

WORKBOOK

Preparation groups for early permanence carers

CONCURRENT PLANNING AND FOSTERING
FOR ADOPTION APPLICANTS



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Workbook

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coram centre for
early permanence

coramBAAF
ADOPTION & FOSTERING ACADEMY

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Introduction

This workbook is designed to be used by applicants for early permanence, during training and preparation groups. The preparation groups will explain the concept of early permanence, what it entails, and the benefits and challenges for the child and carers, and will help you explore what it will be like to look after a child in this way.

This workbook contains all the materials you will need during the preparation groups. These include:

- Information about the course content and learning objectives
- Information for group exercises, with space for writing notes
- Quiz questions, with space for writing answers
- Information on the benefits and challenges of early permanence
- Information on the legal process timeline
- Information on Statutory Adoption Leave and Pay
- Children's profiles
- A sample contact report
- A reproduction of the PowerPoint slide presentation

At the end of the workbook, you will also find a detailed guide to early permanence: *Fostering for Adoption: A child-centred solution – a guide for prospective FfA carers*. This is a useful introduction to early permanence that aims to answer many of the most frequently asked questions.

During the preparation groups, the trainer will direct you to the appropriate sections in the workbook as you progress through the course.

DAY 1

COURSE CONTENT

Session 1

Development and legal context of early permanence

Early permanence provides an evidence-based approach to securing permanence that ensures that children who cannot live with their families are placed with prospective long-term carers at the earliest opportunity. The aim of this session is to provide early permanence carers with a context for understanding the importance of early permanence, the legal process providing the routes to permanence, and their role as early permanence carers.

Session 2

Being a foster carer

An understanding and appreciation of the foster carer role are fundamental to the provision of an early permanence placement. The aim of this session is to provide early permanence carers with an opportunity to become familiar with the responsibilities and duties inherent in the role.

Session 3

Attachment issues for early permanence carers

Early permanence focuses on developing healthy attachments in children in the crucial early stages of their lives, whether they are adopted or return to their family. The aim of this session is to help carers think about the benefits to the child of early permanence in this context.

Session 4

Learning from the experiences of early permanence carers

The aim of this session is to provide prospective early permanence carers with the opportunity to hear about the experience of being an early permanence carer either directly or from filmed interviews.

Session 5

Understanding the perspectives of those involved in early permanence

Consideration of the various perspectives and connections of all those involved in the early permanence process is imperative to focusing on the impact that this may have on planning and supporting the child. The aim of this session is to enable prospective early permanence carers to consider these differing perspectives through a shared group activity that explores and externalises internal thoughts and feelings.

Session 6

The importance of support

During an early permanence placement, the carer will need to cope with uncertainty, as well as a range of professionals. The aim of this session is to explore potential support systems available to the child and carer.

Session 7

Reviewing the benefits and challenges of early permanence

The aim of this session is to consider what prospective early permanence carers have learned from the day's sessions to help them begin to identify some of the benefits and challenges of early permanence care.

Learning objectives

By the end of the day, participants will have:

- An understanding of the development and legal context of early permanence planning for children
- An understanding of their role as a foster carer
- Considered the importance of attachment for babies and young children
- Considered the impact of becoming an early permanence carer
- Considered the importance of support for themselves and the child

Programme

Welcome and introduction to the day	10.00-10.15
Session 1 – Development and legal context of early permanence	10.15-11.15
BREAK	11.15-11.30
Session 2 – Being a foster carer	11.30-12.45
Session 3 – Attachment issues for early permanence carers	12.45-1.0
LUNCH	1.00-1.45
Session 4 – Learning from the experience of early permanence carers	1.45-2.15
Session 5 – Understanding the perspectives of those involved in early permanence	2.15-3.15
BREAK	3.15-3.30
Session 6 – The importance of support	3.30-4.00
Session 7 – Reviewing the benefits and challenges of early permanence	4.00-4.30

Development and legal context of early permanence

Adoption support guidance sets out the requirement for preparation of early permanence carers.

Group exercise: What is early permanence?

- What do you understand early permanence to mean?

- Why does early permanence matter? What do you think the benefits are:

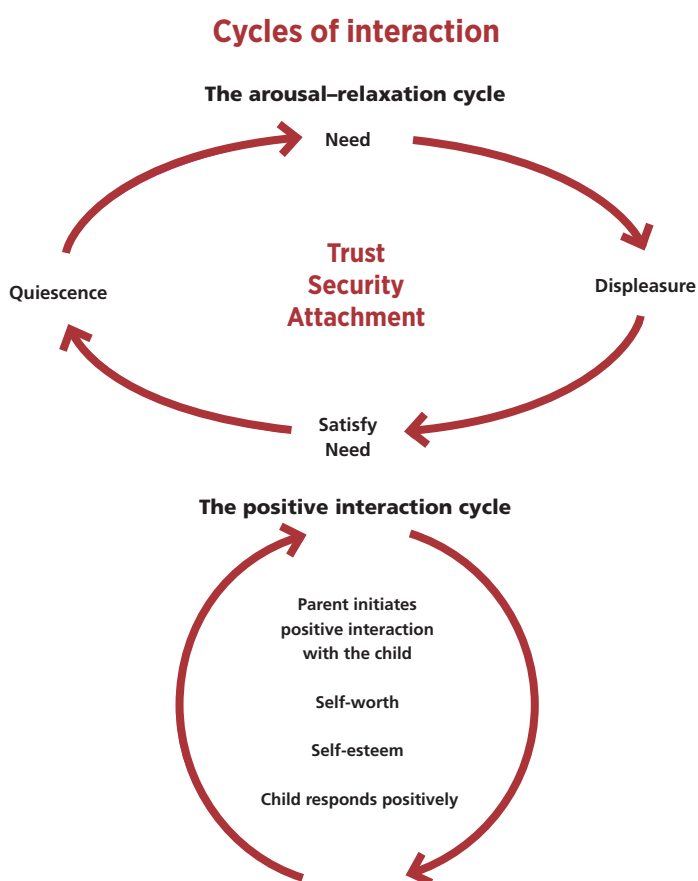
- for children

- for prospective adopters?

The arousal-relaxation cycle

Attachment occurs after one's needs are met following a crisis (hunger, illness, pain) and is an ongoing social process affected by a scale of consistency to inconsistency, which is impacted by interruption (separation, loss, neglect, etc).

Sometimes described as a “dance” between parent/caregiver and child, this cycle demonstrates how secure attachments develop and the impact on the child's behavioural and emotional development.

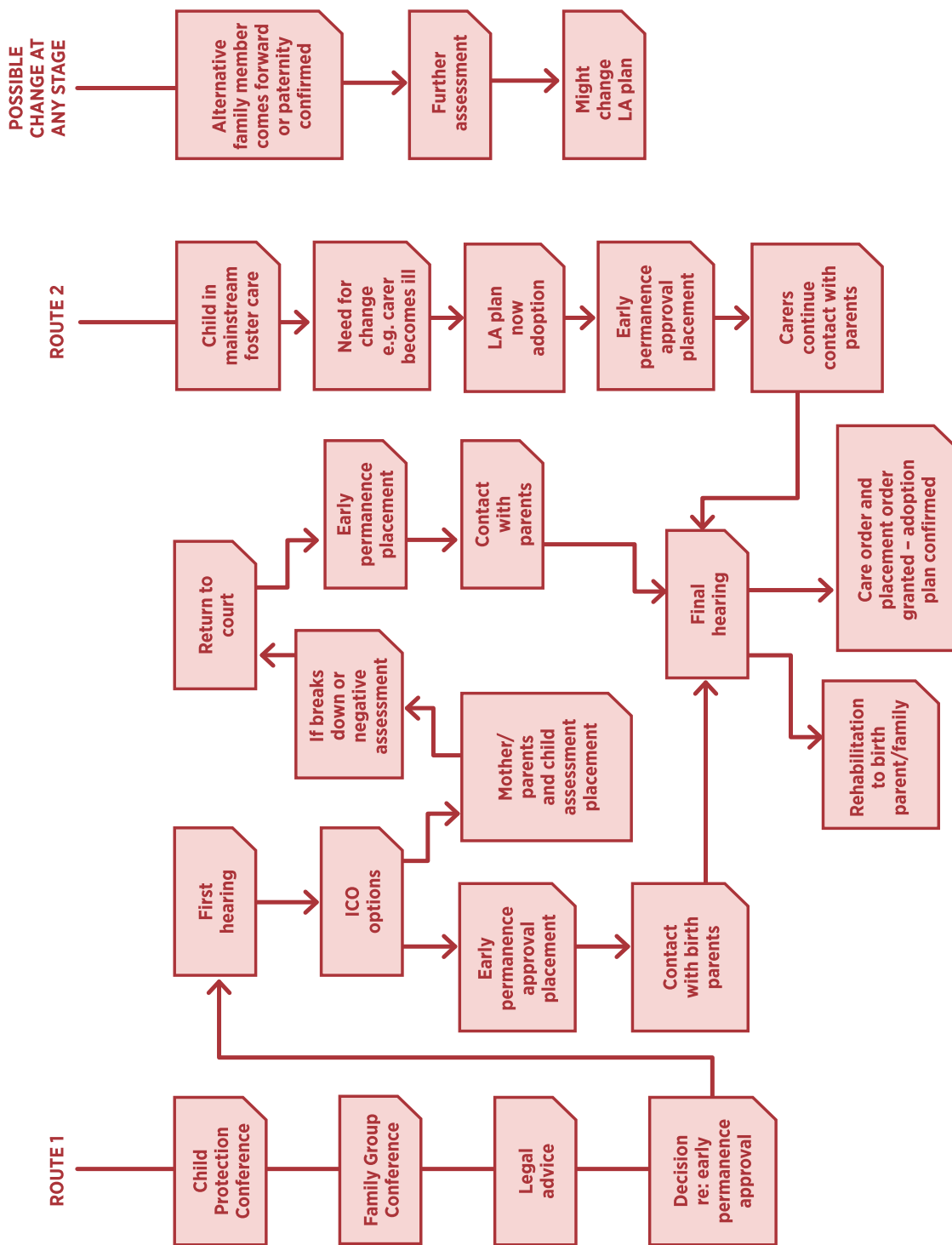


Reproduced from Fahlberg, 1994 *

Reproduced from Fahlberg V (1994) *A Child's Journey through Placement*, London: BAAF

Court proceedings

LEGAL PROCESS TIMELINE



Quiz: The role of the foster carer

1. Do foster carers have parental responsibility?

a. What is parental responsibility?

b. Who has parental responsibility when a child is “looked after” by the local authority?

2. What can foster carers take responsibility for?

a. Can carers agree to routine immunisations?

b. Can carers take the child away with them to stay with friends for a few days without prior discussion with the social worker?

c. Can carers take the child on holiday abroad?

3. What is the extent of the foster carer's role?

a. Can foster carers cancel social work visits if they want to?

b. Do carers put in writing what they think would be best for the child?

c. Can carers ask a relative or friend to babysit the child?

d. Do carers attend court?

4. Can contact arrangements be changed?

a. Can carers change contact times or days if they are inconvenient for them?

5. What names should be used?

a. Can the carers' parents be called Grandma and Granddad?

b. Can the carers register the child under the carers' surname, e.g. with their GP?

6. Who makes the decisions?

a. Suppose the carers usually go to church but the parents don't want their child to go with them - who decides?

b. If the parents want the baby to start on solids at four months, do carers have to comply with their wishes?

7. Can carers claim child benefit?

Please see the end of this guide for answers to the quiz.

Foster carer placement record

Please record the progress of the child in placement and submit to your supervising social worker on a fortnightly basis. To include:

- Development and/or change to routines, e.g. sleeping and feeding routines, solids, likes and dislikes.
- Physical development: growth, significant steps, e.g. learning to hold head, crawl, walk.
- Social development: including play, response to stimulation, eye contact, etc.
- Health developments: including any health appointments and ailments/illnesses.
- Record any accident or injury (including minor incidents): describe what happened, when and where, including when and who it was reported to.
- Attendance at contact and any factual observations on the child's presentation before and after.
- Any other significant incidents/events, e.g. activities undertaken, any incident that impacts on the wellbeing of the child in a positive or negative way.

Sample entries for a child at different stages of placement during the first four months are recorded below. (NB: A daily record must be kept – the sample is to provide information about what might happen at different points of a placement.) The carers have visited Jack in hospital immediately after birth; he is then placed after two weeks. Sample entries below provide excerpts.

