

Preparation groups for early permanence carers

CONCURRENT PLANNING AND FOSTERING FOR ADOPTION APPLICANTS

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with Hannah Moss

coram centre for
early permanence

coramBAAF
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Notes about the authors

Elaine Dibben started her social work career in residential social work and qualified in 1988. She has over 25 years' experience of working in adoption and fostering in local authority and voluntary adoption agency settings. She joined BAAF in 2004 to become manager of the Independent Review Mechanism, which she set up and ran until 2009, when she moved to take on a wider role in BAAF as a trainer consultant.

She is currently an Adoption Development Consultant for CoramBAAF, alongside acting as a Panel Chair for both adoption and fostering panels. She currently sits on the National Recruitment and Matching Forum, a sub-group of the Adoption Leadership Board, and the Early Permanence Working Group established by the DfE in 2016. She has written several books and Good Practice Guides published by BAAF/CoramBAAF, including *Adoption by Foster Carers* (2016) and *The Role of Fostering for Adoption* (2017) with Viv Howorth, *Completing a Child's Permanence Report* (2014), *Parent and Child Fostering*, with Paul Adams (2011), *Preparing to Adopt* (2014), with Eileen Fursland and Nicky Probert, and *Undertaking an Adoption Assessment in England* (2010) (third edition 2017). She has also written online guides on adoption for Community Care Inform in 2016/17. She lives in Sussex with her husband, Steve.

Roana Roach began her social work career employed on a local authority secondee scheme and qualified in 1984. She has over 25 years' practice and management experience within adoption and fostering, working in local authority and voluntary adoption agency settings, where she also developed her training skills and responsibilities. Roana joined BAAF (now CoramBAAF) in 2006 as a Trainer Consultant with a leading role in the development of Black and minority ethnic practice. In 2015, she became Team Manager of CoramBAAF's Training (including Consultancy and Workshops) Advice & Information service. In this role, Roana has chaired adoption and fostering panels and a variety of complex meetings. She also continues to practise as a Trainer and Consultant and facilitates the Black Workers Practice Forum.

She has contributed to a number of CoramBAAF publications, and with Andy Sayers is co-author of *Child Appreciation Days* (2011).

Hannah Moss started her social worker career in 2009 having completed an MA in Social Work at Manchester University. Prior to this, she worked as a developmental officer on a widening participation programme at Manchester Metropolitan University. Following qualification in 2009, she worked for a Manchester contact service for a year, managing contact between looked after children and their families. She then moved to a child protection team in a London authority where she practised for six years, progressing to Principal

Social Worker. In 2016, she completed the Advanced Certificate in Systemic Practice with Couples and Families at the Institute of Family Therapy.

She is currently the Early Permanence Lead at Coram, responsible for the overall delivery of the service, including managing referrals, developing assessment, placement and fostering systems, managing Coram's Early Permanence contact service, developing and delivering early permanence training for applicants and social workers, and undertaking assessments and placements.

Acknowledgements

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The authors also extend their thanks to early permanence carers who attended this training programme and generously shared their views and experiences with the group leaders.

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Session 1 9

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 20

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 31

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 36

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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.

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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

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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

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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.

DAY 2

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Session 1

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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 **51**

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.

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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 **59**

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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 **64**

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.

Introduction

This two-day training pack has been developed to provide a comprehensive preparation programme for prospective adopters who are considering offering an early permanence placement to a child.

History of early permanence

Concurrent planning and **Fostering for Adoption (FfA)** are two routes to achieving early permanence for a young 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.

Concurrent planning

Concurrent planning was introduced into the UK from the USA in the 1990s and has evolved over time. Concurrent carers are assessed for approval as foster carers under the Fostering Regulations as well as being assessed to be adopters. Once they have been dually approved for both roles, they then wait for a child to be identified for whom the local authority thinks that adoption may need to be the plan, but where it may not have completed all the necessary work with the parents to definitively reach this decision. 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 him or her; but until the court has considered all the evidence and made its decision, this is not certain and the child needs to be fostered until the court decides.

During the fostering phase, the local authority will agree a plan with the parents about what changes they would need to make for the child to be returned to their care, which the foster carer would be expected to accept as the basis for the placement. 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 the parents – if possible, *before* approaching a concurrent planning carer to consider a placement. Carers are usually expected to meet with the 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.

Fostering for adoption

The concept of early permanence evolved further with the introduction of FfA by the Government in 2014. This was designed to be used where the local authority had already completed all assessments of the parents and the extended family, and had reached a clear view that the child would need to be adopted at the end of court proceedings. Approved adopters may be temporarily approved as foster carers by a senior manager in the child's local authority in order to foster such a child. However, the judge will not have made his or her decision and sometimes there can be unexpected developments, such as a previously unknown relative asking to be considered, so uncertainty is always a consideration.

The best route?

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. Some concurrent planning placements are resolved fairly smoothly, whereas some FfA placements become more protracted if a previously unknown relative asks to be considered as the child's long-term carer.

Each situation has to be considered individually, and carers who take on these early permanence placements need to understand the uncertainties involved, alongside being aware of the enormous satisfaction of offering these vulnerable young children, from the earliest possible moment, the possibility of developing a secure attachment that may 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.

Diversity policy

Early permanence carers can be successfully recruited from potential applicants from a wide range of backgrounds: single carers and couples (both

same-sex couples and gay single people/lesbians), people from a wide range of ethnic, religious and racial backgrounds, and those with disabilities can all make successful early permanence carers if they demonstrate child-centred commitment, respect for the child's birth family and the willingness to undertake the role of foster carers during court proceedings. Issues regarding matching will need to be considered at an early stage in proceedings when, for example, the child's paternity as well as a range of health issues may not be clear. This therefore means that consideration of how applicants would parent a child from a background which is potentially different from their own, or which might remain unknown, needs to be explored during the preparation and assessment of the applicant. Evidence of supportive networks will be of particular relevance for single applicants, but is important for all early permanence carers.

In this training manual, we refer to early permanence placements to include both concurrent planning and Fostering for Adoption.

