from the preparation training sessions in December 2017, February 2019 and March 2019. These were completed by couples and individuals.

Feedback from the 27 applicants who responded was generally positive about the preparation training they had received. As shown in figure 2, nearly all (93%) strongly agreed that they are now clearer about what being an early permanence carer involves. The other two applicants (7%) agreed with this.

Figure 2: Proportion of applicants agreeing with statements about their preparation training



Base: All applicants attending early permanence preparation training (27)

Additionally the majority of applicants (85%) strongly agreed (and 15% agreed) that they had a better understanding about the legal process relating to early permanence placements. The same proportion (85%) strongly agreed that they understand what the fostering role entails, and 15% of parents agreed with this. Applicants also strongly agreed or agreed that they felt more confident about managing contact between the child and family in an early permanence placement (62% and 38% respectively).

Applicants generally agreed that they had sufficient background knowledge to make the most of the training; 56% strongly agreed and 41% agreed. Only 4% (one applicant) said they did not.

While 85% of applicants felt that the preparation groups had helped them be more certain about whether being an early permanence carer was right for them, the endorsement was not quite as firm as in other areas. Forty-one percent of applicants strongly agreed and 44% agreed that they were more certain. A further 11% neither agreed nor disagreed, and one applicant (4%) disagreed. One applicant commented that “It has made the decision harder!!”, and another explained that although they were still unsure, they are now better informed:

“I'm still not sure it's right for us but we'll talk it through much more informed than before. It's nice to have options.” *Applicant*

“Happy to have had the chance to attend this session before deciding if EP is right for us. It helped us decide with all the information and facts.” *Applicant*

Some additional feedback from carers thanked the Coram team for the training:

“Thank you for taking the time to explain this topic to us, so professional.” *Applicant*

“Excellent and informative training. Has been really helpful.” *Applicant*

“Excellent session – very well delivered, with a broad range of content and opportunity to discuss and ask questions.” *Applicant*

4.3. Conclusion

Feedback obtained from applicants attending the early permanence preparation training was very positive. Applicants said that they understood the early permanence carer role and legal process, as well as having made the most of the session. Nearly all were more certain about whether the role was right for them. This may reflect the carers being better informed about early permanence than before they completed the training and needing time to process and reflect.

5. Project/group leader and specialist clinician interviews

This section will provide feedback from project/group leaders and specialist clinicians on how the support groups are run, the role of the clinician, and the successes and challenges of the groups.

Interviews were conducted with seven project leaders and clinicians from the support groups run by Coram, Southwark and WAF in London. The interviews took place 7 September to 10 October 2018, with the majority taking place over the phone.

5.1. Format of the groups

Many of the groups were set-up prior to the start of the Care for Me First PIF grant. The Coram Stay and Play group has been running monthly since 2014, with a clinician in attendance from the beginning. The Southwark group was established before the clinician started attending. Three of the WAF groups were running before the clinician funded by the programme started attending. Only the WAF Shepherd's Bush group is newly set up to provide a local service to adopters/carers living in that area.

In general the groups are open to all adopters of babies and young children including early permanence carers. However one of the WAF groups is a mainstream parenting group which adopters and early permanence carers attend, and the Southwark support group was established for early permanence carers only.

The WAF groups operate as a drop-in session, whereby adoptive parents/carers can turn up without needing to register. This means that not all parents and children attending are known to the facilitators. Parents have fed back to professionals that they like the informality and anonymity of the sessions. On the other hand, parents are known to the professionals at the Coram and Southwark groups. At all groups parents are able to come and go as required; they do not have to attend the full session.

All groups have an informal structure. At the Coram group children have the opportunity to play with a variety of toys and parents have the opportunity to speak with other parents or with one of the professionals in an informal, relaxed manner. The WAF groups have a similar structure, whereby parents come to speak with other parents and their children can play with each other. At some WAF groups, parents need to use a sign-up sheet to arrange a time to speak with the clinician, rather than approach them as and when needed. This was introduced to ensure that all adopters/carers who wanted to consult the clinician would have an opportunity to do so. The Southwark group also has an informal structure, but some training sessions and group discussions have been provided during the group, such as training on early emotional attachment and massage for babies. This was in response to how families indicated they wanted to use the group time.

Some of the groups close with a goodbye song which is a way of helping children to cope with endings and transitions which many find difficult.

Benefits of adopter and early permanence carer only groups

As noted previously, the groups discussed in this report cater for a mix of parents.

Feedback from parents to professionals at the early permanence only group has been that they like the small group size with only other early permanence carers. They were reported to have told professionals that they see themselves as different to mainstream adopters, and that other early permanence carers better understand what they are going through. The early permanence process varies with each parent and can be a stressful time; the group offers an opportunity to get advice and reassurance.

The majority of the support groups have a mix of adopters and early permanence carers. Professionals said that parents attending these groups preferred them to mainstream community play and stay groups, as they were a calming space where parents and children could be open about their adoption background and not worry about revealing their story. Professionals said the groups provided a place where parents can offload (to other parents and clinicians) and not worry about what other parents may think.

It was also noted that adoptive parents' problems can be very different to the issues faced by early permanence carers who act as foster carers during court proceedings and have a significant degree of uncertainty about the child's future to manage, and so the issues/advice discussed at the groups dedicated to early permanence carers are more tailored to their needs. On the other hand, professionals thought that although early permanence carers have different experiences to other adopters, there is still some uncertainty for adopters and everyone is sensitive to each other's situations. In addition there are often several early permanence carers attending adopter play and stay groups, so they can seek each other out for support.

It was noted that clinician support for adopters at mainstream community groups could help to facilitate interaction between parents (both mainstream and adoptive). This is important when navigating conversations that may not be relevant to adoptive parents, such as breastfeeding.

5.2. Differences between early permanence carers and adopters

Some differences between early permanence carers and adopters attending the groups were picked up by professionals. It was noted that the early permanence carers tended to have younger children than other adopters, and they would often have greater stress or worries around the process, particularly the outcome of the court proceedings. All early permanence carers have a different story and circumstances; for some the process is relatively smooth compared to others, and professionals said that they tried to be mindful of this.

However, facilitating professionals felt that all families attending the group had unique stories and circumstances which distinguished them from others, and being an early permanence

carer did not necessarily mark them out as especially different since they all also shared aspects of the adoption experience in common.

5.3. Role of the specialist clinicians

The support groups are run informally and this is mirrored by the approach of the clinicians. Professionals said the aim was to be available for support in an unobtrusive way, with adopters/carers feeling comfortable to approach the clinician to chat should they wish to.

A variety of methods have been used by clinicians at the groups to facilitate this. At some groups, the clinician quietly observes the session and waits for parents to approach them. At another group, the clinician participates in a general group discussion, but parents can indicate if they would like to speak with them privately. A sign-up sheet is used at one group due to the high demand for the clinician's time. In all groups the parent is responsible for instigating one-to-one conversations with the clinician if they wish to make use of the opportunity. Speaking with the clinician is an option for parents, not an expectation.

Clinicians saw their role as helping parents think things through rather than provide explicit advice. They aimed to weave advice into discussions with parents, so parents do not feel like they are being told what to do. Clinicians said they wanted to encourage parents to think through things for themselves, as this would help build confidence in managing future difficulties and reassure them about their own judgement (that they were doing the right things).

Types of support provided

Clinicians provided information and support to parents on a range of topics. This included topics specific to the family, as well as around more general themes. Advice has been provided around setting boundaries, sleeping, eating, bed wetting (and the triggers), holidays and coming home. Topics specific to early permanence carers included relationships with baby, anxiety about losing the baby, and conflict around being a foster carer and wanting to be a forever carer.

It was noted that early permanence carers will be at different stages of the process, but professionals were aware of what topics they may wish to talk about, that would be relevant to their situation.

Professionals also commented that the clinicians have provided reassurance to parents and helped to alleviate anxiety. Adoptive children may face different developmental challenges than other children, so often parents need reassurance and help with managing their expectations.

5.4. Benefits of specialist clinician input

Reassuring adoptive parents/carers

As noted previously, the clinicians have a role in reassuring parents. There is some uncertainty with adoption and early permanence (both in terms of the legal outcome of early permanence and greater uncertainty over the development of the children), and facilitating professionals hoped that the clinician and support groups would help parents to feel that they have a supportive network behind them, which they could access if and when they chose.