Date	Daily record
<p>16 April 2019 (1 day old)</p>	<p>We met Jack for the first time today. We visited him at Queen Charlotte’s hospital. The nurses introduced us. They reported that they were pleased with how he is doing. They are still giving him Oramorph [drug used to wean baby off drug used by mother] but are reducing the dose. We spent the day with him. The nurses brought us his bottle to feed him and he took most of his milk. We gave him cuddles and chatted to him.</p>
<p>24 April 2019 (8 days old and placed yesterday)</p>	<p>Jack had an unsettled night. He slept for no longer than 1.5 hours at a time and sometimes less. It is very different here to the hospital environment. He needed lots of reassurance and cuddles.</p> <p>He is having a feed every two–three hours of about 55–90ml each time.</p> <p>We had the placement planning meeting today. The midwife also visited and is happy with his progress. We registered him at the GP.</p>
<p>26 May 2019 (6 weeks old)</p>	<p>I took Jack for his six-week check at the GP. He now weighs 4kg. He is feeding and gaining weight well. The GP has booked Jack in for his eight weeks vaccinations.</p> <p>Jack’s feeds continue to take some time as he needs winding throughout. His feeds in the night are particularly difficult and he requires significant comfort alongside the feeds.</p>
<p>4 August 2019 (4 months old)</p>	<p>Jack is enjoying playing, including peek-a-boo. He likes to be around people.</p> <p>His colic is much improved and we have stopped using the infacol [infant colic relief medicine].</p> <p>We went to contact today. He slept on the way there which meant he was awake and alert for the contact session. He was a bit unsettled on the journey back and for a few hours when he got home. He did not have a nap at the usual time.</p> <p>Jack’s social worker, Jane, visited at 4pm.</p>

Communication book (sample)

Communication book entry – Jack, six weeks old

25 May

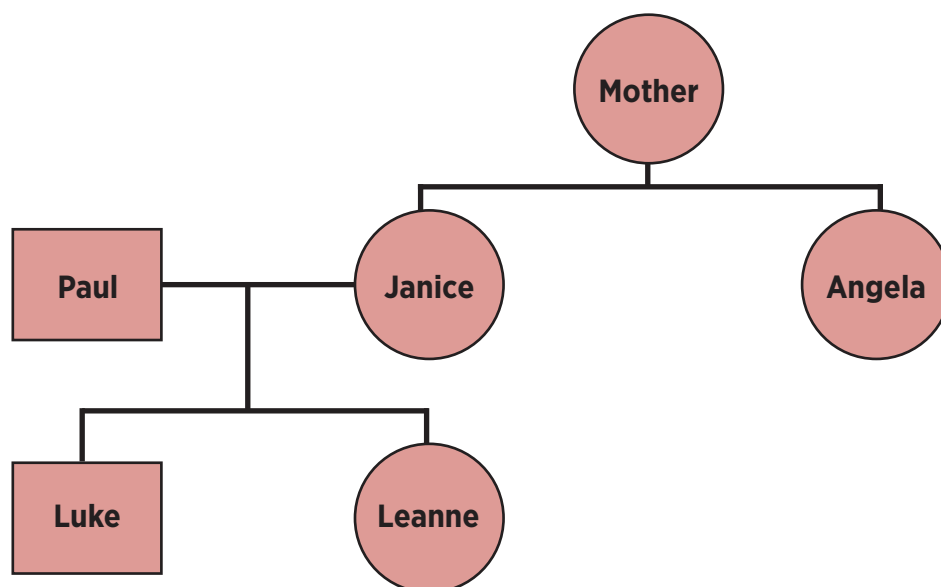
Jack has had a good week. He is making lots of eye contact and shows his lovely smile when excited. On his activity mat, he is trying to grasp and feel the mobile toys. He is also getting more chatty, making baby noises and sounds.

He is still feeding well. He feeds much better when winded after his first ounce. He does his best burps when he is supported to sit on our laps, his front supported and his back rubbed. After a few burps, he is then good and ready for the rest of his bottle. After his feeds he looks contented and relaxed.

Rosie & Steve

Group exercise: Sculpt

Case study: Leanne



Child:	Leanne (born at 38 weeks; mixed heritage)
Mother:	Janice (26 years; African-Caribbean British)
Father:	Paul (24 years; white UK)
Older brother:	Luke (4½ years; mixed heritage)
Janice's family:	Mother (African-Caribbean British) Half-sister: Angela (32 years; African-Caribbean British)

The background to this case study

Janice and Paul are known to Children's Services as their son, Luke, was removed because of severe neglect and, following assessments and court proceedings, placed for adoption. When Janice became pregnant with Leanne, there were concerns that Janice and Paul would once again be unable to meet the needs of a young child. Following assessments and a pre-birth case conference, it was decided to commence care proceedings as soon as the baby was born.

More information about Janice and Paul

Janice and Paul have been together for nearly six years. After Luke's birth, the home situation gradually deteriorated with evidence of drinking, conflict and very poor standards of basic child care and hygiene. Janice and Paul resisted support and failed to make use of services; eventually Luke was removed.

Janice's mother and older half-sister do not live nearby and she has only occasional contact with them; she has no contact with her father who is an alcoholic. As a teenager, Janice was unsettled, self-harming and dropped out of school; between the ages of 13 and 16 she was in foster care and then residential care.

Paul has no contact with his family who live 200 miles away; he was looked after by the local authority from the age of seven because of his stepfather's abuse. When he was 12, his foster father died and Paul had to move. His teenage years were turbulent, with emotional and behavioural difficulties and exclusion from school. Paul has never been in employment; he has committed offences including one assault, and has had one custodial sentence.

How has the pregnancy been going?

Several months into the pregnancy, Janice started attending alcohol services, and reduced her drinking. She wanted a chance to show that she could care for Leanne. Paul felt that they should have a chance, but he did not engage with alcohol services. Initial assessments were not optimistic that the necessary level of change could either be achieved or sustained.

The local authority has made a care plan for Leanne by exploring the following people:

- Janice's family: Janice's mother is in poor health and suffers from depression. Janice's sister, Angela, who has a daughter of school age, did not initially respond to efforts to contact her. When the social worker contacted Angela again, she said that she was unable to care for a baby.
- Luke's adoptive parents feel unable to consider Leanne because of the level of Luke's needs and difficulties.

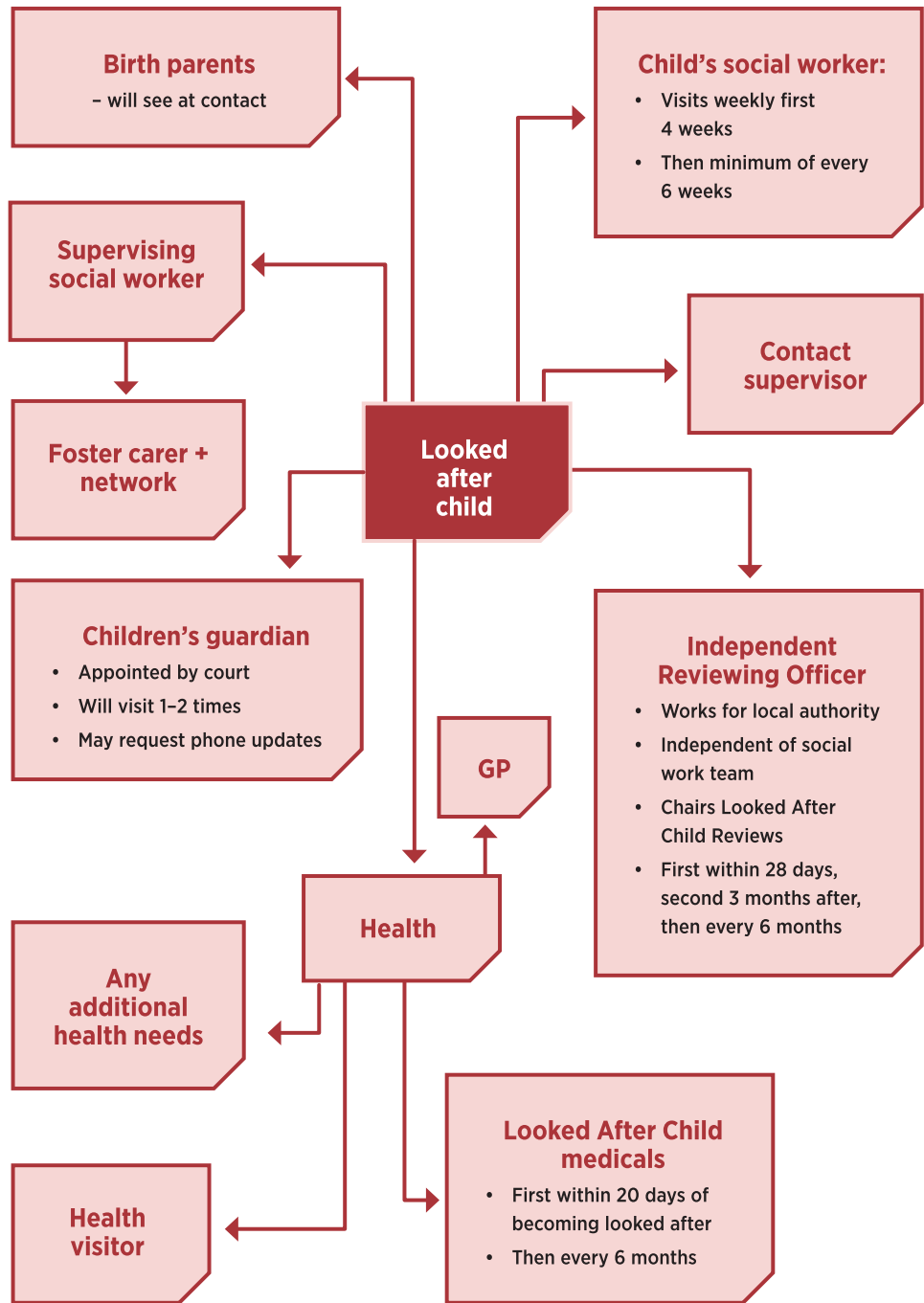
The local authority therefore sought an interim care order with a plan to place Leanne with early permanence carers.

The plan was to offer Janice and Paul twice-weekly contact with Leanne, but it was recognised that there may be pressure to increase this.

Both Paul and Janice opposed the local authority care plan, and if they were not able to take Leanne home, they wanted a residential assessment