Early permanence training

There is a general requirement for agencies, as set out in adoption legislation and statutory guidance,¹ to provide adoption preparation that is most appropriate for prospective adopters and that takes into account their circumstances. Further, Government guidance² specific to carers offering early permanence states that the responsible local authority should ensure that it provides appropriate training and development opportunities for these carers so that they can carry out their role effectively. As early permanence placements have increased in recent years, it has become clear that comprehensive preparation for any carers who are considering offering an early permanence placement is crucial to the placement's success, and is a protective factor if the child does then have to be returned to their family.

This training package provides a comprehensive training programme for potential early permanence carers of babies and young children.

Who should deliver the training?

This training should be delivered by two trainers. One of the trainers should have knowledge of adoption and experience of preparing and supporting

¹ Adoption Agencies Regulations 24 and Adoption Statutory Guidance 2013, para 2.18

² Volume 2: Care planning, placement and case review, para 3.173

early permanence carers; the other should be an experienced trainer. This is a relatively new area of practice and participants will benefit from hearing first-hand the issues and challenges that arise during these placements.

In addition to the trainers, the programme will be enhanced by involving speakers with direct experience of such placements, such as early permanence carers who have had children placed, contact supervisors, childcare social workers, and foster carers or supervising social workers who can talk about the fostering role.

Using the training programme

This training programme includes the following:

- A training manual
- A PowerPoint presentation with accompanying background notes for trainers
- A Workbook for carers attending the course
- Films containing interviews with early permanence carers/adopters

NB: The PowerPoint presentation and films are available online in a password-protected area.

The guide should be used alongside the PowerPoint presentation: it takes you through the slides, providing you with all the information you need to run the training course. The text of each of the slides is included within the session notes, with the exception of title slides or those depicting a photo, to make it easy for trainers to keep their place within the programme. The “script” for each slide is included in the guide as “slide notes”.

Copies of the session handouts are included in the appendices for reference, and also within the Workbook.

Please note that the running times provided are suggestions: you may find that you would prefer to extend or shorten some sessions, according to the needs of your group. Although the instructions for trainers are fairly directive, we would encourage trainers to deliver the programme in a style that is comfortable for them.

NOTE: The content of this guide and slides is correct and last updated as of June 2019. As trainers, you should endeavour to stay abreast of potential changes in policies, processes, data and contact information – and to update the slides accordingly.

Preparation by trainers

Size of the group

The size of the group is important. How many people should be in a group? We have found that an optimum group size is between 12–14 people, with a minimum of eight people and a maximum of 16–18. If you have fewer, you may lose out on the variety and amount of input from group members. If you have too many, there is proportionately less time for individuals to discuss and explore how things are working for them. Those who are quiet or less confident may also find it hard to contribute to discussions in a larger group.

The venue

Where will the venue for the training be? Ideally, it should be a venue that is well-heated, well-lit and comfortable, and which feels welcoming. There should be adequate seating and access to tables. The venue should provide refreshments or have provision for making drinks and/or heating food. The venue should be easily accessible to carers. Is it on good transport routes? Is there disabled access? Parking? Is there a crèche? It is important to work out early on whether crèche facilities need to be provided. The venue may already have ready access to a crèche, but if one needs to be set up, the space and workers will probably need to be registered. The local Under 8s Team will be able to supply information about how to comply with regulations. These are practical issues which are essential to address to enable participants to be able to attend without problems.

The recommended most effective room layout is one in which participants can comfortably sit around small tables (sometimes called “cabaret style”) and are all able to see the flipchart and projector screen. There should also be sufficient space for participants to be able to move around and work in small groups.

Equipment and materials needed for both days

- Laptop and projector
- Audio speakers
- Attendance sheet
- Name tags or sticky labels
- Flipchart and paper
- Felt-tip pens and ball-point pens
- Easy stick adhesive/blu-tac for walls and boards (if allowed in the venue)
- Copy of the handbook for each participant, which will cover both days
- Post-it (sticky) notes
- Evaluation forms
- Questions sheet for participants’ post-it notes to be displayed on both days
- Feedback sheets on each participant for their assessing social worker
- A3 sheet with legal timeline to be mounted on the wall during both days

DAY 1

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



10.00–10.15

Welcome and introduction to the day

This session sets the tone for the course. Participants may be anxious and trainers must create an environment that encourages participants to ask questions and reflect on their own needs and capacity, as well as focusing on the child who might be placed with them, initially as foster carers and potentially as adopters. As strong emotions may develop, trainers will need to be prepared to help carers to acknowledge these and be skilled in managing these within the group.

Trainers should acknowledge that this training does not specifically cover issues arising for applicants with existing birth or adopted children, but if there are participants who already have an adopted child or who have a birth child/ren in their family, they can be encouraged to talk to the trainers about any issues during the break or after training.

Slides 1 to 4 are introductory and available in the PowerPoint presentation.

- **Introduce the trainers** to the group, giving a brief summary of your role and experience of working with early permanence.
- **Housekeeping arrangements:** Using Slide 2, provide information about the venue facilities, toilet facilities, any refreshments planned, and any fire evacuation process.
- **Ground rules:** Explain the importance of ground rules for the group to work to over the two days of the preparation training. Use Slide 3 to talk through your expectations and add any suggested by participants that are to be incorporated.
- **Introductions for participants:** Using Slide 4, ask the applicants to introduce themselves, stating what stage of the adoption process they are at and which regional adoption agency (RAA), local authority or voluntary adoption agency (VAA) they are working with.
- **Programme for the day:** Run through Slide 5, emphasising the different modes of delivery – presentations from the trainers, group discussion of issues and participative exercises such as the sculpt.
- **Questions:** Encourage participants to ask questions during the day. They can either ask questions directly to the trainers during the training, or if they prefer they can use sticky notes (which should be available in their pack/on their tables) to write down any questions that arise, and stick them on the “Questions” sheet. The trainers will refer to the sheet during the day and make sure that they have addressed all questions by the end of each day.
- **Evaluation sheets:** Explain that participants will be asked to complete an evaluation sheet at the end of each day, which will act as a prompt when they are feeding back their views to their assessing social worker. Participants should be aware that trainers will also be providing brief notes of their attendance and any key observations to their assessing social worker so that these can be recorded in their Prospective Adopter’s Report (PAR).