Clinician expertise more appropriate than other professional advice

Professionals believed that parents felt that GPs and health visitors did not always understand the issues that face adopted children, such as trauma and attachment, and that it was helpful to speak to a professional who understood adoption. The groups offer easy access to this type of support. It was also suggested that families may prefer to speak to a clinician rather than visit their GP or talk to family and friends.

Potential issues identified early

Some professionals advised that a benefit of a clinician attending the groups was that they can help identify potential issues at an early stage and suggest if further support is needed. This may include attachment and bonding issues. Often parents returned for several sessions and professionals were able to monitor a child's progress over the weeks/months.

For example, professionals have been able to suggest when support from CAHMS might be needed, based upon the discussions they have had with parents. In addition, it was said that parents often just wanted a few tips. By providing advice early, it was hoped that parents could identify and work on any issues before the child is older, thus preventing difficulties escalating so that a later referral to CAMHS does not become necessary (children are rarely referred to CAHMS at a young age).

It was also hoped that identifying issues early through clinician support would reduce parental stress, improve care and relationships and decrease the likelihood of adoption breakdown when the child is older.

Impartiality of the clinician

Another benefit of the clinicians attending the support groups is that they are seen by adopters as independent of Coram or the local authority (WAF is exclusively volunteer run with no adoption team/social worker input). Professionals felt that some parents may worry about opening up to a social worker or other professionals who are part of the statutory service about issues or concerns they may have, whereas the clinicians are seen to provide more impartial support. This was said to be reassuring to parents, who may worry that they will be judged negatively by the adoption workers if they admit to having difficulties.

An exception is the Southwark group where the clinician and social worker run the session jointly. Because the group is run by the council, it is not completely confidential. Professionals said that parents at the Southwark groups were aware that any serious concerns would be reported back to other professionals, but it was hoped that parents felt the group was a safe space to open up and ask questions. It should be noted that the professionals and clinicians at all groups will have explained to parents that any serious concerns or child protection issues would need to be shared with other professionals.

On the other hand, professionals said that the benefit of having a team at the group who know the families (also applies to the Coram group) is that they know the families' backstories and can offer advice tailored to them or follow-up outside of the group setting.

5.5. Successes

In addition to the benefits of clinician input outlined above, the professionals interviewed felt the groups have been successful. It was said that the groups were working well overall and the clinicians were well received by families. At all groups many families had attended multiple group sessions.

It was noted that for adopters/carers the first few months and years can be quite precarious, and access to a clinician during this time was seen as undoubtedly helpful for parents. The clinician can provide some advice and help reassure parents during this time, which can be particularly uncertain and stressful for early permanence carers.

Professionals received positive feedback from parents about the clinician input. It was said that parents found the groups welcoming and the clinician very helpful and good at listening. It has been helpful for them to speak with someone not directly involved in their adoption journey. It was also said that the clinician support has been popular, with parents seeking them out and clinicians often speaking to many parents during the sessions.

In addition to clinician support, professionals felt that parents benefited from the opportunity to meet other parents going through a similar experience. Families are able to meet each other at the groups and make friendships, often extending these beyond the group.

5.6. Challenges

Professionals noted the challenge of maintaining confidentiality of families in a public space. The topics that adoptive parents/carers want to discuss with the clinician may be quite sensitive, and a balance is needed between probing deeper into the issue and respecting the privacy of the parents.

Professionals also noted it was important to be mindful of other families' circumstances and manage what parents discuss. For example, families can have very different experiences of adoption and early permanency, and one family's process may be smooth but another more

difficult, so sharing stories might not always feel supportive. It was noted that professionals need to have a sensitive approach and be aware of the potential for tensions to develop.

Attendance at the support groups is voluntary and families are free to stop attending whenever they wish. Some professionals had concerns that if a family stopped coming they would be unable to continue providing support and help with any issues. However, it was noted that families are often in contact with other sources of support (for example social workers) that can help, and it was hoped that families knew that they could come back to the groups later if they wished.

One challenge specific to the WAF support groups has been the need to approach existing groups with the clinician offer. Professionals described how in one case WAF offered the opportunity to have a clinician attend an existing support group which was already well established, but the adopters rejected the offer. It was suggested that some parents may have had previous negative experiences of professionals, and wanted to continue as a parent (and child) only group.

Practical challenges such as the suitability of the group location were also mentioned.

5.7. Conclusion

Overall professionals felt the support groups with the clinicians were going well. Adoptive parents/carers appear to appreciate support provided by the clinician, which is approached sensitively and in response to the parents' requests (allowing them to be in control of accessing advice and support). This, combined with other professional and parental support at the groups, contributes to a wide support network for parents. Early permanence carers in particular can face a lot of uncertainty, and this support network is seen to be invaluable to parents. Professionals noted that many families returned regularly to the groups, and felt this showed that parents enjoy the support groups and find them a safe reassuring place.

Clinician support was provided via a range of group formats, but the benefits of clinician support discussed were applicable to all groups. This includes helping parents to feel more reassured and confident in their parenting and their child's development. Parents were also reported to like the impartiality of the clinician; they are often separate to the agency, and provide an alternative perspective which parents were said to find helpful.

Clinician support and guidance was sometimes seen to be more appropriate than support from health professionals such as GPs, as the clinicians have a more in-depth understanding of issues that may affect adopted children. The support groups have also provided an opportunity for potential issues to be identified by professionals at an early stage, and further sources of support have been suggested to parents. This includes identifying when CAMHS support may be appropriate.

6. Support groups feedback form

Adoptive parents and early permanence carers attending the support groups were asked to complete a short questionnaire about their experience of attending the group and with the specialist clinician (psychologist or psychotherapist). Respondents were asked to indicate if they agreed or disagreed with a series of statements. It is estimated that 43 adopters and early permanence carers attended the support groups each month.

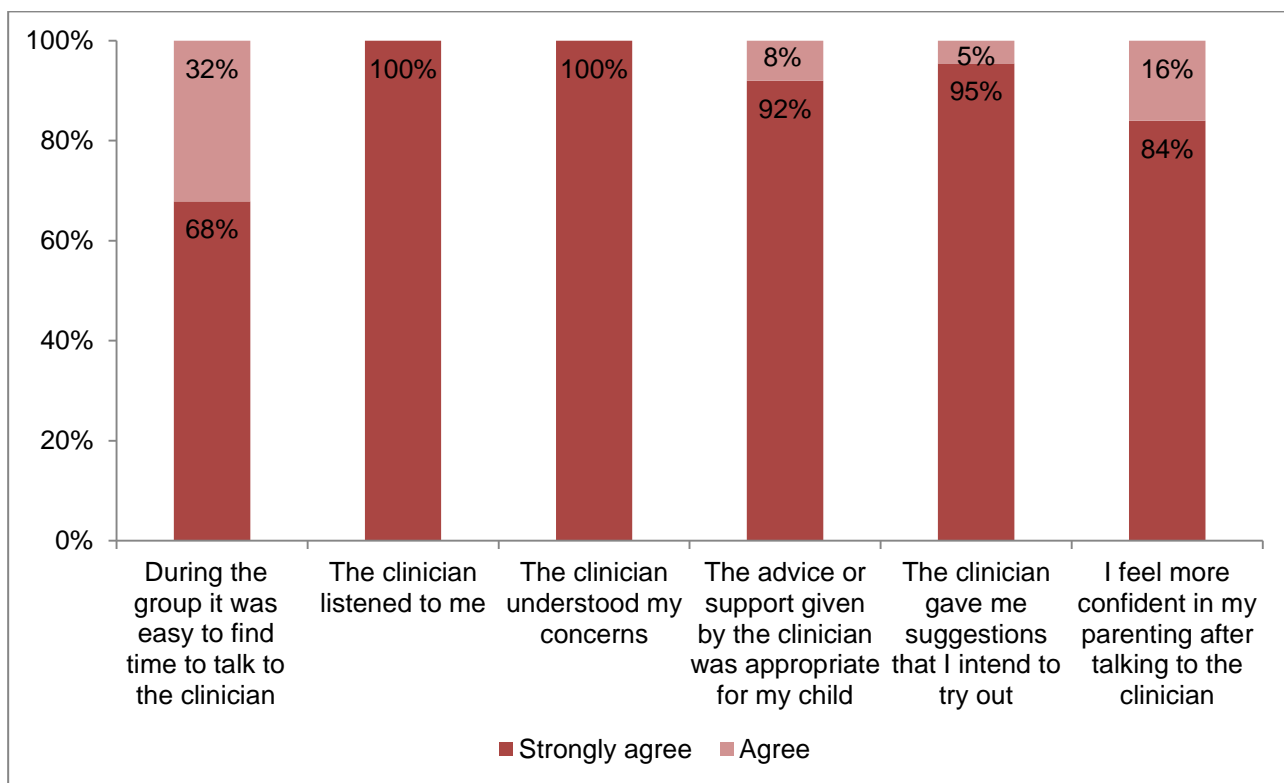
A total of 29 questionnaires were collected between November 2018 and February 2019. The questionnaires were tailored for each group, so not every question reported on was answered by all support group attendees (the base size for each question will be noted when reported on). The use of 'clinician', 'psychotherapist' and 'psychologist' were used interchangeably to denote the job description for the respondents.