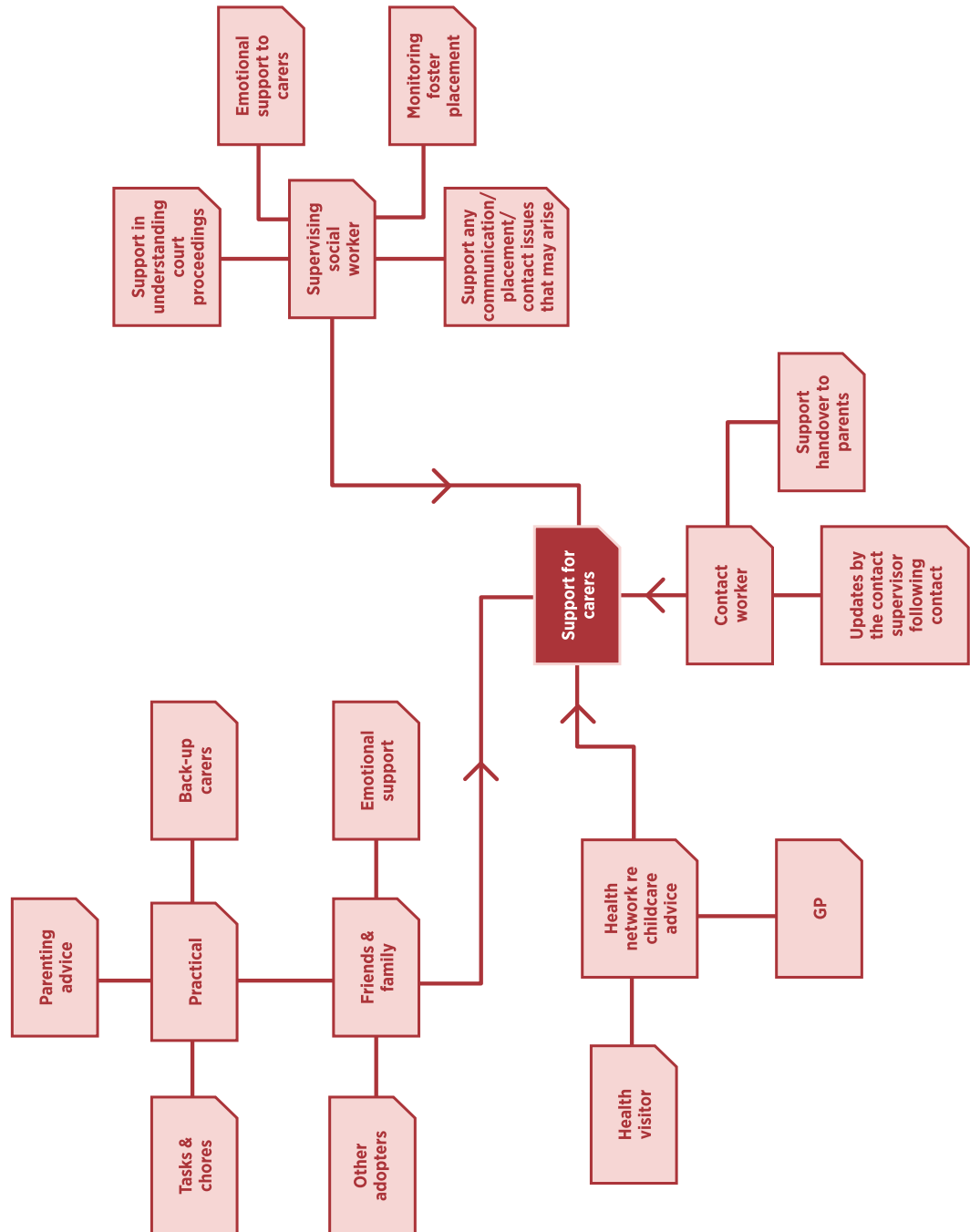
Support system for child and carers

The child's support network



Support system for child and carers

The carer's support network



Benefits and challenges of concurrent planning

For the child

Benefits	Challenges
<p>Form secure attachment</p> <p>Fewer broken attachments</p> <p>More stability – fewer moves</p> <p>Carers can build bond and relationship with the child</p> <p>Carers can build relationship with parents</p> <p>Fewer gaps in knowledge of child's history if they go on to adopt</p> <p>Consistent parenting experience</p> <p>Responsive attuned parenting</p> <p>Quality of care</p> <p>Photos from early on – whatever the outcome</p>	<p>Uncertainty has an emotional impact on a child</p> <p>Heightened anxiety in atmosphere around child</p> <p>Contact – different styles of care and interaction</p> <p>When older, will child question why not within family (like any other adopted child)</p> <p>Emotional impact of managing rehabilitation – intense feelings (like a child moving from their foster family)</p>

For the parent(s)

Benefits	Challenges
<p>Opportunity to build relationship with people who may go on to adopt their child – greater sense of “where” child is growing up</p> <p>Opportunity for child to be reunited</p> <p>Motivation – early permanence may galvanise efforts to make changes – absolutely clear to parents that adoption is an option</p>	<p>Perception that decision has already been made</p> <p>Greater anger at system</p> <p>Frustration at limited timeframe (as with other proceedings)</p> <p>Stress/challenge of meeting carers who might keep their child permanently</p>
<p>More likely to have direct contact post adoption; quality of indirect contact likely to be better</p> <p>Family members may respond to situation and come forward</p>	<p>Constant stress of contact at a time when trying to make lifestyle change, e.g. reduce drug use (similar to if a child is in a mainstream foster placement)</p>

For the early permanence carers

Benefits	Challenges
<p>Full involvement in life of child from an early age for carers and for their family and friends</p> <p>Knowledge of child's development – ability to share early memories should they go on to adopt</p> <p>Full history of child – direct knowledge of parents</p> <p>Child will know that carers tried to help parents</p> <p>Knowing that this is the best form of care for the child</p> <p>Sense of satisfaction at helping the baby and parents whatever the outcome</p> <p>In many cases affirmation of carers as adopters by parents</p> <p>There may be a positive impact on birth children</p>	<p>Contact sessions and relationship with the child's family</p> <p>Meeting with and working with parents causing uncertainty</p> <p>Coping with questions from family and friends</p> <p>Potential loss</p> <p>Emotional impact on birth children</p> <p>Managing work and employment – leaving at short notice (statutory adoption leave)</p> <p>Placements can be made very speedily</p> <p>Uncertainty re: timeframe of placement</p>

Early permanence carers and Statutory Adoption Leave and Pay from 5 April 2015

Since April 2015, there have been a number of changes to adoption leave and pay, and early permanence carers are now eligible for Statutory Adoption Leave (SAL) and Statutory Adoption Pay (SAP) from the beginning of the placement, i.e. when the child has been placed with them as a fostered child.

The child must be placed with the carers under s.22c of the Children Act 1989, which is the case with placements with early permanence carers (concurrent planning, foster to adopt or Fostering for Adoption carers). The local authority must provide a letter to the carer(s) notifying them of the proposed placement of the child and stating that the placement is being made under s.22c(9B)(c); this is the equivalent of a matching certificate in confirming for employers eligibility for SAP and SAL.

Carers are not entitled to additional leave or pay if or when the placement then becomes an adoptive placement.

From the same date, prospective early permanence carers adopters who are expecting a child to be placed will be entitled to time off on five occasions (main adopter) or two occasions (secondary adopter) for adoption appointments, e.g. introductory meetings with the child, planning meetings or visits to nursery or schools.

There is no qualifying period in employment for eligibility for SAL; however, carers/adopters are only entitled to SAP if they have worked for their employer for 26 weeks and have received a minimum level of weekly pay. SAP is 90 per cent of average weekly earnings for six weeks, followed by a flat rate (currently £139.58) or 90 per cent weekly earnings, whichever is lower, for 33 weeks. Some employers provide terms and conditions of service that are more generous.

Shared parental leave is being introduced for all new parents, including adopters. There is a 26-week qualifying period in employment; the adopter or partner must be eligible for SAP or paternity pay. Up to 52 weeks, parental leave can be shared between two partners.

Self-employed adopters are not entitled to SAP.

Where a placement does not proceed to adoption (e.g. where the child is reunified with a family member), the carers can continue to take the leave already booked, or they can bring it to an end eight weeks before the planned end. There is no requirement to repay the SAP. A carer or adopter on adoption leave continues to accrue entitlement to adoption leave and pay.

Further information is available from:**Government information website**

www.gov.uk/adoption-pay-leave

www.gov.uk/plan-adoption-leave

ACAS

www.acas.org.uk/index.aspx?articleid=1828

Citizens Advice Bureau

www.adviceguide.org.uk/england.htm

Adoption UK

www.adoptionuk.org

References

The change in rate of adoption pay was introduced in the Children and Families Act 2014 s.124 (rate of statutory adoption pay):

www.legislation.gov.uk/ukpga/2014/6/section/124/enacted

Information about shared parental leave:

www.gov.uk/shared-parental-leave-and-pay-employer-guide/overview

The introduction of adoption leave and pay for prospective adopters starting a fostering for adoption placement is under the Children and Families Act 2014, s.121:

www.legislation.gov.uk/ukpga/2014/6/section/121/enacted

The right to time off during introductions was introduced in the Children and Families Act 2014, s.128:

www.legislation.gov.uk/ukpga/2014/6/section/128/enacted:

Day 1: PowerPoint slides

coram centre for early permanence

Preparation groups for early permanence carers

Concurrent planning and Fostering for Adoption applicants

DAY 1

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Housekeeping

- Toilets
- Fire exits
- Mobile phones and tech
- Breaks
- Lunch

2

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Working agreement

Environment	<ul style="list-style-type: none">• Trust• Safe• Caring and gentle• Assumptions
Learning	<ul style="list-style-type: none">• Responsibility• Respect• Confidentiality

3

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Getting to know you

Share with the group:

- Your name
- What stage you are at in your adoption journey
- (if applicable) What agency you are working with

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DAY 1 – Learning outcomes

By the end of the day, you will have had the opportunity to:

- Learn about the development and legal context of early permanence planning for children
- Gain an understanding of your role as a foster carer
- Consider the importance of attachment for babies and young children
- Consider the impact of becoming an early permanence carer
- Understand the importance of support for you and the child

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Group exercise: What is early permanence?

- What do you understand early permanence to mean?
- Why does early permanence matter? What do you think the benefits are:
 - for children?
 - for prospective adopters?
- Who can be an early permanence carer?

6

Why early permanence matters

- Impact of the quality of care on neurological development
- Impact of reliable, consistent, responsive care as a basis for secure attachments
- Effect of stress, neglect, erratic care and environment
- Development of emotional regulation

7

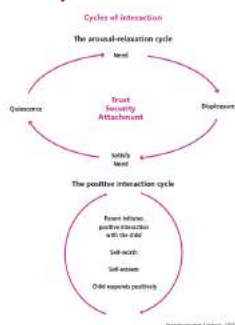
Why early permanence matters

When parents gaze into their infant's eyes a mysterious thing happens; it helps the young brain develop. Caressing an infant lowers a stress hormone known to damage the developing brain

Shook (2001)

8

Arousal-relaxation cycle



9

Group exercise: Arousal-relaxation cycle

What do you think the child would do if their needs are not met, or if they receive no positive interaction with their parent/caregiver?

10

What is dual approval – where does it fit?

- Concurrency? Fostering for adoption? Dual approval? Reg 25A temporary approval? Are they different?
- The terminology is confusing but the names describe placements which are in fact very similar
- These children come from backgrounds of severe difficulties and are likely to have experienced stress pre-birth
- At the time of placement, there is no known capable family member available to care for the child
- Carers foster the child through court proceedings
- The child returns to family if they are positively assessed OR go on to be adopted by the carers

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Early permanence – dually approved carers

The legal context

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The legal process

- Pre-proceedings – child protection conference, family group conference, legal planning meeting
- Initial hearing – interim care order and placement – early permanence carer/s or, e.g. residential placement
- Possible issues leading to subsequent request for early permanence placement – breakdown of residential placement, need for change of foster carers, negative parenting assessment later in proceedings
- Possible issues leading to uncertainty for early permanence carers with child in placement – unknown family member comes forward to be assessed part-way through proceedings

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Court proceedings

- The court is guided by the Children Act 1989 Act, which states that the child's welfare is the court's paramount consideration
- The child will have a Children's Guardian and solicitor appointed by the court to ensure the best interests of the child are central to proceedings and that the child's views are represented
- The court must avoid delay in conducting proceedings in respect of the child
- The Children and Families Act 2014 legislated that childcare proceedings take place within 26 weeks, i.e. to point of final care plan, i.e. rehabilitation of placement order, although there may be extensions

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The role of the Children's Guardian

- A Children's Guardian is appointed by the court to provide an independent overview of proceedings and promote the best interests of the child
- Children's Guardians are social workers
- They work for an independent organisation, CAFCASS (Children and Family Court Advisory and Support Service)
- They will visit the child at least once or twice during proceedings, they may attend meetings, etc, and will meet the child's parents
- They liaise with professionals working with the child
- They provide a report stating their views and making a recommendation to the court about the appropriate care plan for the child

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Court proceedings

- The local authority and court have a duty to be satisfied that the child cannot be raised by their parents or within the family or by connected persons, before making alternative arrangements
- Any plans for assessments and plans for contact during proceedings will be agreed at the first hearing and the timetable to final hearing will be set out – although be mindful that this can change, i.e. if a family member comes forward

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Contact

- Contact takes place in many cases but not all, e.g. sometimes parents do not engage with contact right from the start
- Where it does take place, the purpose is to maintain a bond with parents until a final decision is made as to the plan for the child
- The starting point for children who are "looked after" by the local authority is that there will be "reasonable" contact between the child and parents and any significant people, e.g. siblings, grandparents
- Contact research has evidenced that consistent quality contact is more important than the frequency of contact – frequency of contact has reduced over the years from sometimes being almost daily to on average three times per week – but this is up to the judge, who decides on contact arrangements

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Connected persons assessments

- Family members or someone who has a significant link to the child, e.g. a close family friend, may be assessed in order to determine if they could care for the child
- The assessment is completed by a social worker
- It is not the same as an adoption assessment – as well as parenting capacity, they assess if they can keep the child safe from, and manage boundaries with, parent/s whom they probably know well
- The timeframe for these assessments can vary but ideally they average 10–12 weeks
- Therefore, if someone presents later in proceedings, this can lead to delay of the 26-week timeframe – this may be agreed by the judge as being in the interests of the child