10.15–11.15

Session 1

SLIDE 5

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
-

Development and legal context of early permanence

Using Slide 6, *What is Early Permanence?*, ask the group to call out their thoughts and write their responses up on the flipchart.

SLIDE 6

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?
-

Group responses might include:

- Minimise moves
- Minimise disruption
- Healthy bonds and attachments from as early as possible
- Importance of brain development in early years
- Early permanence carers can be:
 - single carers or couples
 - people who are gay, lesbian or heterosexual
 - people from a wide range of religious and ethnic backgrounds

SLIDE 7

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

SLIDE 8

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*

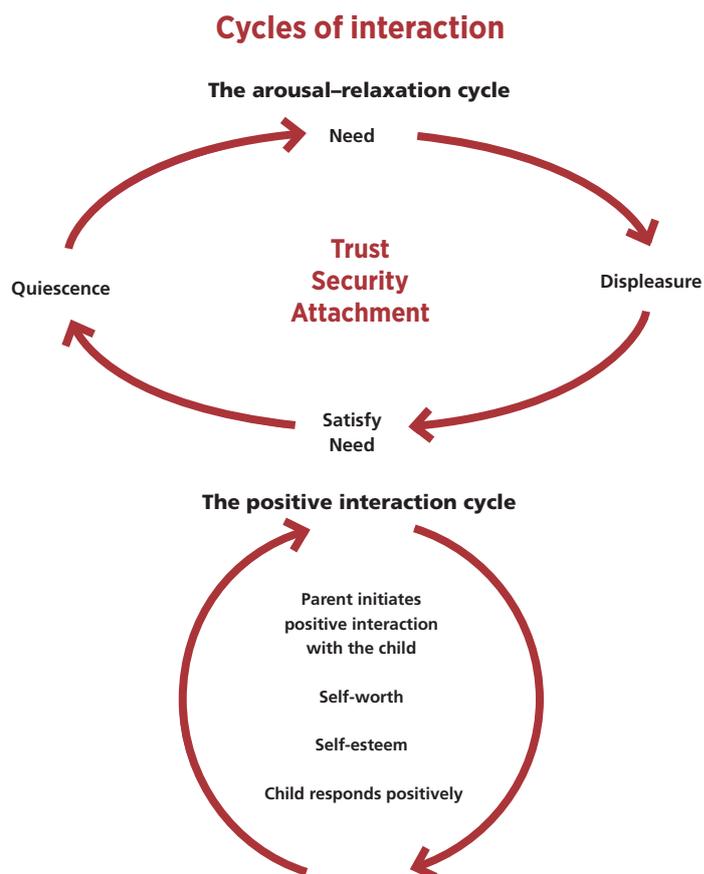
Research has shown that a child's early experiences of their home environment, their attachments to their carers and of the care received, i.e. how responsive and attuned it is, are pivotal to their brain development and ability to form healthy relationships as they progress through life.

During the first months and years, a child's brain is developing at a phenomenal rate – they are learning through their interactions with others. If a child is receiving reliable, predictable, responsive care, they can learn to feel safe and secure and their carer becomes a secure base – such positive experiences enhance neuronal activity and richer brain development.

Conversely, stress, neglect, unpredictability and a poor home environment can lead to insecurity – a child does not learn to regulate their emotions and can struggle to feel safe or contained. Research links experience of stress and trauma to a negative impact on brain development.

Early poor experiences can be mitigated by good care in later years, but the earlier that reliable nurture can be provided, the better.

* Shook L (2001) 'Changing history one baby at a time', available online at <http://circleofsecurity.org>



Reproduced from Fahlberg, 1994 *

SLIDE 9

Arousal-relaxation cycle

Slide 9 helps carers to understand 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).

Direct participants to the arousal-relaxation cycle exercise, which may be found in their Workbooks, as you explain the cycle within the context of the purpose of early permanence and the need to begin to explore attachment and how children's needs are met by their carers. (This will be explored in Session 3 in more detail later.) 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.

Arousal-relaxation cycle: Child is hungry – Child cries – Carer feeds child – Child calms

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

Positive interaction cycle: Carer smiles – Child feels held in mind and, stimulated, develops self-worth and self-esteem – Child smiles back, learning to communicate

SLIDE 10

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?

.....

Group exercise

Ask participants what they think the child would do if their needs are not met, or if they receive no positive interaction with their parent/caregiver.

Encourage participants to consider positive interaction from an adult, e.g. play, peek-a-boo, touch, attending/special time, etc, leading to the child's response, e.g. smiling, cooing or playing. This builds self-esteem, confidence and cognitive development.

Message from the exercise

These basic interactions seem obvious; however, it is through these interactions that children are learning to feel safe, cared for, that they matter, and that they are held in mind. They are then able to learn to communicate their needs, to communicate socially, and to develop. This is the basis on which children learn to trust adults to care for them. There will be times when the carer misses a cue – this is natural and other opportunities to provide comfort or respond will present themselves.

Generally, children in care have not had this basic, consistent experience.

SLIDE 11

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 that 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 goes

on to be adopted by the carers

Slide 11 introduces the concept of dual approval and explores the terminology used and the basic concepts.

Start with discussion about any other phrases participants may have heard and point out that all these models effectively have the same ethos – providing early permanence with carers who can accept a level of unpredictability and foster the child through the court proceedings. All seek to provide the child with a plan that can avoid attachment disruption and provide early permanence by placing a child with foster carers who could go on to be the child’s adopters – or alternatively, the child will return to a family member who has also developed a positive relationship with the child.

Early permanence care refers to the fact that prospective adopters are approved as both foster carers and adopters through one of these routes.

The purpose of early permanence is to enable young children entering the care system, and where there is a high likelihood of adoption, to have as consistent and stable an experience of care as possible.

These are children who, even in utero, are likely to have experienced stress as their parents have severe difficulties – they are also children for whom, at the time of placement, there is no known capable family member available to care for them.

Potential adopters provide a positive experience of responsive, nurturing care for these children, increasing the likelihood of secure attachment and positive development outcomes for them, whether they return to their family or go on to be adopted by the carers.