6.1. Specialist clinician feedback

Adoptive parents/carers were very positive about their interaction with the clinician, strongly agreeing or agreeing with all statements (after removing not applicable responses). No parents strongly disagreed or disagreed with the statements.

As shown in figure 3, two thirds of parents (68%) strongly agreed and a third (32%) agreed that it was easy to find time to talk to the clinician.

Figure 3: Parent feedback on experience with clinician



Base: All parents (22-28)

All parents sampled (100%) strongly agreed that the clinician listened to them and that the clinician understood their concerns. Parents intended to try out the suggestions given by the clinician, with 95% strongly agreeing and 5% agreeing that they would. The majority of parents (92%) also strongly agreed that the advice or support given was appropriate for their child.

Parents also indicated that they feel more confident in their parent after talking to the clinician; 84% of parents strongly agreed and 16% agreed with this statement.

Separately, nearly all parents reported that they were very satisfied with the support they received from the clinician at the support group (93%). Two parents (7%) reported they were satisfied with the support provided.

6.2. Other feedback on the specialist clinician

Adoptive parents/carers were asked if they would attend the support group in the future specifically to see the clinician. The majority of parents (85%) reported yes they would, and only a small number said no (12%) or not sure (4%). One of the parents who indicated they wouldn't attend the support group specifically to see the clinician added additional clarification, stating: "not specifically but it is essential to have a clinician to speak with as concerns happen at different times".

Two thirds of parents (65%) reported that they had spoken with the clinician previously, compared to a third of parents (35%) who had not. Of the parents who had previously spoken with the clinician, 88% reported that they were able to put the advice into practice. Twelve percent of parents were not sure.

Parents who had put the clinician's advice into practice were asked how it had helped. Parents said that the clinician provided reassurance and helped with their confidence in their parenting. It was said that the advice and tips received were very helpful, but also that the clinician helped them think through approaches. Some parents commented that they had received advice with specific issues, such as coping mechanisms, sleep and helping them to support other siblings with their new arrival.

"Suggestions supported bonding with our child as well as supporting during settling in period. The clinician is an essential part of our support during and post adoption." *Parent*

"I've found speaking with [the clinician] very hugely helpful. Often it feels like [they're] able to articulate + make sense of my anxieties + offer v. practical advice. I really look forward to speaking with her." *Parent*

"The clinician's advice reassured me that my concern was in fact unfounded and that I don't need to worry. This was very important as the potential concern was raised by the child's health worker." *Parent*

“[The clinician] helped us in terms of thinking through approaches to responding to our children’s behaviour.” *Parent*

6.3. General support group feedback

Adoptive parents/carers were also asked if they would recommend the support group to another adoptive parent. All parents (100%) agreed that they would.

Parents also had the opportunity to provide any further comments about the support group they had attended. Comments left by parents were very positive, saying that the support groups were “essential”, “really appreciated” and a “brilliant resource which provides a lifeline as a new adopter”.

Parents said they liked the setting of the groups, saying it was a relaxed, ‘safe’ and non-clinical ‘place where they can chat with the clinician and receive advice and support. Parents gave their thanks for someone being there who understood their journey and also for the ideas and reassurance given.

“As an adopter, often you have questions/anxieties that it's difficult to find answers to. The relaxed, informal environment is ideal for chatting. The setting feels non-clinical and relaxed.” *Parent*

Parents appreciated the clinician’s support and being able to access this. Parents were looking forward to seeing the clinician at the next group too.

“So lovely to be with people in the same position, as well as to have expert to talk to.” *Parent*

“So helpful to be heard and feel someone understands where we are in our journey and to know we can always find support when needed! Thank you.” *Parent*

In addition to the clinician and other professional support, parents said they enjoyed being able to meet other parents and share their experiences, and thought it was a good and unique opportunity for their children to socialise with other children too.

“It is wonderful to be able to meet other parents and share our experiences. At the same time it is important to give children the opportunity to socialise and interact with each other even before they attend nursery or child minder.” *Parent*

7. Adopter and early permanence carer survey

7.1. Overview

The adopter and early permanence survey sought to understand parents' experiences of adoption and early permanence. This included their awareness of early permanence (and why they chose this route over standard adoption), feedback on the support groups and the value of the preparation training they received (if applicable).

The survey was open to all adopters and early permanence carers who either attended support groups or are known to professionals in the early permanence process.

For the purposes of this survey, fostering for adoption and concurrent planning placements are included under the umbrella of early permanence. Additionally, 'adopters' refers to parents who identified as an adopter (standard adoption), whereas 'early permanence carer' refers to parents who took the early permanence route for adoption. Where it is unclear which adoption route parents took, they will be referred to simply as 'parents'. Collectively, adopters and early permanence carers will also be referred to as parents.

The online surveys were completed between January 2nd and February 28th 2019. The numbers of parents rather than percentages are reported where there are small base sizes.

7.2. Profile of survey respondents

A total of 21 surveys were completed by adoptive parents and early permanence carers, which is estimated to be equivalent to just under half the number of adopters/carers who attended in a typical month). Of these 21, four parents identified as early permanence carers and 17 as adopters. Early permanence placements and practice are still in the process of being established in many London Children's Services, and this may account for the small number of early permanence carers completing the survey.

Three of the early permanence carers had adopted their child, and another had been matched and child placed for adoption.

Table 3: Profile of parents

Status	Number of parents
Adopter	17
Early permanence carer	4

7.3. Awareness of early permanence

Early permanence carers

Early permanence carers first heard about early permanence at different stages of the adoption process. Two carers reported they first heard about it before they contacted the local authority/adoption agency; this was either through friends/family (1) or through the local authority's leaflet or website (1).

One carer had first heard about early permanence when they first contacted the local authority/agency (at a Coram information evening), and another carer reported they heard about it during the general adoption training they received from social workers.

In addition, two carers also reported they knew a friend and/or someone else who had adopted a child through early permanence before they started the process.

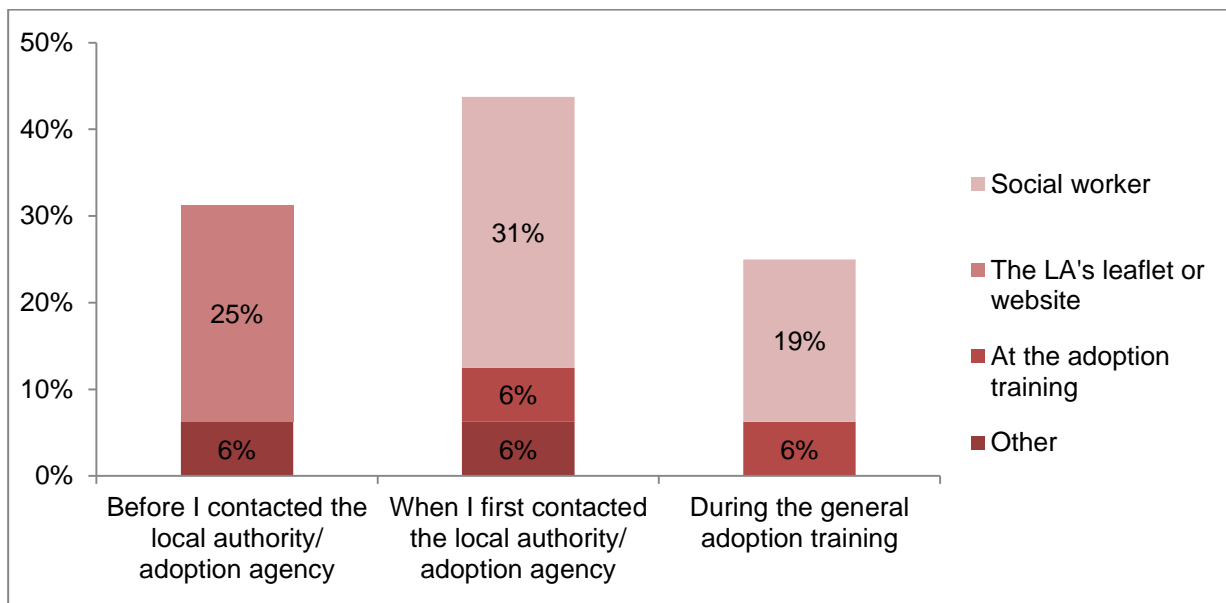
Adopters

Nearly all adopters (94%) reported that they had had heard about early permanence; only one adopter was not sure if they had.