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Final hearing in care proceedings

- Final hearings can take a number of days – the judge hears all the necessary evidence before making such a major decision
- The local authority files a statement and final care plan recommending what they view is in the best interests of the child and evidencing why
- The Children's Guardian also submits a report stating their view
- The parents file a statement of their position
- Any expert reports are also considered, e.g. parenting assessments, birth family assessments, psychiatric reports
- These documents and verbal evidence are the basis upon which the judge decides the child's future placement
- The judge may decide that the child can return home or to extended family. Alternatively, the judge may make a placement order

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A foster placement becomes an adoptive placement

- Once the judge has made a placement order, plans can be made for adoption
- Where the child has been placed with early permanence carers, the local authority adoption panel must still consider the proposed match for the carers to become prospective adopters for the child
- After the panel, the local authority agency decision-maker must agree that the match is appropriate and in the child's best interests
- The carers will be invited to attend the matching panel with their social worker and the child's social worker

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Adoption orders

- Once approved by the agency decision-maker, prospective adopters can apply to the court for an adoption order after the child has been in placement for 10 weeks. In most early permanence placements, this will be straight away as the child will have been fostered for longer than this
- The judge considers the evidence, decides that adoption is in the child's best interests and makes an adoption order.
- Adoption permanently transfers parental responsibility to the adoptive parents
- An adoption order extinguishes the parental responsibility of parents and of the local authority
- Parents can seek the court's leave to oppose the adoption; the judge will decide whether to give leave to oppose based on the evidence put forward – there needs to be a significant change of circumstances
- Contact orders can be made in adoption but are rare. Post-adoption contact arrangements are usually made by agreement and recorded on file

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Assessment and approval for early permanence carers

Dual approval

- The assessments include:
 - ability to manage a multitude of uncertainties, delays, unexpected turns, i.e. the child returning to family
 - being a foster carer
 - uncertainties about the child's development
 - belief in the ethos of early permanence

Fostering for Adoption

- Approved adopters who wish to be approved as foster carers for a particular child by the agency decision-maker also need similar preparation and assessment

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Early Permanence Training

Session 2

Being a foster carer

Being a foster carer

- Early permanence carers are approved as foster carers and adopters
- When the child is placed with them, it is a foster placement under Fostering Regulations 2011
- Foster carers sign a fostering agreement when they are approved; it includes agreement to attend training and to inform the local authority of any change of circumstances
- Foster carers are part of the professional network around the child; their role is to care for the child on a day-to-day basis and work with the child's social worker and others to ensure their needs are met.

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Quiz: The foster carer role

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Question 1

Do foster carers have parental responsibility?

- What is parental responsibility?
- Who has parental responsibility when a child is "looked after" by the local authority?

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Question 2 What can foster carers take responsibility for?

- Can carers agree to routine immunisations?
- Can carers take the child away with them to stay with friends for a few days without prior discussion with the social worker?
- Can carers take the child on holiday abroad?

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Question 3 What is the extent of the foster carer's role?

- Can foster carers cancel social work visits if they want to?
- Do carers put in writing what they think would be best for the child?
- Can carers ask a relative or friend to babysit the child?
- Do carers attend court?

32

Question 4 Can contact arrangements be changed?

- Can carers change contact times or days if they are inconvenient for them?

36

Question 5 What names should be used?

- Can the carers' parents be called Grandma and Granddad?
- Can the carers register the child under the carers' surname, e.g. with their GP?

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Question 6

Who makes the decisions?

- a. Suppose the carers usually go to church but the parents don't want their child to go with them – who decides?
- b. If the parents want the baby to start on solids at four months, do carers have to comply with their wishes?

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Question 7

Can carers claim child benefit?

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Fostering requirements

Assessment

- Carers should have access to early permanence training
- Carers should identify a back-up carer who would usually be police checked (DBS). This person can step in to care for the child if needed for an emergency or one-off appointments that carers need to attend

Post-approval – fostering regulation requirements

- Foster carers will be invited to relevant support groups and training sessions relevant to their role
- Every year the fostering agency will undertake an unannounced visit
- Carers are placed on the agency's foster carer register – if they remain on the register for 12 months there will be a review of their fostering approval

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Session 3

Attachment issues for early permanence carers

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Still face experiment

<https://www.youtube.com/watch?v=apzXGEbZht0>

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What is attachment?

- Attachment is the intense emotional bond that develops from a baby/child to the parent or caregiver
- A baby's instinct to form an attachment to their carer is based on the biological drive for protection and security
- Attachment is not about love; a child will form an attachment regardless of the nature of the care provided. Attachments may be secure or insecure
- Secure attachments are developed when caregivers are responsive to the child's needs
- Insecure or disorganised attachments are formed when parents are not reliably responsive to the child's needs or are frightening
- The first two years of a child's life are a period of intensive attachment formation and development of expectations about how adults will respond to the child's needs
- Children often develop secondary attachments to other close family members
- Children in care generally have disorganised or insecure attachments and have internalised images of parents being unavailable or potentially frightened

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Bonding

- Parents and main carers develop a bond with the baby or child, recognising her voice and her smell
- In a birth family, the mother will have started to bond with the baby before birth. The baby will have sensory familiarity with the birth mother
- A baby from a troubled background may be born already sensitive to raised voices
- Where a baby is placed in foster care, the separation is likely to be distressing for the mother
- Carers will have had limited time and opportunity to begin bonding before the baby is placed with them and the baby may not easily learn to trust and respond positively to the carer

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How does attachment develop?

- From their earliest weeks, babies behave in ways that attract and respond to their caregivers, e.g. smiling
- From as early as eight weeks, babies begin to discriminate between familiar and unfamiliar adults and to become particularly responsive to the main caregiver
- As the baby becomes mobile, she can use the carer as a base from which to explore, and as a secure haven if distressed or alarmed
- By this stage, a baby has a highly developed ability to discriminate between adults and has learned what (and whether) the adult can be relied on to provide security and to meet his/her needs

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How does a secure attachment develop?(1)

- There is a cycle of interaction between baby and carer that develops secure attachment: when the baby needs attention, e.g. hungry or uncomfortable, the carer, attuned to the baby, reads the baby's cues and responds – meeting the need or providing reassurance – containing and calming the distress
- Attunement means “riding the same emotional contour” as the child and guiding them back to security and safety
- A baby or child whose needs for security and containment are consistently met will develop a sense of trust that her needs will be met

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How does a secure attachment develop? (2)

- Neurological and emotional development in the baby are promoted by the calming of stress and pleasurable interaction between baby and carer – this is also the basis for children being able to regulate their emotions as they get older
- Attachment behaviour is behaviour that will bring the baby into proximity with the attachment figure; a child will use attachment behaviour when they are in an unfamiliar or frightening situation. The availability of the attachment figure enables the child to regain a sense of security and equilibrium

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Issues for early permanence carers (1)

- High or frequent levels of stress are not good for babies
- A baby who has been exposed to drugs or alcohol, or who has experienced neglectful, poor or inconsistent care, or who has had moves and changes of carer, will have experienced stress
- If an infant has been cared for by a parent, other relative or foster carer, the different patterns of attachment will impact on the baby's internalised expectations of parental figures. Learning to trust a new carer will require time and steady reassurance

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Issues for early permanence carers (2)

- During contact, the infant will experience a different style of care and interaction from parents or relatives from that of the early permanence carers
- The care may be less attuned and less responsive to the baby's cues
- The baby will experience discontinuity and may feel a sense of abandonment
- The carer will be concerned and anxious if the baby is upset during or after contact

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Issues for early permanence carers (3)

- During the period of the court proceedings, the baby will be developing an attachment to the main carer, i.e. the early permanence carers
- Once the baby has settled with the carers, they will be the people most able to calm and restore the baby to equilibrium
- The baby may become upset if the attachment figure is not available; this is stressful for the baby and distressing for the parents and for the carers
- The baby may well require some additional soothing and settling after contact

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The final decision – rehabilitation to family or plan for adoption?

- If the final decision is a plan for adoption, contact will gradually be reduced over a fixed period
- Where rehabilitation to family is the plan, contact will increase to prepare the baby for a move
- The attachment the child has developed to the carers and their bond to her will be broken and this is a demanding experience for them all
- The child will have to develop an attachment to the new carers – usually extended family members who have been positively assessed – but the responsive and attuned care the child has received from the early permanence carers will help them to develop new attachments

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DAY 2

COURSE CONTENT

Session 1

Managing situations where a child returns to their family

The role of an early permanence carer is a unique one that provides stability for the child but requires carers to cope with uncertainty, including the possibility of the child returning to their family. The aim of this session is to provide an opportunity for early permanence carers to develop some understanding of the process when this is the plan, and to hear, in a film clip, the reflections of early permanence carers who have been in this position.

Session 2

Considering children who need early permanence

Important, but often limited, information about children for whom early permanence is being considered is conveyed to prospective carers at a very early stage when placements are considered through profiles describing the child and discussion with professionals. The aim of this session is to enable early permanence carers to consider sample profiles, think about what the information may be telling them, and what more they might need to know in order to come to a decision about moving forward to placement.

Session 3

Managing contact

Managing contact between the child and their family can be practically and emotionally complex. The aim of this session is to focus on the experience for the child, the potential impact of contact on all parties, as well as to provide prospective early permanence carers with practical information about their role.

Session 4

Considering relinquished babies

Relinquished babies make up a small number of children in early permanence placements. The aim of this session is to provide carers with the opportunity to learn about the early permanence process for placing relinquished babies and other factors they may need to consider.

Session 5

Reflections on the day

The aim of this session is to give participants time to reflect on their learning over the last two days of training, and on the qualities needed by early permanence carers.

Learning objectives

By the end of the day, participants will have:

- Considered the experiences of children being placed for early permanence
- Looked at the impact of moving a child back to their family
- Learned about how to support and manage contact between a child and their family
- Considered the specific issues to be considered when a baby is being relinquished
- Reviewed what is involved in becoming an early permanence carer

Programme

Welcome back	10.00-10.45
Session 1 – Managing situations where a child returns to their family	10.45-11.45
BREAK	11.45-12.00
Session 2 – Considering children who need early permanence	12.00-1.00
LUNCH	1.00-1.45
Session 3 – Managing contact Reviewing a supervised contact report	1.45-2.30 2.30-3.15
BREAK	3.15-3.30
Session 4 – Considering relinquished babies	3.30-3.45
Session 5 – Reflections on the day	3.45-4.25
Evaluation sheets and close	4.25-4.30

Children's profiles: Kane

Small group exercise

Profile – Kane

Kane is 18 months old. He was in the care of his parents – Chantelle, who is White British and aged 30, and Simon, who is Black British Caribbean and aged 38 – for the first year of his life. Chantelle has had three other children removed from her care and placed for adoption due to her drug misuse and domestic violence in relation to the respective fathers of her other children. During her pregnancy, Chantelle stopped using drugs, worked with professionals and there were no incidents of domestic violence reported with Simon. Kane is their first child together.

Following a period of time in a family assessment unit, Simon and Chantelle were assessed as able to care for Kane and he remained in their care upon the conclusion of proceedings. However, subsequently Chantelle started to use crack cocaine and heroin again. Professionals involved with the family also became concerned about Simon's controlling behaviours. He did not like Chantelle going out alone and monitored her whereabouts. Subsequently, police were called by neighbours to the house on two occasions following reports of arguments.

The local authority issued proceedings again and Kane was placed in foster care. He has been with a foster family – a couple and their 15-year-old son – since the beginning of proceedings five months ago. There are concerns about the neglect he has experienced in his parents' care – he takes time to build trust with those around him. He is also quiet and has a very limited vocabulary, although the foster family report that he is making progress.

The final hearing is scheduled in eight weeks; however, the foster family are about to go on holiday and cannot take Kane with them. The local authority's plan is for adoption and they are looking for a early permanence placement so that Kane does not experience another change of placement prior to moving to his adoptive family if the court agrees with their recommendation.

1. What further information and discussion would you want if you were considering this placement?

2. What uncertainties would you have to be prepared to take on with this placement?

3. What might be the care needs of this child?

Children's profiles: Aaron

Small group exercise

Profile – Aaron

Bella's baby (Aaron) is due to be born in five weeks' time. Bella is White British and 22 years old. She is a vulnerable young woman; she has mild/moderate learning disabilities and receives support from Adult Social Services. A parenting assessment in respect of Bella has concluded that, even with support, she would not be able to meet the needs of a baby.