Early permanence is the term we use, as this is what we are working towards with minimum disruption. This training focuses on carers who want to take on early permanence placements before the final decision has been made for the child.

Slide 12 is a title slide.

The legal process

SLIDE 13

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

SLIDE NOTES

- This slide summarises the discussion you will have had after drawing/going through the timeline of court proceedings.
- It is an opportunity to clarify participants’ understanding and for them to see it in writing.

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The legal process and court process/proceedings relating to the child is complex. Display Slide 13 and ask participants to look at the Legal process timeline in their Workbook (see Appendix 1). You could have this printed out as an A3 handout on the tables and/or draw it out on flipchart paper and attach it to the wall (where this is feasible). Using the timeline, one of the trainers should talk through what happens at each stage of the legal process, highlighting points from the notes on the court proceedings in Appendix 1A.

The timeline will lead to many questions, as you are clarifying the participants’ understanding of a complex and previously unknown process. Encourage and answer any questions from the group as you are going through the timeline.

Prospective early permanence carers will often ask about the percentage of children who may return to their family. There remains at this point an emphasis on working with parents, which may include further assessment and other work. There is no national collection of this data at present. Some agencies that have placed only a small number of children may not have had any children return, but from the experience of Coram and anecdotal information from other agencies actively involved in early permanence work, it is often around 10 per cent of children placed.

You can then go through the next set of slides, which will help to consolidate the information you have covered while talking through the timeline.

SLIDE 14

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Court proceedings

- The court is guided by the Children Act 1989, 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

SLIDE NOTES

Refer to Guidance notes in Appendix 1A

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SLIDE 15

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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 will 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

SLIDE NOTES

Explain the role of the Children’s Guardian in more detail, highlighting these key points:

- Children’s Guardians are appointed by the court and work for an independent body. Their role is to provide an independent overview and recommendation to the court. Usually, they will visit the child once or twice and will meet the early permanence carers when they do this. They will be interested in their views, as the child’s foster carer, whilst being aware that if adoption becomes the plan, the carer will be available to adopt the child. Their recommendation is given significant consideration by the judge and they will not submit their final report until they have seen all the evidence submitted by the relevant parties.
-

SLIDE 16

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

SLIDE NOTES

- Although the local authority may not consider that parenting assessments are necessary, the parents may make a case for community assessment, which might be agreed by the court.
- The parents will still be assessed even if the child is not in their care; what happens at contact will form part of the assessment.
- Other possible assessments that they may be asked to undergo include psychological or psychiatric assessments. At a later point, if a family member (or connected person) comes forward, they will initially have a viability assessment of their suitability, which may lead to a full assessment.
- Foster carers will be entitled to only enough information about the proceedings necessary to provide appropriate care and safeguard children. However, some information remains confidential.

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SLIDE 17

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

SLIDE NOTES

- This is just an introductory slide about contact which will be covered in more depth later in the day.
 - Contact sessions usually last for one-and-a-half to two hours per session.
 - Some agencies offer dedicated early permanence contact arrangements but most placement contact arrangements tend to be held at a local authority contact centre.
 - Contact will sometimes involve both parents together but in some cases parents will have contact separately, which can impact on the number of contacts being held.
-

SLIDE 18**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, the 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
-

SLIDE 19**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

SLIDE NOTES

- Although carers may feel very excluded from the process as it progresses, they need to be reminded that there are a lot of professionals working hard and looking at detailed evidence in order to make the right decision for the child.
- It helps early permanence carers if they can have faith in the system; otherwise they will find it very hard to manage the uncertainty.

SLIDE 20

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

SLIDE NOTES

- Once the court makes a placement order, all the regulations relating to making an adoption placement apply.

SLIDE 21

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 straightaway 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

SLIDE 22

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

SLIDE NOTES

Highlight the qualities needed by a an early permanence carer:

- Believing in the child-centred ethos of early permanence.
- Empathy for the parents' situation and an openness to forming a working relationship with them at contact.
- Being able to commit to the fostering role; respecting that they are caring for the parents' child and no decision re: adoption has been made as yet.
- Able to acknowledge and think through that the child may return to family and think how they might manage their own emotional needs at that time.



11.15-11.30

BREAK



11.30–12.45

Session 2

Being a foster carer

Slide 23 is a title slide.

SLIDE 24

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

SLIDE NOTES

The focus of this presentation is to:

- Impress upon carers that the fostering role is a professional one.
 - State that the fostering role is governed by regulations and standards.
 - State that professional views, i.e. observations about the child, are appropriate in professional meetings; not personal views about care planning.
-

Trainers may introduce this session with **Slide 25** (title slide) and then explain that you will be starting with a quiz, which will help participants understand their role as a foster carer. For all looked after children, there is a team of professionals, practitioners and staff which forms a “team around the child”. The foster carer is an integral and central asset within this team. Fostering regulations do not differentiate between early permanence carers and other foster carers. The quiz is found in Appendix 2 and can also be found by the participants in their Workbook. The answers to the quiz are included at the end of the participants’ Workbook for them to use as a reference after the course and should not be looked at during the exercise.

EXERCISE: THE ROLE OF THE FOSTER CARER

20-25 minutes

- Divide participants into small groups of four/five, depending on the size of the overall group
- Ask them to go through the quiz questions in their groups, nominating someone to write down their answers
- Bring them back together as a larger group to take their feedback
- The seven questions are set out on slides, followed by slides that include the relevant answers. Depending on time, take feedback from a couple of groups for each question and then move to the corresponding slides which will provide the answers. Additional trainer notes are available for some slides as shown below.

SLIDE 26

Question 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?
-

SLIDE 27

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
-

SLIDE 28

- When the local authority approves the placement as an adoptive 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, as does the local authority
-

SLIDE 29

Question 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?
-

SLIDE 30

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 with 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

SLIDE NOTES

- Foster carers will be given permission by the local authority to manage day-to-day health and care needs through the process of delegated responsibility.

- Foster carers should inform the local authority of any accidents/ injuries immediately and record these in the fostering log - they need to support the child and also protect themselves.
- Parents will be invited to planned medical intervention appointments - if they attend, then a contact supervisor or social worker should also be present.