As shown in figure 4, over two-fifths (44%) of adopters who had heard of early permanence first heard of it when they first contacted the local authority/adoption agency. Of these, five adopters heard about early permanence from a social worker

Nearly a third of adopters (31%) first heard about early permanence before they contacted the local authority/adoption agency, through a local authority/agency leaflet or website (24%) or another way, the media (6%). A quarter of adopters heard about early permanence during the general adoption training (25%from a social worker).

Figure 4: When and from whom adopters first heard about early permanence



Base: Adopters who had heard of early permanence (16)

7.4. Reasons for choosing early permanence

When asked how they decided that early permanence was right for them, all early permanence carers agreed that they understood the importance of early attachment for the child (4), and that there was a risk that the court might decide the child should be returned to his/her family, but they were willing to take the risk for the stability of the child (4).

Three early permanence carers reported that they understood the value of getting to know the child's birth parents during contact, and the same number said they wanted to adopt a very young child. One parent also commented that there was great training available.

When asked why they chose early permanence over standard adoption, all early permanence carers (4) agreed it was to provide stability to a vulnerable child as soon as possible. Two parents also said they wanted to adopt a very young child more quickly. No carers reported that the child placed with them was the sibling of a child already placed with / adopted by them.

In addition all early permanence carers (4) agreed that when they heard about early permanence, it was about the right time in their plans to adopt a child.

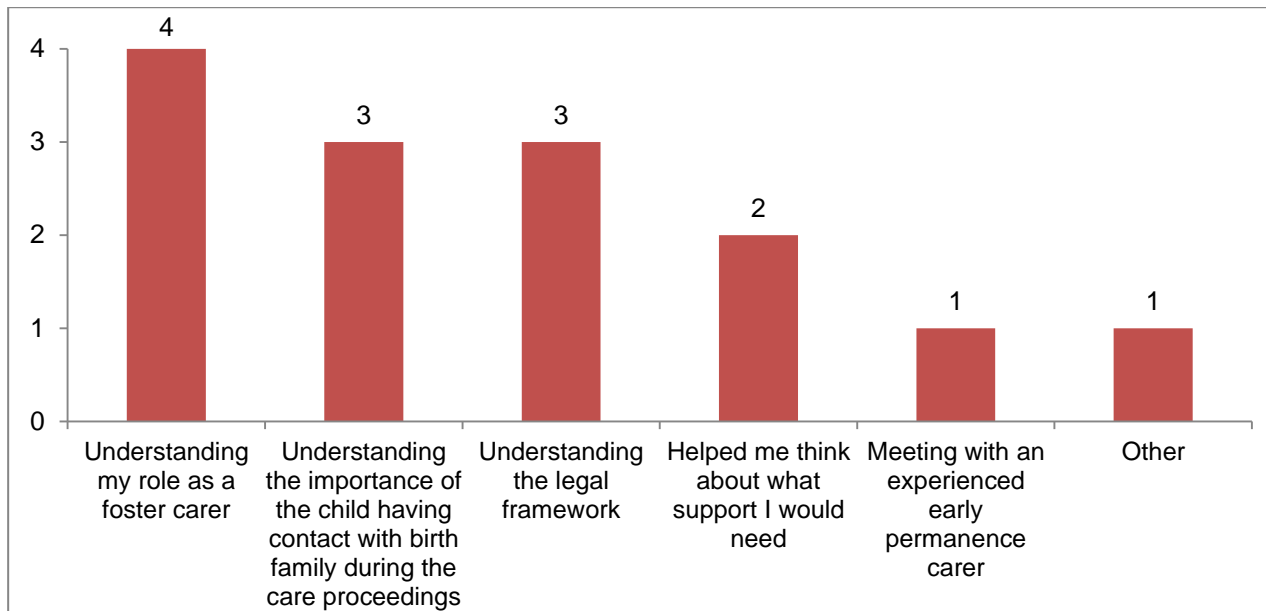
7.5. Early permanence preparation training

All early permanence carers had attended early permanence preparation training at Coram.

Carers were asked what they found most helpful about the training. As shown in figure 5, all four parents reported that understanding their role as a foster carer was helpful. Three parents felt understanding the importance of the child having contact with their birth

family during the care proceedings, and understanding the legal framework was helpful. Two parents found the training helped them think about what support they would need, and one parent found meeting with an experienced early permanence care helpful. One parent added that they found training on understanding the risks of foster care helpful.

Figure 5: What parents found most helpful about the training



Base: Early permanence carers (4)

Early permanence carers were asked to comment on what they found least helpful about the early permanence preparation training. None of the parents reported anything, other than they thought all the training was all useful, helpful and fantastic.

Three of the four carers felt that the training answered all of their questions about early permanence, whereas one felt that some of their questions were answered. When asked if there was anything else helpful that could have been covered in the training, all parents reported there was not.

7.6. Support groups

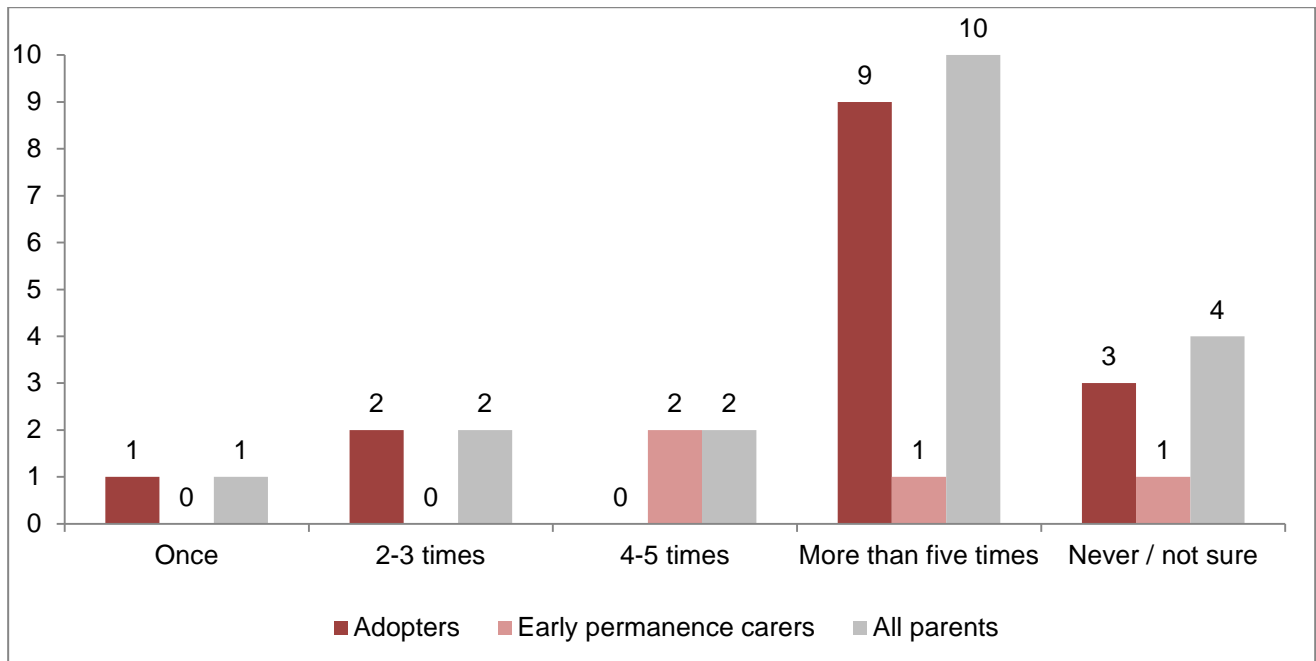
Attendance

The majority of the 21 adopters and early permanence carers (81%) reported they had attended a support group. Three adopters reported they had not attended a support group, and an early permanence carer was not sure if they had. Below we refer to the combined group of adopters and early permanence carers as ‘parents’.