Bella's family live 180 miles away; her parents are separated and her mother, Mary, cares for Bella's daughter, Lucy, who is two years old. Lucy is unborn Aaron's half-sibling. Her father is not known. The local authority has had concerns about Lucy's care and has found that Mary is not willing to accept support. Bella's brother, who also has mild learning disabilities, lives in the household with Lucy and Mary. Initial enquiries have raised concern about Mary's ability to raise a second grandchild. It is reported that Bella and her mother have a volatile relationship. Bella's contact with Lucy has been intermittent.

The baby's father, Pierre, is 35 years old, of white heritage and from France. Pierre has lived in the UK for a number of years. He has been diagnosed with schizophrenia and has had several hospital admissions. Pierre is unwilling to have a parenting assessment and appears emotionally detached from the plans to be made about the baby. Pierre has family in France, but has not provided information about them or whether they might be able to care for the baby.

Bella and Pierre mostly live together in his flat, but from time to time there has been conflict and she has left; Bella has reported that at these times she has stayed with friends. There have been concerns that she may be being financially exploited by her acquaintances. Adult Social Services has discussed supported accommodation for Bella but she has refused this.

Bella would like to care for the baby with Pierre; she does not want to return to live with her mother, she does not want her mother to look after Aaron. The local authority is seeking an interim care order at birth and would like an early permanence placement.

1. What further information and discussion would you want if you were considering this placement?

2. What uncertainties would you have to be prepared to take on with this placement?

3. What might be the care needs of this child?

Children's profiles: Lexie

Small group exercise

Profile – Lexie

Lexie, Karen's baby, is due to be born in five weeks' time. Lexie's mother, Karen, is British. Karen's mother is White UK and her father is white UK/Indian. Karen is 35 years old. She is a long-term drug user and has used heroin and methadone throughout the pregnancy. She has also worked as a sex worker throughout the pregnancy.

Karen is in a relationship with Antony, the putative father, who is 45 years old and white British. She has disclosed domestic violence perpetrated by Antony, including while she was pregnant; however, she has subsequently withdrawn these allegations. Antony also uses heroin and has criminal convictions for possession and dealing. There are concerns that he is putting pressure on Karen to raise funds for their drug use by sex working.

Karen has been sectioned on two occasions although she has no formal mental health diagnosis. The mental health reports link her incidents of psychosis to trauma and drug use. Karen has self-reported a diagnosis of bipolar disorder; however, at the point of referral there has been no confirmation of this from mental health records.

Karen has a daughter, Sam, who was placed with Karen's parents when aged two; she is now 10. Sam has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). She is generally doing well, is full of energy, and needs some support in school. Sam's grandparents describe her as lovely and caring. Karen's parents do not feel able to take on the care of another child and there are currently no other family members of whom the local authority is aware. Antony has not put any family members forward. He is well known to the local authority, which is not aware of any immediate family members who are likely to be able to care for Lexie.

Karen and Antony are currently stating that they think adoption is the best plan for Lexie; however, they have fluctuated on this and at points Karen has wanted to parent Lexie. The local authority is going to issue child care proceedings in any event due to the risks, and is looking for early permanence carers.

1. What further information and discussion would you want if you were considering this placement?

2. What uncertainties would you have to be prepared to take on with this placement?

3. What might be the care needs of this child?

Contact report

Chloe's contact with her mother, Louise (11am–1pm)

Background

Chloe is six months old; she has been placed with a single early permanence carer, Carol, since she was discharged from hospital at a few days old. She was exposed to drugs and alcohol pre-birth, but did not need treatment for this. Chloe has two older half-siblings who have been placed permanently with family members.

Chloe's mother, Louise, is 27 years old; her family has a long history of involvement with local authority children's services – she lived with relatives and foster carers during her teens after experiencing neglect and abuse. There is a history of sexual abuse in the family. Louise has been an intermittent drug user; she has a history of offending (theft and assault); and has served two prison sentences. Louise struggles with basic social skills, often veering between being excessively grateful and compliant, or angry and dismissive of advice or support.

Report written by Linda, contact supervisor

Arrival/handover

Louise arrived at 10.40am. She was polite and friendly towards me and started to put out toys and the baby chair.

Carol (the carer) arrived on time with Chloe asleep in the buggy.

Carol told Louise that Chloe had woken up early and had had a disturbed night and might need to sleep for a while yet. She suggested that Chloe might need lunch earlier than usual – around 11.30am/11.45 a.m. Carol showed Louise the solid food for Chloe and suggested she try her with that first before giving her a bottle (milk). Louise looked away as Carol was speaking.

Carol said that Chloe had been a little grizzly with red cheeks yesterday and might be teething. Carol said goodbye to Louise and left the room.

Observation of the visit

Louise muttered 'Typical, sleeping during contact'. She sat looking at Chloe and talked to me (Linda); she told me that she found it hard to talk to Carol. I said that I thought she, Louise, had done well at handover as I know she does not find it easy. Louise thanked me for saying so.

Chloe woke up after about 15 minutes. She smiled at Louise, who smiled back

and told Chloe how much she loved her and how gorgeous she was as she lifted her out of the buggy and kissed her. Chloe looked round at me and smiled.

Louise took the diary out of Chloe's bag and started to read it, then put it down saying that she must look at this properly one day.

Louise put Chloe in the baby chair then showed her some toys and encouraged Chloe to hold the toys. Louise talked to Chloe about which one she liked most; Louise clapped and showed Chloe how to clap.

Chloe started to complain and Louise wondered if she wanted a toy or not. I reminded Louise that Carol had said that Chloe might be hungry by 11.30am or 11.45am and it was now 11.30am.

Louise said that she would give Chloe her milk first; I suggested that she try Chloe with the solid food as Chloe is now of an age when she needs more than milk during the day. Louise said that she will not give Chloe the food that Carol had brought (organic) as she does not agree with that food. I said that organic food is considered to be very good; Louise said, 'That is your opinion but it is not mine. I like Cow and Gate baby food, the same as the milk Chloe has'. Louise said that she will buy some jars of Cow and Gate for the next session. I suggested that we talk about what she would like to do after contact, and then we can talk to Carol, and where possible do what Louise would like.

Louise mixed the feed and tested it on her wrist. She tested the temperature of the milk again, saying that she would not stand the milk in cold water, she would rather that the milk cooled down on its own. When the feed was cool, she gave it to Chloe who took it well.

Louise commented on Chloe's red cheeks; she said that she thought she should give Chloe Calpol. I said that Chloe's red cheeks did not necessarily mean that she was teething or in pain, she had not been dribbling or chewing. Chloe's cheeks were warm, and as she was wearing a long-sleeved vest and a cardigan, I said that it might be that she was quite hot. I suggested to Louise that she take off the cardigan. Louise said that she did not agree with me. I said that if she does not agree with what I am saying, we can talk about it.

Louise said nothing, she put Chloe in the child seat and Chloe started to complain. Louise said, 'Chloe, you are tired like Carol said'.

Louise changed Chloe's nappy, chatting to her while she did it. Chloe smiled at Louise and kicked and waved her legs. Louise placed the activity arc over Chloe. Chloe started to complain.

Louise washed her hands after the nappy change and then picked Chloe up.

Louise picked up the remaining milk and gave Chloe the rest of the bottle. Louise held Chloe on her lap and showed her a toy; Chloe smiled and chuckled at Louise.

Chloe started to make whimpering noises intermittently and looked around; Louise said to herself, 'Chloe cannot help it, she is bound to look around'.

Louise held Chloe and said that she was tired; as she gave Chloe the last of the milk Chloe started to close her eyes.

End of visit handover

Carol entered the contact room and Louise shielded Chloe's face, saying that she did not want Chloe to be disturbed by seeing Carol.

I pushed the buggy closer to Louise so that she could put Chloe in. Louise asked if we could wait a minute as Chloe had only just dropped off. Louise asked Carol to fasten the straps.

Louise thanked Carol for looking after Chloe.

Carol asked how Chloe had been and Louise said that she had been fine, and turned away to start tidying the toys away. I said that Chloe had finished her bottle, but she did not have any solid food. Carol said 'Thank you for letting me know'. She said goodbye to Louise and left with Chloe.

Questions

1. What feelings might Carol have during the contact handovers and while Chloe is at contact with Louise?

2. How might the contact be experienced by Chloe?

3. What areas of parenting is Louise able to manage well during contact?

4. Are there areas of parenting that Louise struggles with?

5. What feelings might Louise have around contact?

6. How could Carol be supported by the contact supervisor and their social worker?

Day 2: PowerPoint slides

coram centre for early permanence

Preparation groups for early permanence carers

Concurrent planning and Fostering for Adoption applicants

DAY 2

coram centre for early permanence

Part of the Coram group, registered charity no. 312278
www.earlypermanence.org.uk

DAY 2 – Learning outcomes

By the end of the day, you will have had the opportunity to:

- Consider the experiences of children being placed for early permanence
- Look at the impact of moving a child back to their family
- Learn about how to support and manage contact between a child and their family
- Consider the specific issues to be considered when a baby is being relinquished
- Review what is involved in becoming an early permanence carer

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coram centre for early permanence

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www.earlypermanence.org.uk

Housekeeping

- Toilets
- Fire exits
- Mobile phones and tech
- Breaks
- Lunch

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Working agreement

Environment

- Trust
- Safe
- Caring and gentle
- Assumptions

Learning

- Responsibility
- Respect
- Confidentiality

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What happens when a child returns to their family...

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Possible outcomes of early permanence placements

- A placement order is made in respect of the child
- A placement order is not made in respect of the child
- The child remains with the carers and is adopted by them
- The child moves to live with a parent or a member of the extended family

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Managing uncertainty

It is vital that people who are interested in considering any early permanence placement fully understand that the court cannot be pre-empted and the outcome is uncertain, and can think about the consequences for themselves, as people who wish to be parents, if the baby or child does not remain with them.

Prospective concurrent planning carers need to show that they have reflected on how they would cope should reunification become the plan, and how they would manage the impact of loss.

(CoramBAAF PAR guidance, 2016)

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The support network

For couples:

- The strength of the relationship is essential – both partners need to be motivated by the needs of the child. If the child returns home, they will need to provide mutual support
- Quote from carer where child returned home – **‘If you are not on the same page, the cracks would start to show’**

For single carers:

- Single carers need a robust support network which understands the carer’s motivation and is committed to supporting the carer if the child returns home

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Why and how would a care plan change?

- If a family member is identified in proceedings, they will likely be assessed
- If the assessment is positive, the local authority may decide that they will change their care plan for the child from adoption to placement with a family member
- However, a child will rarely move to a family placement prior to the final hearing and therefore the child will remain in placement until then – often with contact introduced for the family member
- Remaining in the placement during this time provides stability for the child at a time of uncertainty

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Contact with the family member

- If agreed prior to the final hearing, contact is likely to be arranged with the family member.
- The carers would take the child to contact with the family member who is likely to have permanent care of the child
- This can provoke conflicting feelings for the carer. However, often getting to know the family member helps reduce anxiety as carers know where the child will be going
- The relationship between carer and family member can also support the transition for the child

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Making the return work

- The carers should meet the family member before contact commences
- This may take place before the final hearing
- Carers and family members have their own support social worker
- The family members should be helped to understand what a concurrent/FfA placement is and to understand the impact on the carers of the move
- The focus remains on making the transition as manageable as possible for the child – this is a shared goal for all involved

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Making the return work

- Acknowledgement that it is an emotionally difficult time for everyone
- A clear transition plan is put in place after the final hearing – how many contacts over what period and where, depending on the age of the child, length of placement, and whether there has already been contact
- Transition plans can happen over three days or more usually up to two weeks, depending on how much contact there has already been with family and other relevant issues

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Support for families post-return

- Key support: from contact workers (if involved) and the carers' social worker – they understand what carers have been through and know their foster child
- Have a plan, including: who in your network would you call on for support? Do you want to go away? Do you want some time at home first to adjust? If a couple, how will you manage your own responses and stay in touch with each other?
- Counselling support – some agencies offer counselling support; some carers may seek their own counsellor through adoption support agencies such as PAC-UK

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What next?