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SLIDE 31

What else can foster carers take responsibility for?

- Foster carers cannot change the child’s name, e.g. 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, i.e. hair cuts and piercings
- If the foster carers are planning to go away overnight with the child, they must inform the local authority in advance and provide the address of where the child will be

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SLIDE 32

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?

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SLIDE 33

Foster carer role/expectations

- **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

SLIDE NOTES

- Social workers are under significant pressure, and therefore where possible will want to stick to arranged times and dates – a good reason to cancel would primarily be a child-focused one, e.g. a need to take the child to an urgent GP appointment. The general rule would be to try and keep planned appointments.
- Looked After Child (LAC) Reviews will often be held at the carers’ house to avoid travel for the child/carers and the professionals, e.g. health visitor, are usually local to the address.
- Professionals will be asked to provide a written update.
- Foster carers will be asked to write something using the local authority’s format to provide an update on the child’s progress and development; however, this should not include their personal views on the care plan.
- Parents are invited – if they do wish to attend and it is safe for them to do so with early permanence carers present, then the meeting will need to be held at another venue.
- Alternatively, the IRO will meet with the parents separately and manage the process as a series of meetings. This will be dependent on the logistics and risk issues. The child’s care plan will be reviewed and the IRO will ask professionals to progress outstanding issues, whether it be in relation to health, contact, the court process, etc.
- The first LAC Review is held within 28 days; the next three months later; they are subsequently held at six-monthly intervals until the child is no longer looked after, i.e. the adoption order has been made or the child moves to a family placement under a special guardianship order.
- The looked after child medical is usually undertaken in the local authority area and is undertaken by the local authority paediatrician. Parents may attend; if so, the social worker should also attend.
- The first medical takes place within 20 days; thereafter, at six months.

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SLIDE 34

Foster carer role/expectations

- **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 allegations, e.g. of poor care, will be investigated

SLIDE NOTES

- Children's Guardians work for an independent organisation called CAFCASS. They have an overview of the case and meet significant people - the parents, child, possible special guardians - once or twice in proceedings to form a view on the child's care plan.
- Back-up carers - some agencies take up police checks (DBS) on back-up carers, but not all local authorities do. Carers would need to check this with their social worker.
- In the early days of placement in particular, the expectation is that the carers will care for the child except for in exceptional circumstances. Back-up carers may help out single carers significantly, or carers may have someone else who can be around when one partner goes back to work, so that they are on hand to support the carer.
- From time to time, mainstream foster carers experience allegations being made by parents about their care of the child. This will often be based on their own feelings of not being able to care for their child, but you need to be aware of what procedures will be followed if this occurs and how you will be supported.

SLIDE 35

Foster carer role/expectations

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

SLIDE NOTES

- Look at the sample communication book entry and daily record in the trainer’s guide and participant’s workbook.

Key points:

Communication book

- Informal language
- Trying to build a picture of the child for the parents
- Information that might support them in contact

Daily record

- Read through the section at the top that highlights what to include.
 - It is a formal record – it may be submitted to the court
 - It is a record of the child’s development and experiences
 - In the early stages of placement there is often quite a lot to write – the child is in hospital; settling in to the home; getting into routines

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The summary is a record of the child’s development and experiences. In the early stages of placement, there is often quite a lot to write – visiting the child in hospital; settling them in to the foster home; getting them into a routine. As the placement progresses, carers can often start to write a weekly summary rather than a daily one, with the agreement of their social worker.

Appendix 3 contains a sample communication book entry that you can ask participants to look at, drawing out the points below:

- The importance of the communication book in establishing a relationship between the carers and parents
- Use of informal language
- Trying to build a picture of the child for the parents
- Providing information that might support parents in contact

SLIDE 36

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Question 4

Can contact arrangements be changed?

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

SLIDE 37

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 at court.
- Foster carers usually 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 via 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 own role as foster carers

SLIDE NOTES

- Acknowledge with participants that although they may have questions, contact will be covered in more detail in Day 2.

SLIDE 38

Question 5**What names should be used?**

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

SLIDE 39

What names should be used?

- Names are important!
- The parents are "Mummy" and "Daddy" throughout a foster placement
- 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

SLIDE NOTES

- The child is registered under their own name at the carers' GP.
- Services for the child will be local to the placement, e.g. GP, health visitor - the only exception is LAC medicals, which are usually completed by the medical adviser of the placing local authority.
- It is important that the carers do not refer to themselves as Mummy

and Daddy – this also reminds them of their fostering role. They will need to work at this; if the child does go back to their family, then having kept their “fostering hat” on will help to some degree.

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SLIDE 40

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Question 6

Who makes the decisions?

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

SLIDE 41

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Who makes the decisions?

- 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 regarding 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

SLIDE NOTES

- Case example – a parent did not want the foster carer to take their child to church. The foster carers were regular churchgoers. The carers took it in turns to go. As the placement progressed, the parent got to know them and changed her mind so they were able to take the child to church.
- These decisions may represent the parents' own faith or belief; however, sometimes it may be a way of retaining an element of control from a position of powerlessness.
- Contact handovers are mediated by the contact supervisors and any significant disagreements will need to go back to the child's social worker. Participants need to be mindful that parents may be trying to assert a level of control that comes from feeling powerless. There is a need for foster carers to be respectful and always child-centred, communicating in a way that enables the

parents to relax.

- Possible group question: How might early permanence carers do this?

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SLIDE 42

Question 7

Can carers claim child benefit?

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SLIDE 43

Can carers claim child benefit?

Practicalities

- Foster carers are paid a fostering allowance by the local authority and receive a grant for initial equipment. They are not entitled to 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 have a need to know, e.g. health visitor
- Photographs and information may not be placed on social networking sites
- There is no absolutely watertight way of guaranteeing to keep 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

SLIDE NOTES

- Early permanence carers are entitled to statutory adoption leave and pay from the point of placement.
- Appendix 11 sets out Government guidance for employers, explaining their statutory duty regarding these placements – many employers will not have previous experience of early permanence/ Fostering for Adoption placements.
- The fostering fee/allowances must be paid by the local authority. Government minimum rates are set annually and vary across the UK depending on the age of child: <https://www.gov.uk/foster->

carers/help-with-the-cost-of-fostering.