Adopters and early permanence carers reported attending a variety of support groups: this included Coram Stay and Play, Southwark early permanence group and the WAF groups. Some parents indicated they had attended more than one group.

As shown in figure 6, almost all parents who had attended a support group had visited multiple times. Just over half of all parents (54%, 10) had attended a support group more than five times. Two parents indicated they had attended a support group 2-3 times, and one parent had attended 4-5 times. One parent reported only visiting a support group once.

Figure 6: Number of adopters and early permanence carers attending support groups



Base: Adopters (15; 2 missing) and early permanence carers (4)

All adoptive parents/carers said they would recommend the groups to other parents (14).

Professional support

Parents who had attended a support group were asked if they had ever spoken with any professionals at the group. All parents who answered the question (15) reported that they had spoken with a professional (two parents did not answer).

As shown in figure 7, the majority of parents (12) had spoken with a clinician (including child psychologists and psychotherapists). Many parents also had contact with the group leader / organiser (10) and social workers (10). Some parents reported that they had spoken with other therapists (5), and two parents reported that they had spoken with other adopters who either now work at Coram or assist with the running of the group.

Figure 7: Professionals spoken with by parents at support groups



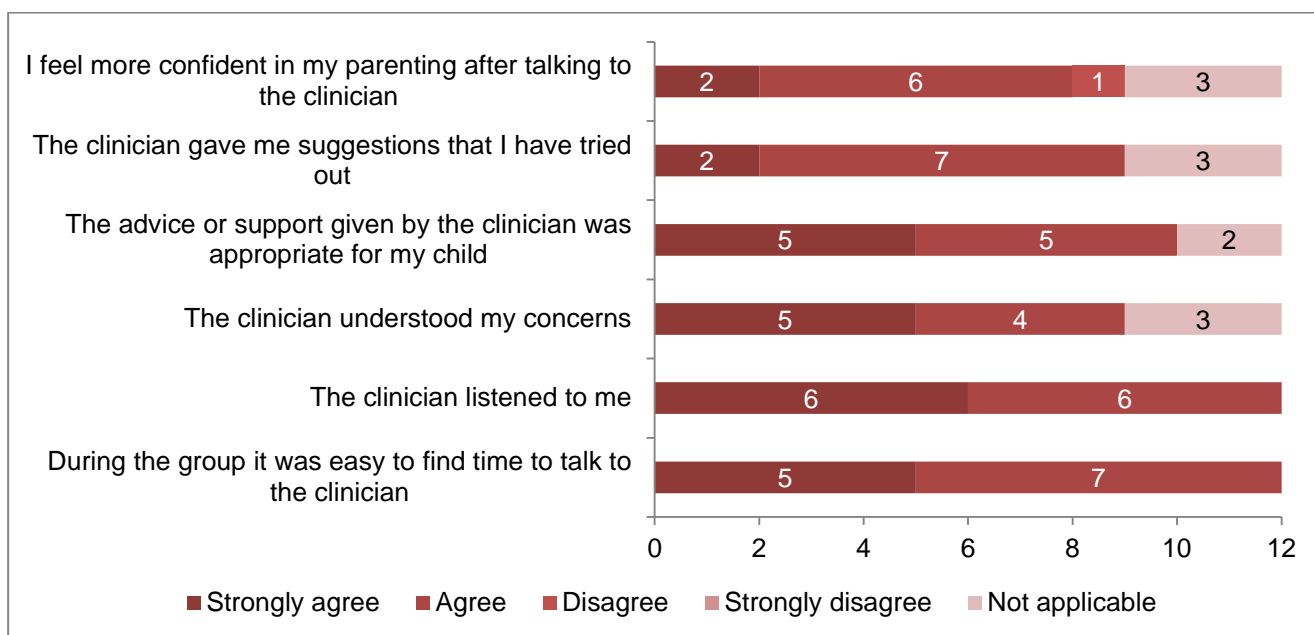
Base: All parents who have attended a support group and answered question (15)

The Care for Me First programme funds the attendance of a specialist clinician (child psychologist or psychotherapist) at the support groups. Parents who had spoken with a clinician were asked for feedback on their experience with the clinician.

Parents were positive about their experiences with the clinician. As shown in figure 8, all parents either strongly agreed or agreed that it was easy to find time to talk to the clinician during the group and that the clinician listened to them. Parents strongly agreed or agreed that the advice or support given by the clinician was appropriate for their child and the clinician understood their concerns (not including those who answered 'not applicable').

The majority of parents (9) also strongly agreed or agreed that they have tried out suggestions given to them by the clinician. However parents were less certain about whether speaking to the clinician helped with confidence in their parenting; two parents strongly agreed and four parents agreed that it had, but one parent disagreed (and two parents said this was not applicable).

Figure 8: Parent feedback of clinician at the support groups



Base: Parents who had spoken with a clinician at the support groups (12)

Of the parents who spoke with the clinician, three quarters (9) said they would attend the group in the future specifically to see the clinician. A quarter (3) said they were not sure.

7.7. Conclusions

- Early permanence carers heard about early permanence at early but different points in their journey, but all agreed they heard about early permanence at the right time.
- Awareness of early permanence was high among adopters.
- Early permanence carers felt this was the right route for them. All said they understood the importance of early attachment for the child, but were willing to risk that the child might be returned to the family. Carers said they chose this route over standard adoption to provide stability to a vulnerable child as soon as possible.
- Early permanence carers found the preparation training helpful. Help with understanding their role as a foster carer, the legal framework and the importance of the child having contact with their birth family during the care proceedings was said to be helpful.
- Nearly all adopters and early permanence carers had attended a support group multiple times.
- The majority of parents who had attended a support group had spoken with the clinician. Parents were positive about their experience with the clinician and said they would attend the group in the future specifically to see the clinician. The provision of the clinician support through the Care for Me First programme was seen as accessible, valuable and relevant.

8. Early permanence training for social workers and managers

Coram provides training for social workers and managers on assessing and supporting early permanence carers. This includes encouraging social workers to refer their early permanence carers to the preparation training and support groups. The training takes place over one day.

Feedback was collected from social workers and managers attending the three courses in October 2018, January and February 2019. Social workers/managers attending the training were asked to complete a short feedback form about the training, including what they found most and least useful, what further information would be useful and what information/practices they will take away from the training.

A total of 44 feedback forms were collected from those attending the January 2019 training. The social workers/managers were from approximately 22 local authorities or adoption agencies.

8.1. Social worker/manager feedback

Most useful aspects of the training

A wide variety of topics and activities in training sessions were reported to be useful. Social workers/managers commented that the early permanence process was clearly explained and included details which the social worker/manager may have overlooked, for example foster carer insurance and the confidentiality of foster carer addresses.

Group discussions about the issues and challenges in assessment, assessing resilience and suitability of parents, and ideas on how to improve the assessment process were highlighted as useful elements. Information about foster requirements, family finding, the legal aspects and procedures were also said to be helpful.

Social workers/managers reported that hearing about the experiences of parents and other social workers who had gone through early permanence was very useful, as was the sharing of practice from the trainers/facilitators running the training sessions. In particular, the film clips/DVDs (including the videos of adopters talking about their early permanence experience) and case studies were seen as very helpful.

“The DVDs showing adopters talking about their early permanence experience, the case studies were very useful.” Social worker

Another key aspect of the training that was found to be most useful was the message that the child and their best interests are at the heart of early permanence, and how this needs to be communicated.

“Message given that EP is about having the child at the centre of the process and giving this message to adopters.” *Social worker*

Social workers/managers also found discussions about the impact on early permanence carers, including the uncertainty they face and emotional difficulties useful. Information on how carers can best be supported (including training and managing expectations) was said to be helpful, as was information on the Fostering for Adoption placements, preparation training and family and friends network meetings.

Some social workers/managers did not single out any particular aspects of the training, but felt that all of the training was useful and that it helped to broaden their understanding of early permanence in general.

“All of it! Thanks. Issues to assessment particularly helpful in my role as an assessor.” *Social worker*

“I have gained a far better understanding of early permanence.” *Social worker*

“Everything, as my agency (& myself) have very limited information / experience of EP.”
Social worker

Least useful aspects of the training

When asked what was least useful about the training, it was suggested that more time for discussion in small groups would be useful, as it would allow them more time to process the information. It was said that the training around expectations for foster carers and supervising social workers was not useful (for supervising social workers attending), and some of the in-depth processes were not relevant for all of the professionals.