- A break – time to recuperate
- Time to talk about the experience and grieve for the child who will not become your son or daughter
- Talk to your social worker – what do you see happening next for building your family? Mainstream adoption? Early permanence again?
- Anecdotally, most carers have gone on to accept an early permanence or mainstream adoption placement again
- Coram has undertaken research that demonstrated good outcomes for the small number of children who returned home as well as those who were adopted, although this cannot be guaranteed

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Contact between the child and family

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Where will it be held?

- Most local authorities have their own contact centre, or commission services from a contact centre
- Some VAAs may have a contact room that they use for placements made with their carers
- Contact is supervised by a contact supervisor
- The rooms should be child-friendly – with available toys and baby equipment

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Example of a contact room



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Contact

- The purpose is to maintain a bond with parents until a final decision is made as to the plan for the child
- Contact is a feature of many early permanence placements but not all – some parents do not engage right from the start
- Contact research has evidenced that consistent quality contact is more important than frequency of contact – frequency of contact has reduced over the years from sometimes being almost daily to on average two–three times per week – but ultimately it is up to the judge
- Parents may attend together or separately, dependent on the status of the relationship
- Contact with family members being assessed may be added later
- Contact days and times are set in court

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The role of early permanence carers in contact

- To bring the child to contact
- If possible/safe, to be involved in the handover of the child to the parents, providing updates on how the child has been
- To let the parents and contact supervisor know when the next feed or nap is due and when the last nappy change was
- To remain available by phone while contact is taking place in case contact is disrupted and needs to end early
- Meeting parents can be anxiety-inducing in early stages; however, once relationships develop, it often becomes a constructive and helpful experience for all

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What is it like for the carers?

- Coming to contact several times a week can be disruptive to the baby's routine; however, it will be a requirement of the court
- The child may be unsettled after contact – carers may experience conflicting feelings of knowing the parent has the right to see the child but finding it hard to see the unsettling impact on the child afterwards
- Contact can emphasise the lack of control that carers have in the process

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How the contact supervisor supports the early permanence carer

- Asks the carers questions about the child and directs answers to the parents at handovers – encourage eye contact and direct communication between carers and parents where possible
- Encourages you to refer to parents as "Mum" and "Dad" – demonstrates that you respect their place as parents
- Reassures you that the supervisor is there during contact and will keep the child safe
- Ensures that you do not reveal confidential personal details
- Makes sure you are updated as to the baby's routine during contact when you pick them up, e.g. when fed, slept, etc.

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Tips for early permanence carers at contact

- Dress the child in clothes provided by the parents when coming to contact – this shows respect and supports development of a relationship
- Think of three things on the way to contact that you are going to share, e.g. last nap, last poo, blew a raspberry, rolled over – this helps to guide the conversation, particularly at the beginning
- Keep a separate baby bag for contact – this avoids bills and confidential information ending up in there – keep it stocked with nappies, feed, etc

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The experience for the child

- Aim to create as consistent and positive an experience for the child as possible – the contact supervisor will support maintaining routines where possible
- A positive relationship between the carers and parents at handover is important for the child
- Bring a familiar toy/blanket from home for the child to have in contact – this is comforting for the child

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The experience for the child

- We acknowledge that the child will experience different styles of care and this can be confusing
- The contact supervisor will aim to support the parents and child to minimise the impact of this – they will intervene if the child becomes distressed
- When they are younger, and if their care needs are being met, babies can manage contact more easily
- As the child gets older, separations from their primary carer can become more difficult

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Recording of the contact

- The contact supervisor will keep a contact record for the local authority, including how parents are managing - strengths and difficulties, child's experience, as well as attendance, etc
- If the parents are repeatedly late or not attending, this will be fed back and reviewed by the local authority
- Alternative arrangements may be made in discussion with the parents, e.g. a reduction, or confirmation by the parents that they will attend on the day – to avoid unnecessary disruption for the child

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The experience for parents

- Parents miss and want to see their child - it is disempowering to have your child removed and hard to see them being cared for by another person
- Contact can be a positive time for them to be with their child – parents develop positive relationships with contact workers, who are there to support them in their parenting
- Parents will have their own views on parenting that may not align with yours and may sometimes appear critical; parents understandably want to claim their rights as parents – it is up to the contact supervisor to negotiate any differences

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The role of the contact supervisor

- To create a friendly, honest, respectful contact environment
- To ensure contact boundaries are adhered to
- To support all parties at the handovers
- To praise parents when appropriate
- To model parenting skills during contact and feed back after contact

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Boundaries of contact

- A contact agreement meeting is held prior to the start of contact and expectations are set out, e.g. attendance, punctuality, contact not proceeding if parents are under the influence of drugs or alcohol, etc.
- Contact supervisors set out their role – to ensure the wellbeing of the child, to support parents, to record contact and ensure boundaries are adhered to
- To advise that any issues that arise in contact will be fed back to the local authority

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Experience of early permanence contact – positive outcome

A significant proportion of parents indicated that if they could not have their child returned to them, they were pleased that they had got to know their adopters through contact, and had confidence in them.

Coram Early Permanence Project

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Small group exercise: contact report

1. What feelings might Carol have during the contact handovers and while Chloe is at contact with Louise?
2. How might the contact be experienced by Chloe?
3. What areas of parenting is Louise able to manage well during contact?
4. Are there areas of parenting that Louise struggles with?
5. What feelings might Louise have around contact?
6. How could Carol be supported by the contact supervisor and their social worker?
7. Where else might Carol get support, as a single carer?

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Relinquished baby placements

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Key points

- The number of babies placed for adoption due to their parents relinquishing care and requesting adoption is small
- If parents relinquish care of their child for adoption, they can and do change their mind
- It is a hugely emotional decision – parents may intellectually make one decision prior to the birth, and following the birth may change their minds
- If they do, the baby will return to their care in most instances and this may happen immediately

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Overview of the process

- Parent/s inform the local authority that they wish to relinquish their child
- The local authority works with parent/s to ensure they understand adoption and the lifelong consequences – offering counselling, support and explanations
- The local authority worker also helps the parents to consider viable alternatives
- Following the birth of the child, if parent/s still want to relinquish, they sign a voluntary agreement for the local authority to care for the child preliminary to adoption

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Overview of the process

- After a minimum of six weeks, an independent social worker from CAFCASS will visit the parent/s to oversee the signing of their consent to adoption and check their understanding of this
- Once the consents have been signed, the adoption process can then begin
- The prospective adopters can lodge their papers with the court 10 weeks after placement
- Until the court grants the adoption order, the parent/s can still change their mind. The local authority does not have parental responsibility.

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Early permanence placements

- There is advantage for the child of being placed from birth with foster carers who could become adoptive parents
- The reason for uncertainty is different – it is “Will the parents change their mind?”
- Similarly to other early permanence placements, early permanence carers will be assessed in relation to their view about a child returning to family, i.e. for the child it is a win-win, the carers carry the risk

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Referral considerations/grey areas

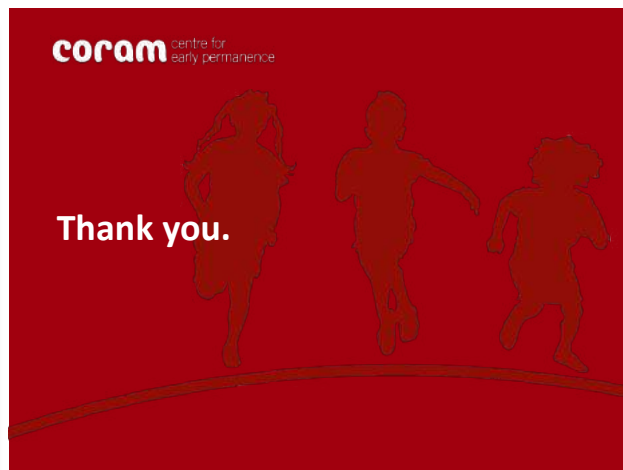
- How long has the local authority been aware of the parent’s plans to relinquish? The more notice they have pre-birth, the more opportunity there is to work with/counsel parent/s and family
- Is paternity known?
- Are there viable family members?
- Meeting with parent/s
- Levels of contact/managing contact
- Life story work

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Final thoughts?

- Complete your learning log, reflecting on what you will be taking away from this course

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Fostering for Adoption: A child-centred solution

A guide for prospective FfA carers

Most people who are interested in adoption readily recognise that children need a loving and secure home that they experience as their “forever family” as quickly as possible. When a child cannot live with their birth parents or other family members, it is the responsibility of local authorities and the courts to ensure that a new family is found with the minimum of delay. Children should not have to wait.

There has been great concern over recent years that waiting is exactly what children have to do. It takes far too long for the adults who have responsibility to make their plans and decisions. A lot of effort is being put into reforming local authorities’ children’s services, the courts and other parts of the system to ensure that, as a whole, it operates in a more timely way and to look at how to achieve early permanence for a child who cannot remain in their birth family. At the end of this process, when the court has sufficient information to reach a decision, children will get what they need – to become a member of a loving family that will be their family for the rest of their life, whether that means being adopted or returning to the care of their birth family.

Fostering for Adoption (FfA) is one part of that solution and is a route to achieving early permanence (an umbrella term which covers the placement of a child through FfA or concurrent planning – see below) for a child. Early permanence for vulnerable children has become a priority for social workers, and placements can be made with either FfA carers or concurrent planning carers. Some agencies are only recruiting FfA carers, others only recruit concurrent carers and some are recruiting both. As practice is developing, the way in which these routes to early permanence work means they can be very similar in practice.

We couldn't picture starting a family any other way. It was not without its challenges and stresses, but the rewards that we have got (all the firsts we have had, the joy of seeing our baby grow from being a day old and building such a strong attachment) could never be beaten. We are so grateful to have had this opportunity and feel blessed that it has happened.

FFA CARER

What is FfA and how does it differ from concurrent planning?

Concurrent planning and FfA are two routes to achieving early permanence for a child who cannot be cared for by their parents or extended family. Both involve a child being placed with approved prospective adopters who are willing to act as foster carers during the time that the court is considering the evidence to decide whether or not the child can go home or whether s/he should be adopted.

The concurrent planning model in England was developed in the 1990s and has evolved over time. Concurrent carers are assessed for approval as foster carers under the Fostering Regulations as well as adopters. Once they have been dually approved for both roles, they will then wait for a child to be identified where the local authority thinks that adoption may need to be the plan for the child but has not completed all the necessary work with the birth parents to reach this decision. Therefore the agreed and appropriate plan for the child is for them to be placed in foster care until the court makes its decision about adoption. Concurrent planning is only used if the local authority believes that the child's parents and extended family are unlikely to be able to care for the child; but until the court has considered all the evidence and made its decision, this is not certain.

During the fostering phase, the local authority will have agreed a plan with the birth parent about what changes would be needed for the child to be returned to their parent's care which the foster carer would be expected to support. The local authority will also want to consider any relatives who might offer the child a home if s/he cannot return to the care of parents as soon as possible – if possible before approaching a concurrent planning carer to consider a placement. Carers are usually expected to meet with the birth parents and support the child having contact with them as part of the ongoing assessment and to ensure that if the child is returned to the family, there is already a good relationship to build on. You should ask your social worker for information about the availability of concurrent projects in their agency, or locally if this is something you are interested in.

Since FfA was introduced, the concept of early permanence has evolved. In FfA placements the local authority has already completed all assessments of the parents and the extended family and has reached a clear view that the child will need to be adopted at the end of court proceedings. However, the judge will not have made his/her decision and sometimes there are unexpected developments such as a previously unknown relative asking to be considered.

Generally speaking, FfA placements are expected to be resolved via the courts more quickly than concurrent planning placements. However, this is

not always the case and some concurrent planning placements are sorted out fairly smoothly whereas some FfA placements become more protracted if a relative appears on the scene and asks to be considered as a long-term carer for the child.

Each situation has to be considered individually, and carers who take on such placements need to understand the uncertainties involved alongside being aware of the enormous satisfaction of offering these vulnerable babies and young children the possibility of developing a secure attachment from the earliest possible moment, which does not need to be broken. Until the court has made a final decision, the child remains a foster child and there is always a small possibility that s/he will return to the care of parents or extended family members.

Most children placed with FfA carers – similar to concurrent planning families – will be adopted by them, but until the court has weighed all the information, this is not certain.