- Car insurance – not all companies require carers to insure their car for business use for the fostering role, but this should be checked as it is crucial if carers do have to update their insurance or change it if needed and cheaper elsewhere.
- Confidentiality – risk cannot be eliminated. If the carers' address is inadvertently disclosed, the situation would need to be risk-assessed and the way forward agreed by all parties, including the carers.

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SLIDE 44

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
-



12.45-1.00

Session 3

Attachment issues for early permanence carers

Early permanence practice focuses on developing healthy attachment behaviours 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.

Start by showing the group the film of the still face experiment, using Slide 46, which links to it. The aim of this film is to highlight the importance of consistent, attuned, predictable care. Refer the group back to the positive interaction cycle in their handbooks. Encourage the group to express their views on the film – people are often surprised by how quickly the child becomes stressed and then recovers. Highlight that the child recovers due to a healthy attachment to their mother; they would not recover so quickly otherwise.

SLIDE 47

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. Attachment 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 frightening

SLIDE NOTES

- Secondary attachment is worth talking about. If a child sees his parent regularly at contact, a secondary attachment may develop.

SLIDE 48

Bonding

- Parents and main carers develop a bond with the baby or child
- 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, recognising her voice and smell
- Where a baby is placed in foster care, the separation is likely to be distressing for the mother
- A baby from a troubled background may be born already sensitive to raised voices
- 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 carers

SLIDE NOTES

- The child connects to their parent through pregnancy.
 - Early permanence placements are a sudden move, providing a shock to the child. A primary reason carers are asked to not have lots of visitors in the early days following placement is for the carers to concentrate on establishing a bond and for the child to “settle”. Birth children who are with their families are often visited by family members in the early days; however, they have been bonding with their mother for some time in utero. For early permanence placements, this has not been the case and so carers really need to focus on their relationship with the baby, and on helping the baby to become familiar with them.
-

SLIDE 49

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) an adult can be relied upon to provide security and meet his/her needs
-

SLIDE 50**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

SLIDE NOTES

- Refer back to the positive interaction and arousal-relaxation cycles. The importance of what appear to be basic interactions cannot be underestimated.
- It is worth reminding carers that children placed for adoption may often lack trust in carers and lack a sense of security due to their time in abusive households and perhaps having had a number of placement moves that have resulted in broken attachments. Early permanence placements aim to rebuild trust in adults through the provision of a secure base.

SLIDE 51**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

SLIDE NOTES

- Again, regulation of emotion is a key issue for all children and is often difficult for older adopted children to achieve if they have lacked the opportunity to develop secure attachments.
- Trainers will need to encourage participants to provide examples

of attachment behaviour, e.g. distressed when scared or hurt followed by comfort and reassurance.

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SLIDE 52

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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.

SLIDE NOTES

- Children may have experienced withdrawing from drugs in a busy, noisy hospital environment. It is important that early permanence carers visit children in these environments as soon as possible to begin to develop some connection and to provide nurturing care. If there is a delay in immediately arranging a match with an early permanence carer, local authorities will often arrange for a foster carer to visit in the meantime to enable the child to experience consistent, focused attention.
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SLIDE 53

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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

SLIDE NOTES

- It is important to support the handover from carer to parent. The contact supervisor has a role in promoting good care during contact. The carers may need support to deal with their feelings if the baby is distressed after contact.
-

SLIDE 54**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

SLIDE NOTES

- The baby will get distressed but can recover as the child in the film did – as foundations of healthy attachment behaviours are encouraged.

SLIDE 55**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

SLIDE NOTES

- Separation is still a stressful experience for the baby, but the baby's ability to recover and to build new secure attachments has been enhanced by their healthy attachment experiences.



1.00-1.45

LUNCH



1.45–2.15

Session 4

Learning from the experiences of early permanence carers

Feedback from potential early permanence carers is that they find it helpful to hear about the experiences of carers who have had children placed through this route. The following films have been produced to ensure that carers have access to these first-hand accounts. If you are going to have carers come in and talk to the group directly, you should be clear about the points you want to bring out from their story – a prompt sheet is provided in Appendix 12.

Conversations with carers

Trainers will need to watch a film, titled *Conversations with Carers*, prior to running the training so that they are familiar with the points being raised. This film was produced by Coram's Early Permanence Programme, together with Coram Cambridgeshire Adoption.

The film, which lasts for 16.5 minutes, shows clips from interviews with four concurrent planning carers/couples. The issues are relevant for all early permanence carers.

Topics include:

- Introduction to concurrent planning
- Why concurrent planning
- Waiting for the call
- Meeting the child
- Birth parents
- Getting home
- Coping with uncertainty
- Contact
- The legal process
- Claims from other relatives
- Keeping in contact
- Advice to future carers
- The children

There are several natural breaks where the group trainers can pause the film to allow discussion.

Issues that can be highlighted if the group is quiet are:

- Carers talk about the shock of suddenly having the care of a newborn baby and the sudden burden of responsibility in what is a very new experience.
- They have to get to grips with parenting and baby care skills very quickly.

- The speed of the process – it can happen very quickly, from phone call to placement may be a few days to a few weeks.
- The time waiting after approval – some people wait only a few days; others may wait months. Local authorities and regional adoption agencies (RAAs) may only make early permanence placements within their own pool of early permanence carers whilst others may look wider and explore interagency placement options. Once a placement is confirmed, they are made quickly, unlike mainstream adoption placements that often involve delays and can take a long time to plan. Some agencies may ask people to wait for a period of time for an early permanence placement, but others may family-find for both options at the same time. Carers should discuss their views on this with their social worker.
- Their meeting with family members who are being assessed helps them realise that they are good people with a lot to offer – highlight the mixed feelings this provokes in the early permanence carers.

At the end of the discussion, explain to the group that during Day 2, there will be a film that looks at the experience of a couple where the child goes back to a member of their family. The film is available on the Coram Early Permanence website. The password to access it, together with copies of this manual, will be provided to those completing the train the trainer course on how to deliver this programme.



2.15–3.15

Session 5

Understanding the perspectives of those involved in early permanence

Group exercise: Leanne case study sculpt

The trainer will need to explain to the group what a sculpt is.