The prior experience of social workers/managers varied and so their needs differed. Although some (including those who had indicated that they had little prior knowledge of early permanence) commented that all aspects of the training were useful. One a social worker/manager with many years of experience felt that, although all of the training was useful, not much new information was shared.

In addition, the PowerPoint was described as being too long and a few social workers/managers said that the case studies were not useful. Practical issues were also mentioned, such as the room being too cold and the suggestion that lunch should be provided or more time allowed to get lunch.

Suggested further information and support required

Social workers/managers were asked if there was anything they feel they need to know more about. Suggested topics for more information and support included:

- How early permanence will be implemented in regional adoption agencies (RAA) and what the impact of RAA is on dual approval
- Further information about the legal framework and responsibilities, including the timescales and documentation required to support this
- Information around the assessment process and issues, including advice on how to decide if an applicant is suited to early permanence early in the process
- Access to useful materials and methods in assessment (for early permanence)
- How to find early permanence placements
- Advice on how to support the sharing of good practice (within agencies/LAs and between them), and how to get the support of other professionals
- Information on the outcomes for children placed through early permanence, and where these are evidenced
- If there is any additional training for applicants on early permanence and how this can be incorporated into the assessment
- Information and content for delivering training to carers and their friends/family (both preparation and ongoing training)
- Additional support for early permanence carers, including for those whose placements were not successful but also for those who have adopted
- A recap of the relevant terminology
- Information about Coram BAAF

Some social workers/managers commented that they did not have any further queries at this stage. The training had given them a lot to think about, and it was felt they needed to put this into practice first.

Presentation of the sessions

Social workers/managers were very positive about the presentation of the training sessions. The facilitators/trainers running the sessions were complimented. It was noted that they had a good presentation style and that the training was well facilitated. Social workers/managers said the knowledge and experience of the trainers was evident and they liked having two presenters from different backgrounds.

“Valuable having knowledgeable experienced practitioner facilitators.” Social worker

*“Brilliant presentation from both trainers who had a wealth of experience to share.”
Social worker*

*“It was very well presented – I particularly liked the balance between
the local authority representative and Coram rep.” Social worker*

It was reported the overall presentation of the training was clear and easy to follow. It was generally felt the sessions ran at a good pace, although it was acknowledged timings were tight and some individual sessions were perhaps a little rushed. Attendees felt comfortable and liked the informal environment.

“They were presented well felt comfortable to contribute nice informal environment”.

Social worker

“Managed tight timings very well yet included all necessary info.

Mixture of exercises / group interactions/DVDs – excellent”

The materials were said to be informative and helpful, including the DVDs and case studies. Social workers/managers liked that the training used a combination of DVDs, discussion, group activities and presentations and said this worked well. It was suggested the handouts about the research and links to DVDs/materials on family and network could be sent out to attendees after the training.

“Very good – balanced presentation with good exercises for group/individual discussions.”

Social worker

“DVD about situation where child returned to family members was very helpful. Combination of DVDs, case discussion and presentation was good and very informative.” *Social worker*

Principal learnings and take-outs

Social workers/managers were asked what three things they would take away from the training sessions. The early permanence process was mentioned, including knowing more about fostering and its requirements, as well as the advantages and challenges of early permanence.

Greater understanding of the assessment process and how to present early permanence in assessments was a key learning. The assessment tool for carers, referral procedures and family finding were noted too.

Social workers/managers highlighted the need for adopters to fully understand the early permanence process and their responsibilities, with particular emphasis on the fostering role. Being able to give a realistic account of what early permanence is and ensuring adopters are properly prepared were noted. Some commented on the timing of the preparation and needing to allow for high levels of support at key stages of the process.

Another key take-out from the training was that children and their interests are at the heart of early permanency, and that this is how early permanence should be presented to potential carers. Discussing early permanence with potential carers/adopters early in the process and encouraging adopters to consider early permanence was also mentioned. It was noted however that early permanence was not for everyone.

The need to have a plan for if a child returns to their birth family was mentioned by social workers/managers as a key take-out. This included plans for the adopters, including making sure they have a support circle, as well as needing back-up carers. The importance of providing support and training for early permanence carers (including preparation and support during the process) was also commonly mentioned.

Social workers/managers also noted the materials and support available (e.g. Fostering for Adoption), as well as taking away the experiences of those who had gone through the process were important too.

Another take-away for social workers/managers was the need to educate others in their team/service about early permanence and how to promote it in their practice. Being more confident presenting early permanence and working with early permanence placements was another key point.

Other take-outs included how early permanence affects adoption leave, the importance of transparency in the process, and the legal process.

Overall feedback about the training

Social workers and managers were very positive about the training overall. When asked to rate their overall experience of the workshop (out of ten), social workers/managers gave an average score of nine (range seven to ten).

Social workers/managers also commented that it was 'a very helpful day' and noted their thanks for the 'fantastic' and 'excellent' training. They commented on how the training will help their practice, including recommending the training to their colleagues. It was said the training was "rewarding and insightful" and they "learnt a lot".

"Excellent, informative & very useful to bring back to agency." Social worker

*"Found the training very engaging and helpful for my development.
I am going to mention EP at our information evening tomorrow!" Social worker*

*"I feel clearer about early permanence planning placements and
communicating the key issues more confidently to our adopters." Social worker*

8.2. Conclusion

Social workers and managers attending the training were very positive. The topics covered by the training was said to be useful; the early permanence process and assessment, as well as support and training needed for carers were key take-outs. The training was suited for those with varying levels of prior understanding of early permanence. The knowledge and experience of the trainers was also commented on, and it was felt the sessions were presented well. Social workers/managers suggested that they will put into practice their learnings from the training, and they would recommend the training to colleagues.

9. Overall conclusion

Core provisions of the programme

Feedback collected from early permanence carers, adopters, support group professionals and social workers/managers was positive about the three core provisions of the Care For Me First programme.

Training and preparation for applicants considering early placement

Feedback from applicants who had attended the preparation training was very positive; they found the training helpful and their questions were answered. All completing the training feedback form agreed that they were now clearer about what being an early permanence carer involves. Applicants agreed that they understood the legal process and fostering role, and felt more confident about managing contact between the child and family. It is positive that nearly all parents felt they had sufficient background knowledge to make the most of the training too. Applicants were less sure about whether the early permanence role was right for them, but this may reflect them being better informed about early permanence after the training, and needing time to process and reflect.

Groups supported by a specialist clinician

The support groups with a specialist clinician attending were reported to be going well. These groups form part of a wide support network for adopters and early permanence carers, and professionals believed that the clinician support is a valuable resource for parents during what may be an uncertain time. The majority of adopters/carers reported that they had attended a support group more than once, and many said they would attend in future specifically to see the clinician.

Professionals felt that parents appreciated the support provided by the clinicians, and this was supported by feedback from parents attending the groups. The advice/support provided by the clinicians is informal; parents are free to approach the clinicians should they wish to. The aim of the support is to reassure parents and give them confidence that they are doing the right things, as well as providing insight and advice. Parents generally agreed that they felt more confident after speaking with the clinician, and all felt that the clinician listened to them and understood their concerns.

Clinician's also reported to tailoring advice for parents based on their circumstances and if they were a mainstream adopter or early permanence carer; parents agreed that the advice or support was appropriate for their child. In addition, clinician guidance was sometimes seen to be more appropriate than support from health professionals, as the clinicians have a more in-depth understanding of issues that may affect adopted children. The support groups provide easy access to clinician support, and can provide an opportunity for potential issues to be identified by professionals at an early stage.

Feedback from adopters and carers who attended the groups was positive. Adopters and carers who completed a feedback form were positive about their interactions with the clinician, and many said they would attend a support group in the future specifically to see the clinician. Adopters/carers also said they would recommend the groups to other parents.

Training on early permanence for social workers and managers

Social workers and managers were positive about their training. Useful topics covered included the early permanence process and assessment, and what support and training are needed for early permanence carers. The knowledge and experience of the trainers was valued, and the training was appropriate for social workers/managers with varying levels of prior understanding of early permanence. Social workers/managers commented that they will put their learning into practice and would share this with their colleagues.