If a child needs a placement that offers early permanence, the local authority can either consider a prospective adopter who is already dually approved as a foster carer, or approach an approved adopter who they think might be a good match for the child and who has expressed an interest in offering FfA. If the adopter agrees to foster the child whilst the court is still considering the evidence, they can be temporarily approved as foster carers for that specific child by the local authority. However, it is important that FfA carers fully understand that until the court has completed its consideration of all the evidence, there might still be a change of plan, and the child might be returned to his/her parents' or relative's care.

If the court agrees that the child should be adopted (whether this is a FfA placement or concurrent planning placement) and the adoption agency approves the “match” between the carers as adopters and the child, the placement then becomes an adoption placement.

FfA and concurrent planning have the same advantages for the child:

- They are placed with foster carers who may become their adopters and so experience fewer moves in care and can make secure attachments from as early as possible.
- It avoids the damage caused by ending the relationships they have developed with their temporary foster carers, which they will have experienced as their primary parenting relationship.
- It provides added stability and security in their early lives at a time of uncertainty.

Each of these advantages will also be a benefit for the adopters if they are

able to adopt the child. In addition, they will experience the milestones that they would otherwise have missed, and will have the joy of caring for a vulnerable young child from as early as possible – sometimes direct from hospital after birth. But this does require adopters to be extremely child centered and to accept that, for some babies/ young children, the best placement will be to return to the care of a family member. This requires a very generous spirit. Many adopters who have gone through this process say that even if their child is returned to his/her parents, which would be a painful loss for them, they will have the comfort of knowing that they gave the baby or young child the best possible start.

Whilst you need to be utterly committed to the child, and excited about the possibility of adopting, you also need to be fully aware of the rights of both birth parents and children, and the court's ultimate role in decision-making. You need to be wanting the best for the child even if the best is not being with you, as however great adoption is, it does have a huge impact for the child and can't be taken lightly. FfA carer

It may also be that some birth parents will understand these advantages for their child as well, even if their intention is to prove that they can take care of the child themselves. They may find it reassuring to know that the devoted care their child has been receiving will continue when they have been adopted by the carers whom they have got to know and respect.

Why not place the child directly for adoption?

Unless the parents of the child are asking for their child to be adopted and are willing to give their consent, it is necessary for the court to dispense with their consent. This requires careful evidence being gathered for the court to consider before a decision on such an important and life-changing matter can be made. Although the welfare of the child will be the court's primary consideration, if the child can be provided with a safe and caring home within his /her family, this is generally seen as the best plan.

A child can be placed directly with adopters if the parents have decided they want their child to be placed for adoption, and will give their legally authorised consent once the child is over six weeks old and no other family member has expressed interest in caring for the child.

However, in most situations it is the local authority that will decide that adoption is going to be the right plan for the child and if the parents do not agree with this plan, it is then for the court to decide whether s/he can be placed for adoption. The local authority cannot act in any way that prejudices the outcome of the court's decision, and that includes making an adoption placement. The local authority must place the child with foster carers until the

court's decision is made, and it is important that where this is with FfA carers, they understand what being foster carers during the court proceedings will entail.

Why does the process of deciding whether adoption is the right outcome take so long?

Whilst the needs of children must be everybody's primary interest, there are other people whose rights need to be considered in determining what the right plan should be. Firstly, there are the birth parents, and local authorities are required to place a high priority on working with them to see if the problems they face as parents can be resolved so that they can resume the care of their child. There may also be other family members who might want to offer the child a home because they are "family". There will be a number of options in deciding what the best alternative placement might be and these will need to be thoroughly tested. All of this takes time to be done in a way that is fair, lawful and evidence-based.

During this process, the child will usually be placed with temporary foster carers, and sometimes that can mean moving between more than one set of foster carers. Adults and professionals will know that these are temporary placements but young children will not. They will quickly make attachments that will then have to be broken if they are moved to adopters. Slightly older children may understand that this is not a "forever family" and this realisation may cause them anxiety and distress. This will only be made more difficult when an adoptive family is finally found and the relationship the child has made with their foster carers comes to a fairly abrupt end.

We hadn't planned to adopt through FfA and had not heard of it. We already had two children and hadn't planned to extend our family further. The local authority contacted us about our third child because we had already adopted a full sibling. We learned about FfA at that point, and wanted to adopt our third child because we strongly believed he should be with his sister.

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Once the local authority has gathered all its evidence and submitted it to the court, there will be an opportunity for the birth parents to present their case and the court will also appoint a Children's Guardian to present an independent view of what is best for the child. Therefore, even when the local authority has decided, what in its view is the best outcome, there may be other points of view for the court to consider.

Finding child-centred solutions to managing this process is not easy. Adoption is a profound legal, emotional and life-long issue. It is a process

that needs to be conducted fairly, justly and in a way that ensures there is confidence that, while it is very painful, it is the right decision for the child, and it will make sense to the child when s/he grows up and asks why s/he was adopted.

FfA is the best plan for some children as it provides the child with a temporary foster placement but with the potential for this to become their permanent home if they need to be adopted.

When is it right for children to be placed through FfA?

A FfA placement should only be made where there is clear evidence available to the local authority that there is very little likelihood that the birth parents can resolve their problems or that any other family members can take care of the child. This evidence will need to be substantial; this usually means that either the parents have had other children placed for adoption in the past and their circumstances have not changed at the time of the birth of the new child, or an early assessment of the parents has shown that they lack the capacity to change their behaviours and that there is a risk that the child would suffer significant harm if allowed to remain with them. The local authority will also need to be sure that there are no known family members who are suitable and able to care for the child.

Where there are older siblings who have already been adopted or placed for adoption, local authorities would usually approach the adopters of those children first to see if they are in a position to adopt the child so that s/he can grow up with his or her brothers or sisters, and if so whether they feel able to offer an FfA placement. In these situations the needs of the adopted children in the family will be considered by everyone before deciding whether an FfA placement will be right for all the children.

Where the mother or both parents have requested that their child should be placed for adoption but there are still checks to be made – e.g. with other relatives – before they can give their formal consent, FfA may be the best placement to ensure that the child does not have to experience a temporary foster placement before joining his/ her forever family. The courts would not usually be involved in these situations unless there is a subsequent challenge from the birth father or a family member who was not aware of the proposed adoption.

The most important consideration is that these placements place the burden of uncertainty on the adults who have to accept the possibility of loss. For the babies and children it is a win/win scenario: either they will already be attaching to the carers who will adopt them and offer a life-long commitment, or they will return home to the care of a family member able to

give them loving care whilst remaining within their family network.

What do the courts think about FfA?

The local authority is required by legislation to consider FfA whenever they are considering adoption as the plan to achieve permanence for a child. The local authority must be transparent and open in what it is doing when it makes a FfA placement. It must inform the court, the birth parents and all those who have a direct interest in the child about its plan. It must explain why it is making the placement; this must include acknowledging that the court may not approve of adoption as the plan and the child may in the end return to their parent or other family members.

The court will be aware that FfA carers are acting as local authority foster carers and would only become the child's adoptive parents if adoption is agreed as the plan for the child. Whilst prospective adopters are acting as FfA carers they do not have any rights in relation to the child until the plan for adoption has been approved.

Although this leaflet has explained the uncertainties of FfA placements, it is important to add that because the local authority generally has a great deal of information about the child's parents before beginning court proceedings, they have a very good idea of the likely long-term outcome. If, in their judgement, adoption of the child will be the end result, this is usually the case, and most FfA children are adopted by their carers. Whilst this cannot be taken for granted, it is therefore usually the end result.

Are there many children available for FfA?

Statistics about the number of children placed through FfA or concurrent planning have been collected in England since 2014. The most recently reported figures showed that 320 children were placed with a foster carer who was also an approved adopter in the year to March 2016 and there has been a year-on-year increase in these numbers. Some local authorities are still developing their use of FfA and have only placed a handful of children. Others have placed over 50 babies and young children since FfA placements were introduced in 2013.

You will need to ask what possibilities there are in the local authorities and voluntary adoption agencies (VAAs) you make contact with. In some regions there are agreements made between local authorities and with VAAs so you could be asked to consider an FfA placement from a different agency to the one that is approving you for adoption. Several VAAs have also set up specific projects to recruit early permanence carers who can offer FfA or concurrent planning.

My advice would be to get as much information as possible and make sure social services tell you all the rules and regulations. Make sure that you know exactly what is required of you and always ask for worst case scenarios so you know where things stand. I would say it is not for the fainthearted or overly emotional, but if you can do it, it is so good for the child's long-term security and well-being.

FFA CARER

First4Adoption (www.first4adoption.org.uk) may also have information about agencies that are actively involved in FfA. Because of the nature of FfA placements, it is very likely that geographical considerations will be important in identifying suitable placements.

Routes to being approved as a FfA carer?

There are two ways for you to be approved as a FfA carer:

- **dual approval** – where your agency approves you as an adopter and as a foster carer, so that you could foster any child who the local authority feels would be suitable for an FfA placement after a matching process has taken place.
- **temporary approval** – where, after you have been approved to adopt, the local authority responsible for the child approves you as a temporary foster carer for that child. This approval continues until a decision is made about whether the child can be adopted and a match for adoption is made.

Preparation: Many agencies offer additional preparation to FfA and concurrent planning carers about the nature of these placements and what would be expected of the carers, as well as opportunities to meet experienced FfA or concurrent planning carers to hear about their experience at first hand. It is important that carers have the opportunity to discuss the issues and to understand the legal framework and the expectations of foster carers.

Assessment: Most agencies use the CoramBAAF Prospective Adopter's Report (PAR) which enables them to assess your suitability to offer an FfA or concurrent planning placement at the same time as you are being assessed as adopters. Some people may have decided that they wish to be approved as FfA carers or concurrent planning carers before the assessment begins. However, it may also be possible to decide this during your assessment, once you have had opportunities to learn about the implications of acting as a foster carer during the time when the case is being decided by the court.

Thanks to the training, we did feel like we were prepared for the foster care element. Once he was with us, it all felt very different and I don't think you can stress this difference enough

to prospective parents considering this route. Sometimes it felt like decisions were being made in spite of us and it was as though we were the least important people in the whole situation. When you're caring for a child who you very much see as yours (even with the boundaries you try to set yourself), this can be very unsettling.

FFA CARER

Panel approval: If you are being dually approved, your suitability as a foster carer will be considered at the same panel where your application to adopt is being heard – if the agency operates a panel which is set up to consider both adoption and fostering applications. If not, your application will be considered at an adoption panel and also by a fostering panel.

If you are being approved as a temporary foster carer for a particular child who has been identified and discussed with you, this decision will be made by a “nominated officer”, a senior manager in the local authority.

Your approval as a foster carer will be based on the evidence of your strengths, capacities and resources to take on the foster care role. It is very important that you fully understand what this means on a day-to-day basis. It is clearly very important that you can manage the period of uncertainty till the court makes its decision. You will be entitled to support from the local authority and your agency, if different, as well as the support you will want to have from your family and friends.

So what are the differences between being a foster carer and an adopter?

Although the care that you will give the child will be the same whether you are an adopter or a foster carer, there are a number of differences in the role you will have as a foster carer for the local authority. An important difference is that once a child is placed with prospective adopters, the adopters share parental responsibility (PR) with the local authority and have some legal rights in relation to the child. That is not the case with foster carers, where the local authority usually shares PR with the birth parents and the foster carers have no legal rights in relation to the child.

In practice, foster carers are acting on behalf of the local authority. The local authority will have many legal duties and obligations and they will expect you to work with them in making sure that these obligations are fulfilled. They will review the child's care on a regular basis to ensure that the child's needs are being met, and you will be part of the reviews. Social workers and other professionals will visit you and the child, and you will be expected to attend some other meetings and keep records about the child and your care of them.

As an adopter, once the child is placed with you for adoption, you will be encouraged to make most of the decisions for your child and the birth parents will no longer have any say in the care of their child. When the adoption order is made, the child's legal relationship with their birth parents is terminated, the child legally becomes a member of their adopted family and leaves the care of the local authority. In effect, the child becomes a full member of the adoptive family.

There are therefore significant differences and it is important to understand these. But from a child's perspective, the care they need is not defined by these different legal status definitions. FfA or concurrent planning carers generally understand this and give the child the loving care they need.

What contact do children have with their parents when they are in an FfA placement?