The purpose of the exercise, called a sculpt, is to bring home to participants that an early permanence placement involves a large number of people, all of whom have their own views and feelings. A sculpt is not a role play, but an effective and quick method used to think about a particular moment in a child's history and to help people get in touch with the complex emotions involved in a situation, and to be able to understand the different feelings and experiences of the participants – to be in someone else's shoes.

The value of a sculpt is that it goes beyond words and logical explanations and taps into people's non-verbal perceptions and communications. It is usually intriguing and illuminating for all concerned. Because it does not call on people to "act" as in a role-play, it is much less daunting and does not feel exposing. People can be reassured and encouraged to participate, but not compelled if they really do not wish to do so.

It can be useful to find out whether any of the participants has experienced a sculpt before. Explain that it will hopefully all become clear as you go through the exercise.

Trainers will need to have considered the scenario and the points you hope to highlight as well as how to place the participants physically in relation to each other in order to represent the relationships you wish to convey. It may help to practice with a group of colleagues beforehand.

Ask the group to find Leanne's case study in their Workbook. The case study may also be found in Appendix 4A. Read it out aloud slowly and participants can read along with you. Check that they are clear about it.

There are two scenarios using the same case study – the first scenario focuses on the first contact with the birth parents, and the second addresses everyone's feelings at the point of adoption. Participants have the background scenario notes, which trainers may find in Appendices 4A, 4B and 4C. You may wish to consider laminating the roles individually onto cards for ease of use. Equally, you may photocopy and cut them out each time you use them.

Please note: Participants have only the background information in their Workbooks. The scenarios are available in Appendices 4A and 4B for trainers to facilitate the exercise and allocate roles to participants.

Scenario One: First contact

Step One: Read out the background scenario notes first. Refer back to the legal timeline and make clear that at the point this scenario takes place, the matter is almost at final hearing and so the decision has been made to place with early permanence carers as no family members or adopters of Leanne's siblings were available (NB. the local authority has a duty to approach them first).

Step Two: Read through the scenario for First Contact – Appendix 4B. Once the scenario has been read out and explained, ask for volunteers for each role and then place the child first, followed by other participants to be positioned in relation to the child. If participants appear reluctant, you can encourage their participation but be mindful of not pressurising them. As each role is allocated, give each participant their corresponding name badge and role information so that the group can recall their roles with ease. Read out their bespoke part slowly

to them. *You need to plan beforehand how to place the participants physically in relation to each other in order to represent the relationship you wish to convey.* The notes accompanying this exercise will help you with this as they provide guidance to the placing of participants.

Step Three: Once everyone is in place and has their part read out to them, ask them to think about who they are and how it feels for a minute, while everyone holds their position.

Then go back around to all the participants and ask for their reflections. Also ask any observers for their thoughts and reactions.

De-role participants and then repeat for the adoption – Appendix 4C, following the same steps as above.

Useful themes

You can draw attention to a number of themes that emerge.

- Number of people involved in decision-making for the child.
- Carers' conflicting feelings if adopting the child; feeling sympathy and concern for the mother, having met her in contact.
- Father's anger and powerlessness – he feels excluded from the process – it can be difficult to engage fathers in many instances.
- Maternal aunt's feelings of guilt and anger in the adoption scenario; often the group acknowledges empathy for her situation.
- Complexity of contact worker role – balancing feelings of all concerned.
- Social workers are also emotionally impacted by the challenging situation; however, their role is to contain the emotions of all involved.



3.15–3.30

BREAK



3.30–4.00

Session 6

The importance of support

Everyone involved in early permanence placements needs support. During the early permanence placement process, there may be many different people involved and new experiences for the carers to manage. The aim of this session is to explore potential support systems and opportunities for the child and carer.

Support system for child and carers

Ask participants to put their workbooks aside for a moment. Refer to Appendices 5A and 5B about the support network for the child and the carers.

- 1) Using the diagram as a reference, write the child's name at the centre of a flipchart page and ask the group to call out who is involved in relation to providing support for the child, giving prompts if needed, and then fill in the detail of their role as per the diagram. The aim is to visually demonstrate to the group the extent of the support network.

It is worth highlighting that there are a lot of visits by professionals early on in the placement, but as the placement progresses, the meetings and visits are not so frequent – some carers have commented humorously that they miss visits towards the end of the placement!

- 2) Using the diagram as a reference, write “carer” at the centre of the flipchart page and ask the group to think about who their support network will include.

Friends and family element of this diagram

- Participants should think about who they will be able to talk to when stressed and who will remain non-judgemental, e.g. if a family member comes forward to be assessed, they do not want family and friends trying to be supportive in unhelpful ways, perhaps by saying, ‘You are a much better carer’.
- Where offered by the agency, Friends and Family events are important in helping to explain to the applicant's network what early permanence is, what is helpful and not helpful – and are generally enjoyed by those who attend. Applicants do not attend and so friends and family are free to ask whatever they want!

Supervising social worker (SSW) element of this diagram

- Draw out the importance of this role – it is an emotional and stressful process and the supervising social worker's job is to guide, contain and support the carers.
- Feelings that carers cannot relay in a professional network meeting can be shared with their supervising social worker. Carers are being asked to love a child, who, potentially, may leave to return to their family: this will provoke conflicting

feelings – the supervising social worker is able to listen and support them whilst reminding them of their role.

- The supervising social worker in the RAA or VAA is also able to manage communication with the placing local authority. Childcare social workers have many responsibilities to the children they support, so it may be that the supervising social worker has the time to relay what the carer needs to know in a clear and constructive manner, if the child's social worker is not available at times.

Another option, depending on time constraints, would be to split the group into two groups with their own flipchart and pens – one to consider the support network for the child and the other to consider the support network for the carers, and then to take feedback from both.

Refer participants back to the support system diagrams in their workbooks to compare at the end of the exercise.



4.00–4.30

Session 7

Reviewing the benefits and challenges of early permanence

Small group exercise: Challenges and benefits of early permanence placements for the child, the parents and the carers

There is usually some time to make up at this point of the day and this session provides a good opportunity for participants to reflect on what they have learned and any questions they have not had an opportunity to ask.