Care For Me First programme objectives

The project was successful in providing early permanence training for 143 potential early permanence carer applicants throughout London between November 2017 and March 2019. Following the training, as of April 3rd 2019 13 households had an early permanence placements, with a further 16 households dually approved and waiting for a placement.

The provision of clinical input into support groups and provision of professional training to 22 staff across local authorities/agencies has helped to generate a greater consistency of experience for adopters across London.

We were able to determine that the awareness and understanding of early permanence was high. Nearly all adopters surveyed had heard of early permanence, and early permanence carers had heard about early permanence at early points in their journey, which was the right time for them. Early permanence carers agreed it was the right route for them, choosing this over standard adoption so they could provide stability to a vulnerable child as soon as possible. Carers understood the importance of early attachment for the child, and are willing to take the risk that the child might be returned to the family.

As noted above, early permanence carers appeared to benefit greatly from the dedicated preparation training. They found the training helpful and felt more confident about many aspect of early permanence.

Support groups where a clinician is available for informal support and where early permanence carers can be supported by peers (including early permanence carers and/or adopters) were also deemed beneficial. Carers experienced the clinician support as accessible, valuable and relevant and professionals saw particular value in resolving issues early and avoiding subsequent escalation.

The dedicated early permanence training for social workers and managers was also received positively. It was said that the early permanence process was clearly explained and

included details which the social worker/manager may have overlooked. It also allowed workers to explore and reflect on effective assessment and other key processes.

Appendix 1 – Preparation Group Feedback Form

Preparation Group Evaluation Form

Date: _____

Please state Local Authority or if Coram approved: _____

Thinking about the preparation groups as a whole (both sessions), to what extent do you agree with the following statements? Please tick your answer.

I have a better understanding about the legal process relating to early permanence placements

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

I understand what the fostering role entails

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

I feel more confident about managing contact between the child and family in an early permanence placement

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

I am now clearer about what being an early permanence carer involves

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

The preparation groups helped me be more certain about whether becoming an early permanence carer was right for me

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

I feel I had sufficient background knowledge to make the most of this training session

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

Other comments:

Appendix 2 – Project lead interview topic guide

Care For Me First Evaluation

Project / Group leads discussion guide

Care for Me First aims to improve early placement for young children by recruiting and preparing more approved carers for both fostering and adoption and by giving additional support through specialist groups. It also aims to improve access to services and enable early signs or issues – such as disrupted sleep or language development – to be addressed with psychotherapist input. Coram is working with the adopter peer support network ‘We Are Family’ and local authorities.

The main research questions of the evaluation are:

- Has the project resulted in the creation of an expanded cohort of experienced providers of concurrency preparation training across London?
- Has the project helped to generate a greater consistency of experience for adopters across London?
- Has the project increased the visibility of early permanence (including concurrency and foster for adoption) to adopters and how do they become aware of it?
- To what extent do early permanence carers benefit from preparation training?
- In what ways do foster to adopt carers benefit from early permanence support groups guided by a psychologically informed facilitator?

Discussion guide	Timings
1. Introduction	5 minutes
<ul style="list-style-type: none"> – <i>Introduce yourself, the evaluation and aims of the interview</i> – <i>Reassure confidentiality etc.</i> – <i>Check if happy to have the interview audio recorded</i> 	
2. Background	10 minutes
<p>Please can you tell me a bit about your role?</p> <ul style="list-style-type: none"> – How long have you been working at Coram/other organisation? – What are typical duties/tasks? – What is your role with the XX groups? Organise/recruit etc.? – Do you run any groups other than the XX group? 	
3. The groups	15 minutes
<p>Please can you tell me about the XX groups that you are running?</p> <ul style="list-style-type: none"> – What role do you see the group as performing (Is it right to call them support groups?) – How many of these groups are run? – Are they run monthly (what frequency?) How long have the groups been running for? – How many people typically attend the sessions? – Is it just concurrency adopters or a mix of adopters/people attending? What is the balance? – Have you noticed any differences between Coram adopters and LA adopters? i.e. preparation for the training, confidence etc. 	

What is the format of the groups?

- Structured or unstructured programme? Who decides on the structure?
- Are there formal presentations or a drop-in session?

If clinician attends: **What is the added benefit of having a clinician attend the sessions?**

- Is the service popular with adopters?
- Have you received any feedback from adopters?

If no clinician: **Why did you decide not to have a clinician attend the sessions?**

- Do you think it could have added anything to the group's current offer?

What would success for the group look like? What would a disappointing outcome be?

How well do you think the groups are going overall?

In what ways have carers benefited from the group?

- Have there been any particular successes?
- Any challenges- if so how have you mitigated these?

Have you noticed any impact on the consistency of experience for adopters across London?

4. Other groups

5 minutes

Are you aware of other organisations running similar groups?

- If yes: Who are they? Do you have any information about these groups? Do you think the groups are sustainable?
- If no: Why do you think that is? What is preventing other providers running similar groups?

Are you in contact with any local authorities about the groups?

- Which ones?
- What is the nature of your relationship?

5. The future

5 minutes

What do you hope adopters will gain from attending the groups? *Skills, confidence etc.*

What do you think the long-term viability of these groups is?

- Can you foresee any problems?

6. Close interview

5 minutes

Is there anything else about the groups that you would like to mention?

Any questions?

End interview and thank participant for their time.

Appendix 3 – Group clinicians interview topic guide

Care For Me First Evaluation

Clinician discussion guide

Care For Me First aims to improve early placement for young children by recruiting and preparing more approved carers for both fostering and adoption and by giving additional support through specialist and combined groups. It also aims to improve access to services and enable early signs or issues – such as disrupted sleep or language development – to be addressed with psychologically informed input. Coram is working with the adopter peer support network ‘We Are Family’ and local authorities.

The main research questions of the evaluation are:

- Has the project resulted in the creation of an expanded cohort of experienced providers of concurrency preparation training across London?
- Has the project helped to generate a greater consistency of experience for adopters across London?
- Has the project increased the visibility of early permanence (including concurrency and foster for adoption) to adopters and how do they become aware of it?
- To what extent do early permanence carers benefit from preparation training?
- In what ways do foster to adopt carers benefit from early permanence support groups guided by a psychologically informed facilitator?

Discussion guide	Timings
1. Introduction	5 minutes
<ul style="list-style-type: none"> – <i>Introduce yourself, the evaluation and aims of the interview</i> – <i>Reassure confidentiality etc.</i> – <i>Check if happy to have the interview audio recorded</i> 	
2. Background	5 minutes
<p>Please can you tell me a bit about your background?</p> <ul style="list-style-type: none"> – What type of clinician/therapist are you? (clinical psychologist? other?) – How long have you been working at Coram/other organisation? – How did you get involved with this group? – Do you attend/provide support at any other support groups? Are these also adoption/early permanence groups? 	
3. The groups	15 minutes
<p>Please can you tell me about the groups that you attend?</p> <ul style="list-style-type: none"> – How many different groups? – How long have you been attending the groups? – How often do you attend? – What role do you see the group as performing? 	

What type of support do you provide at the groups?

- PROBE: general advice, specific advice, referrals etc.
- How do you provide support? E.g. informal conversations with parents, observation of child
- What do parents typically want to discuss with you? What issues/topics?
- Is there any support that parents need that you/the groups are unable to provide?
- Are all of the groups similar or do they vary?

How do you think parents benefit from having yourself (a clinician) attend the group?

- Do many parents seek your support?
- Have you received any feedback from adopters?

How well do you think the groups are going overall?

- In what ways have carers benefited from the group?
- Have there been any particular successes?
- Any challenges- if so how have you mitigated these?
- Have you noticed any differences between Coram adopters and LA adopters? i.e. preparation for the training, confidence etc.
- IF APPLICABLE: Is there any difference between the mixed groups and concurrency only groups (better/worse/same?)

4. The future

5 minutes

What do you hope adopters will gain from attending the groups? *Skills, confidence etc.*

What do you think the long-term viability of these groups is?

- Can you foresee any problems?

What would success for the group look like? What would a disappointing outcome be?

5. Close interview

5 minutes

Is there anything else about the groups that you would like to mention?

Any questions?

End interview and thank participant for their time.

Appendix 4 – Support Group Feedback Form

Feedback Form

We would like to better understand your experience of today's drop-in with the clinician (Clinical Psychologist/Therapist). If you do not wish to answer a question please leave it blank. All answers are anonymous.