Contact can be very important for the parents and the child, but any arrangements for contact must be centred on the child's needs and welfare. The frequency and other arrangements for contact depend on how far decision-making about the child's future has got to in the courts and with the local authority. It is advised that contact should not take place more than three times a week and often it is less than that. Every situation is different and there are times when a court may order higher levels of contact, particularly if there is a change of plan where a return to birth parents or family members is being actively explored. However, above all, the child's welfare and needs are the most important things that the local authority must take into account when making any plan for contact.

Most agencies would prefer children to be taken to and from contact by their carers rather than being sent in a taxi with an escort and would look at how to arrange this to ensure your safety and confidentiality. Many carers also prefer to be involved and to feel that they can help the baby or child to manage the transition by taking the baby and having a handover to the parents at the beginning and end of contact – if that is manageable for everyone.

Unless there are particular risks involved, it will usually be expected that, at some stage of the adoption process, the carers will meet the birth parents so that both you as carers and the parents have a first-hand idea of each other, which is helpful for everyone, and for talking to the child as s/he grows up if the child is adopted by you. How this is managed depends on individual circumstances and the details and implications of this will be discussed with you.

Is FfA the right thing for me?

You will have thought long and hard about what it means for you to become an adopter. You may be at an early stage in the process or you may already have adopted a child or children. There are many factors to take into account when thinking about adoption.

There are also a number of things that you will need to think about in deciding whether FfA is right for you. This includes weighing up the advantages, the uncertainties and the demands of the fostering role. As we have highlighted, this is a different role, as you would be fostering under the direct supervision of the local authority. There is also the experience of living with the uncertainty of the outcome of the application to court, and whether you will be able to adopt the child. This impacts on people in different ways and you will need to think about how you might deal with this in a helpful and positive way.

It is important for anyone thinking about adoption to consider what support they might need, and where that might come from within their own support network or professionally. You also need to consider how you generally manage stressful and upsetting situations. There will be additional issues to be thought about that are specific to FfA placements, and you should try to identify what this might mean for you and then discuss this with your family, friends and the social workers you are meeting.

It is also important to think about the impact of a FfA placement on other people. If you already have a child or children in your family – adopted or birth children – you will need to pay particular attention to their needs and feelings. You would do this anyway if you were planning to adopt another child but there are specific issues about preparing a child for that period of uncertainty in the fostering phase. There are also other people who will need to be consulted – other family members and close family friends. They may have questions and views themselves but they should also be a source of important support.

We had contact once per week with the birth mother only. This was done via social services as the birth mother did not want to meet us in person at this point. We met in a car park and handed over our son, then collected him an hour or two later...Contact proved difficult, as the birth mother did not engage every week. We had to be on standby each week and sometimes only got a confirmation that it was happening the morning of contact...On the times she did show up, it meant having to pass the child we saw as our own to someone else. This was another example of 'being OK in principle, but something quite different in practice'. That said, I am

pleased we made the effort and rode the wave of contact, as we will be able to tell our son that we did this and made all efforts we possibly could to make his contact sessions a success.

FFA CARER

Will I receive any financial and practical support?

There will be a number of practical and financial considerations. You will already have thought about these in relation to adoption. In FfA and concurrent planning it is important to have a carer at home full time during the court proceedings in order to look after the baby or child and to manage contact and other meetings with professionals. This means it is important to plan how you will manage financially during this period.

Our local authority were brilliant about checking the birth parents were attending first thing so I did not waste time driving down if they were not coming. I was glad to meet the birth parents and I think it helped them. The contact was well supervised by an adoption team member from the local authority so I felt OK about how the baby was. He slept pretty well in the car and I'd been able to ensure the contact was at a suitable time for that... When we did sit down with the parents later, although they were unhappy he had been taken away, they were glad that he was with us. I feel that the fact that we met a lot for contact was helpful to them in that respect.

FFA CARER

If you meet the eligibility criteria for statutory adoption pay and leave (similar to statutory maternity benefits) you will be entitled to claim this from the time you start acting as an FfA or concurrent planning carer. You can claim this from the start of the fostering placement or delay taking it until the placement for adoption happens. However, you need to discuss these options with your employer to see whether there are advantages to taking it from the start of the placement.

It's the most rewarding thing to do yet it's also a rollercoaster of a ride. It's not always easy, sometimes feeling as if it's never going to happen, but you need to focus and remember that you're doing it because it's the best thing for the child, not for you. As adults, we have the capabilities to cope with loss much better than a child can and it's only right that as adults we take the risks, not the child.

FFA CARER

You will also be entitled to a fostering allowance from the local authority during the time you are acting as a foster carer and you will have access to other resources and services that are part of what the local authority makes available to children in care and foster carers. The local authority will discuss the specific arrangements that will apply in your circumstances. It is very important that you understand the practical arrangements to ensure that the financial support available will be manageable for you.

When the court authorises the adoption, then you will be assessed for adoption support by your agency and a plan will be made depending on that assessment. Financial support in the form of ongoing allowances is available but only if the child has particular additional needs and the local authority is in agreement. Additionally, there are some benefits that adopters can claim, for example, child tax credit, and the Adoption Support Fund (www.adoption-support-fund.co.uk/parents), which provides for limited financial support for identified therapeutic needs. Your agency will be able to advise you of these and any others.

Where next?

There are a lot of things to think about in FfA, and they need to be considered specifically in relation to you and your circumstances. If you think this is right for you, you will need to discuss this with your social worker and others in the agency; they will be able to give you information about the children who may be available for FfA and the support they will give you.

Whilst there is no doubt that FfA presents challenges for carers who put themselves forward, it is important not to forget the very significant advantages to the child and yourself of an early placement, with the real potential for it to be the basis of a life-long family relationship. The principle of FfA is that it is for the adults to manage the uncertainties and challenges so that the burden of uncertainty and waiting and more waiting is not carried by the child.

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Also available at <https://earlypermanence.org.uk/wp-content/uploads/FosteringforAdoption-Carers-leaflet-2017-updated-web.pdf>

Answers to the quiz

Question 1: Do foster carers have parental responsibility?

- Parental responsibility – ‘All the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property’, s.3, Children Act 1989.
- It is the legal right to make decisions on behalf of the child.
- When a child is subject to care proceedings, the court can make an interim or full care order.
- The care order gives the local authority significant parental responsibility so that they can make decisions for the child, including placing the child in foster care. However, the local authority must consult with the parents who retain some parental responsibility.
- Foster carers do not have parental responsibility – they must discuss decisions that need to be made with the local authority and be advised by them.
- When the local authority approves the placement, the prospective adopters share parental responsibility with the local authority. They will be told what decisions they can take on behalf of the child.
- At this stage, parental responsibility is shared with the local authority, which retains overall responsibility for the child.
- Once the adoption order is made, the adopters gain full parental responsibility.
- Parents lose their parental responsibility at the point of the adoption order and so does the local authority.

Question 2: What can foster carers take responsibility for?

- Delegated responsibility – within five days of a child being placed, there will be a placement planning meeting at which the local authority will inform the foster carers of decisions that will be delegated to them.
- This usually includes day-to-day care and health needs, including standard immunisations, attending the GP with presenting minor ailments, and responding to emergency health situations, including following health advice if the local authority cannot be contacted.
- However, foster carers must inform the local authority as soon as possible in regards to accidents, injuries and illness.
- Any planned health interventions must involve the local authority and parents, who will be the final decision-makers in this regard.
- Foster carers cannot change the child’s name, i.e. the child should be registered under their own name with health services.
- Foster carers cannot go on holiday without permission, or make changes to the child’s appearance, e.g. hair cuts and piercings.
- If foster carers are planning to go away overnight with the child, they need to inform the local authority in advance and provide the address of where the child will be.

Question 3: What is the extent of the foster carer's role?

- a. Can foster carers cancel social work visits if they want to?
- b. Do carers put in writing what they think would be best for the child?
- c. Can carers ask a relative or friend to babysit the child?
- d. Do carers attend court?

- Visits from the child's social worker – the child's social worker will visit regularly – they have a statutory duty and must adhere to timescales; foster carers would not be expected to cancel or change these without good reason.
- Looked After Child Reviews – these are meetings that track the journey of the child in care; they are chaired by an Independent Reviewing Officer (IRO); foster carers attend to update on the progress of the child in placement.
- Looked after child medical – these are appointments undertaken by a local authority paediatrician to oversee the holistic health needs of the child; the foster carer would take the child to these appointments.
- Communication with Children's Guardian – the Children's Guardian is appointed by the court to provide independent oversight of care proceedings and will talk to foster carers by phone and visit at least once to get an update on the child's progress.
- Foster carers do not attend court – they are not responsible for decision-making for the child.
- There will be an agreement in advance about close relatives or friends who can look after the child in an emergency or for one-off appointments that the carers need to attend.
- The care of the child will be in accordance with current NHS advice, e.g. no co-sleeping.
- Any allegation, e.g. of poor care, will be investigated.

Recording information for the child

- Contact communication book – foster carers provide a brief written update for parents in a notebook handed over at contact: when the child was fed, any significant developments or nice activities that they have done since the last contact.
- Daily records – Foster carers keep a daily record of the child's progress for the local authority; this is a formal document that can be requested by the court. It should include significant developmental progress, health appointments and outcomes, routines, etc – observation, not opinion.
- Memorabilia – collecting photographs and any other important documents/ records for the child's life story book.

Question 4: Can contact arrangements be changed?

- Frequency and length of contact will be decided by the court; the local authority will make a recommendation, it will be discussed with other parties in court.
- Foster carers bring the child to contact as agreed, unless a significant issue arises, e.g. the child is unwell.

- Foster carers support the child's contact with family, including the handover at contact.
- Foster carers respect the child's family as her/his family and are careful to show to parents that they recognise their role as foster carers.

Question 5: What names should be used?

- a. Can the carers' parents be called Grandma and Granddad?**
- b. Can the carers register the child under the carers' surname, e.g. with their GP?**

- Names are important!
- The parents are "Mummy" and "Daddy".
- Foster carers are not "Mummy" or "Daddy"; their parents are not "Grandma" or "Granddad".
- Foster carers cannot make any change to the name by which the child is known.

Question 6: Who makes the decisions?

- a. Suppose the carers usually go to church but the parents don't want their child to go with them – who decides?**
- b. If the parents want the baby to start on solids at four months, do the carers have to comply with their wishes?**

- The local authority has a duty to consult with parents about decisions concerning the child and to keep them updated about the child and any issues that may arise.
- Foster carers talk to the parents at the beginning and end of contact and about the child's progress.
- Foster carers discuss any changes with the child's care, e.g. the introduction of solids, with the parents; any disagreements need to be addressed through the social worker.
- Parents' views about their child's upbringing, including religious beliefs, need to be respected where possible.
- Parents may attend reviews and medical appointments.

Question 7: Can carers claim child benefit?

- Foster carers are paid an allowance and receive a grant for initial equipment. They cannot claim child benefit.
- Early permanence carers are entitled to receive statutory adoption leave and pay from the start of the placement, i.e. when the child is placed with them in foster care.
- Foster carers need to check their car insurance – some car insurers will state that as a foster carer, you need to add business use to your insurance. If so, you will need to make this change.

Confidentiality issues

- Information about the child and their background can only be shared with those who need to know, e.g. health visitor.
- Photographs and information must not be placed on social networking sites.
- There is no absolutely watertight way of keeping identifying information about the foster carers confidential.
- However, it is the responsibility of all professionals to ensure that identifying information about the carers is not shared.

Useful resources

Coram Ambitious for Adoption

Coram is an independent adoption agency that is in partnership with a number of other adoption agencies across London to form Coram Ambitious for Adoption. As part of their service, they provide training in early permanence to prospective adopters, and run the national Centre for Early Permanence, which promotes permanence practice to secure early placements for children.

www.coramadoption.org.uk

CoramBAAF

CoramBAAF is a member organisation that works to secure the best outcomes for fostered and adopted children. They support agencies and professionals who work with children and young people, provide training and conferences, and publish a wide range of books for professionals, foster carers, adopters and children.

www.corambaaf.org.uk

Publications sales: 020 7520 7517; pubs.sales@corambaaf.org.uk

Adoption UK

Adoption UK is a charity run by and for adopters. They provide support, community and advocacy for all those parenting or supporting children who cannot live with their birth parents.

www.adoptionuk.org

Citizens Advice

Citizens Advice provides a range of advice and assistance on a wide range of issues.

www.citizensadvice.org.uk

Government information websites for adoption pay and leave

www.gov.uk/adoption-pay-leave

www.gov.uk/plan-adoption-leave