1. Please tick the answer which best describes what you think or feel:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
During the drop-in it was easy to find time to talk to the clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clinician listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clinician understood my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The advice or support given by the clinician was appropriate for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clinician gave me suggestions that I intend to try out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more confident in my parenting after talking to the clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Overall how satisfied are you with the support you received from the clinician?

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Unsatisfied	Very unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Would you attend this drop-in in the future specifically to see the clinician?

Yes No Not Sure

4. Would you recommend the drop-in session to another adoptive parent?

Yes No Not Sure

5a. Have you previously spoken with the clinician before today?

Yes

No

5b. If yes, were you able to put their advice into practice?

Yes

No

Not sure

5c. If yes, how did it help?

6. Any additional comments about the drop-in session:

Appendix 5 – Adopters’ and early permanence carers survey

BLUE TEXT = question format

RED TEXT = questionnaire routing

Survey titles/sub-titles in bold

Adopters’ and early permanence carers* survey

This survey seeks to learn from adopters and early permanence carers about the preparation for early permanence you may have received prior to having a child placed with you and also about the support groups you and your child may have attended since placement. This evaluation will help design future services for adoptive parents and for early permanence carers.

*Early permanence includes fostering for adoption and concurrent planning placements.

Coram’s Impact and Evaluation team is evaluating the *Care for Me First* programme. This is a Department for Education (DfE) funded programme with two main objectives:

1. To ensure that prospective adopters who are interested in early permanence have access to appropriate preparation groups to help them understand what these placements involve, and
2. To provide support groups for carers/adopters and their babies or pre-school children which are also attended by a clinician (such as a clinical psychologist or a child psychotherapist) who is available to consult informally about any concerns you may have about your child.

You may be able to respond to only one of the topics or both, but your views on either or both topics are most welcome.

As part of this evaluation, we would like you to complete a short survey for us about your experiences of adoption / early permanence. We would like your feedback on the support groups and preparation training that you may have attended, including what was good and what could be improved.

The survey will take approximately 10 minutes to complete. Your participation is voluntary, and you can chose to withdraw at any time by closing the survey. If you do not want to answer any questions, please leave them blank.

Your responses will be anonymous: we do not collect any personal information. Coram’s Impact and Evaluation team’s privacy policy can be accessed [here](#).

The survey findings will be used to help to improve the services available to adoptive parents and early permanence carers. We will be writing a report of the survey findings for the DfE and this may be published. No individuals will be identified in the reporting.

If you have any questions about the survey, please contact Olivia.Michelmores@coram.org.uk.

Consent

SINGLE CODE

1. I confirm I have read the information above and am happy to participate in the survey
2. I do not want to participate in the survey

Please press next to continue.

If answered 1, go to Q1

If answered 2, route out the survey

About you

OPEN

1. What is the name of your local authority or adoption agency?
 - Open ended text box

SINGLE CODE

2. Is your child placed for adoption or early permanence?
 - Adoption
 - Early permanence

If answered early permanence, go to Q3

If answered adoption, go to Q4

SINGLE CODE

3. What stage of the early permanence process are you currently at?
 - Waiting to have a child identified/placed
 - Child placed and being fostered during care proceedings
 - Child now matched with me and placed for adoption
 - Child adopted

If answered Q3, go to Q5

Awareness of early permanence

Early permanence includes both Fostering for Adoption and Concurrent Planning placements.

SINGLE CODE

4. Have you ever heard of early permanence? This includes Fostering for Adoption and Concurrent Planning placements.
 - Yes
 - No
 - Not sure

If answered yes, go to Q5

If answered no or not sure, go to Q17

SINGLE CODE & OPEN

5. When did you first hear about early permanence?
 - Before I contacted the local authority/adoption agency

- When I first contacted the local authority/adoption agency
- During the general adoption training
- Following my approval as an adopter
- Other (please specify)

SINGLE CODE & OPEN

6. Who did you first hear about early permanence from?
- Social worker
 - The council/local authority's leaflet or website
 - Friends / family
 - At the adoption training
 - Other (please specify)

If an adopter, go to Q17 after Q6 (skip the questions about early permanence process)

MULTI-CODE

7. Before starting the process, did you know anyone who had adopted a child though early permanence? Please tick all that apply.
- Yes, a friend
 - Yes, family member
 - Yes, someone else
 - No

MULTI-CODE

8. How did you decide that early permanence was right for you? Please tick all that apply.
- I understand the importance of early attachment for the child
 - I understand the value of getting to know the child's birth parents during contact
 - I understand the risk that the court might decide that the child should be returned to his/her family – and I was willing to take this risk for the sake of giving the child stability
 - I wanted to adopt a very young child
 - Other (please specify)
9. What made you choose early permanence over standard adoption?
- To provide stability to a vulnerable child as soon as possible
 - The child placed was the sibling of a child already placed with/ adopted by me
 - I wanted to adopt a very young child more quickly
 - Other

SINGLE CODE

10. When you heard about early permanence was it at the right time in your plans to adopt a child?
- Too early
 - About right
 - Too late
 - Not sure

1. Early Permanence Preparation training

SINGLE CODE

11. Have you attended training on early permanence?

- Yes
- No
- Not sure

If answered 'yes', got to Q12

If answered 'no' or 'not sure', go to Q18

SINGLE CODE

12. Where did you attend the early permanence training?

- Coram
- Southwark
- Other (please specify)

MULTI-CODE

13. What was most helpful about the training? Please tick up to 3 responses and add any comments you want to the last point.

- Understanding the legal framework
- Understanding my role as a foster carer
- Understanding the importance of the child having contact with birth family during the care proceedings
- Meeting with an experienced early permanence carer
- Helped me think about what support I would need
- Other (please specify)

OPEN

14. What was least helpful about the training?

- Open ended text box

SINGLE CODE

15. Was there anything not covered in the training that would have been helpful to include?

- Yes (please specify)
- No

SINGLE CODE

16. Did the training answer your questions about early permanence?

- Yes, all of my questions
- Some of my questions
- No

2. Support groups

SINGLE CODE

17. Have you attended any parenting support groups? This could be for all parents, adopters or early permanence carers or a mixture.

- Yes
- No
- Not sure

If answered 'yes', go to Q18

If answered 'no' or 'not sure', go to Q25

OPEN

18. Please provide the name and location of the support group(s) you have attended

- Open ended text box

SINGLE CODE

19. How many times have you attended the group(s)?

- Once
- 2-3 times
- 4-5 times
- More than five times

SINGLE CODE

20. Have you ever spoken with any professionals at the group?

- Yes
- No
- Not sure

If answered 'yes', go to Q21

If answered 'no' or 'not sure', go to Q24

MULTI-CODE

21. Which professionals have you spoken with?

- Group leader / organiser
- Social worker
- Clinician / psychologist / child psychotherapist
- Other therapist
- Other (please specify)

22. Just to check, have you spoken with a clinician / psychologist / child psychotherapist at the support groups?

Yes

No

Not sure

If answered 'yes', go to Q23

If answered 'no' or 'not sure', go to Q25

GRID, ONE ANSWER PER ROW

23. Please tick the answer which best describes what you think or feel:

- During the group it was easy to find time to talk to the clinician
- The clinician listened to me
- The clinician understood my concerns
- The advice or support given by the clinician was appropriate for my child
- The clinician gave me suggestions that I have tried out
- I feel more confident in my parenting after talking to the clinician

Strongly agree / Agree / Disagree / Strongly disagree / Not applicable

SINGLE CODE

24. Would you attend this group in the future specifically to see the clinician?

- Yes
- No
- Not sure

SINGLE CODE

25. Would you recommend the group to another adoptive parent?

- Yes
- No
- Not sure

OPEN

26. Is there any further support that you would like to help with the adoption or early permanence process?

- Open ended text box

Close survey.

Appendix 6 – Early permanence training social workers/managers feedback form

Early Permanence Training Evaluation Form [Date of training]

Your comments will be used to assist us in evaluating your experience of the Early Permanence training. Your comments also help us to evaluate and improve training that we provide in the future.

Name:

Agency:

e.mail address:

1. What have you found most useful about today's sessions?

2. What have you found least helpful about today's sessions?

3. What do you need to know more about?

4. What comments would you like to make about how the sessions were presented?

5. What three things will you take away from today's sessions?

- _____
- _____
- _____

6. Any other comments?

**7. On a scale of 0 – 10 (0 being lowest and 10 being highest), how would you rate your overall experience of today's workshop?
Please circle.**

1 2 3 4 5 6 7 8 9 10