Break into three groups, depending on the number of participants, giving each group flipchart paper and pens.

Ask each group to consider the challenges and benefits to the child, carer and parent respectively.

Give them until 4.25pm to do this and collect the flipchart paper back in. They will feed back at the beginning of the next day.

Evaluation sheets

Ask the group to complete the evaluation form (Appendix 13), which will be sent to their assessing social workers to inform their assessment, and highlight what they have learnt from the training.

Keep flipchart pages and any questions put on sticky notes somewhere safe for the next session. Find out answers to any of the questions if you do not know.



4.25-4.30

END OF DAY 1

DAY 2

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



10.00-10.45

Welcome back

Welcome participants back and go through the housekeeping arrangements and working agreement again as a reminder.

SLIDE 57

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
-

SLIDE 58

Housekeeping

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

It is important that some time is allowed to enable participants to raise anything they have been reflecting on from the previous training day. Begin the session by referring to the questions chart from the previous session and ask if they have any other questions from the previous day. Once these are answered, remind participants that they can put up any further questions in the same way during this session.

Collect any feedback sheets from Day 1 that were not completed on the day and run through the programme for Day 2 from Slide 57.

Feedback from Benefits and Challenges exercise on Day 1

Remind participants of the last exercise they completed, return the flipchart paper they used, and ask each group to feed back one at a time. After this, put the flipchart pages on the wall. Cross reference with the completed Benefits and Challenges paper in their Handbook and in Appendix 6.



10.45–11.45

Session 1

Managing situations where a child returns to their family

The role of an early permanence carer is a complex one in which, whilst they hold in mind that they might adopt this child, they know that during court proceedings their role is as foster carers. There is always the possibility that the child may return to his or her family. The aim of this session is to provide an opportunity for carers to develop some understanding of the process when this is the plan, and to hear the reflections of early permanence carers who have been in this position.

A child returns to family

Trainers will need to inform the group that this presentation has been put together in response to carers who went through this experience and reflected that it was not covered in enough detail in their training. They did not feel prepared for what could actually happen. This short presentation is to help carers understand and talk through what could happen and how this would work.

One of the key points to communicate to participants is that the process continues to be a planned one, with the child as the focus, and that a child would not immediately leave the placement upon the positive assessment of a family member. The court and transition process can take several weeks, lasting anything up to one–two months, during which the child would remain in their care and during which they would continue with their responsibilities as foster carers.

Explain to participants that the film they are about to see reflects on the experiences of carers who have been in this position.

This presentation can leave the group quite flat and emotionally drained; however, it is important for them to understand the process.

Go through Slides 60–69 which provide an introduction to the issues raised in the film. **Slide 60** is the title slide.

SLIDE 61

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

SLIDE NOTES

- This slide provides a reminder to the group of the options at the point at which a final decision is made.
-

SLIDE 62

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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)*

SLIDE NOTES

- Although the statistical probability of a child returning to their family is low, the group will need to be reminded that this does happen and could happen to them as the best outcome for the child. They do need to be able to think through the possibility of this happening and plan for how they might manage if it did.
-

SLIDE 63

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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

SLIDE NOTES

- For couples, a shared motivation is essential for them to be able to support each other. For single carers, it might be helpful for them to take a friend to any training to reflect with them and

consider whether this is right for them.

- Friends and family events facilitated by the participants' agencies are key to this. The more people in the carer's network who understand the ethos of early permanence, the better. Encourage participants to think about the people who can support and empathise with an experience of loss rather than encouraging a blaming or competitive position, e. g. 'You would be better parents than any family member'.

SLIDE 64

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

SLIDE NOTES

- A child would not return home overnight. The local authority may well inform carers of the change in care plan some weeks prior to the final hearing, i.e. at the point at which they receive the special guardianship order (SGO) assessment. There would be a continuation of uncertainty right up until a final decision is made in court as only the judge can grant the SGO.
 - Even if the SGO assessment is positive, all parties have to provide statements for the final hearing, including the local authority social worker, the Children's Guardian and the parents - this is why the process takes time.
 - The judge's decision cannot be pre-empted.
 - During this time, contact is often introduced for the family member as an SGO may be the likely outcome and to do so will aid the transition for the child.
-

SLIDE 65

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

SLIDE NOTES

- Despite training, it is understandable that carers may be anxious about the family member and how they will look after the child.
- Meeting the family member, although an anxiety-inducing thought, is actually helpful for most carers – getting to know these people is often more positive than they might have imagined.
- Relationships can be formed at contact handovers and the adults can come to work together and this can help the transition for the child.

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SLIDE 66

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

SLIDE NOTES

- Meeting each other – talking about the child – their routines and likes/dislikes, thinking about the plan and handovers, whether contact will be at contact centres or in the community are all important factors to be considered to facilitate a successful transition for the child.
- Trainers should specify who the supports are, e.g. child's social worker to support family member, supervising social worker for the early permanence carers, etc.

- Family members are often empathetic to the carers' experience and understand that they had hopes in relation to the child – feelings of empathy and shared sadness bring people together.

SLIDE 67

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

SLIDE NOTES

- Acknowledging feelings, e.g. sadness, anger, hope, is an important part of the process. These are all strong feelings that need to be acknowledged so they can be managed. It will be important for carers to talk to their family, friends and supervising social worker.

SLIDE 68

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 emotionally 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

SLIDE 69

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



First Steps to Early Permanence

This film, made by Coram, depicts the experience of dually approved carers when the child moved to extended family. The clip is 30 minutes long and is broken into nine chapters. The trainer's notes for this are found at Appendix 7 and provide a brief summary of each section and key considerations for carers and for social workers to help you facilitate the discussion.

The film is available on the Coram Early Permanence website. The password to access it, together with copies of this manual, will be provided to those completing the train the trainer course on how to deliver this programme.

Show the film sequentially, pausing at the end of each chapter to lead the reflection.

The key message is that whilst the transition is tough, there are early permanence carers who have come out the other side feeling that they have played an important role in the life of a vulnerable child when they needed it, and that they loved the child from day one and supported them to move forwards having given them the best start in life.

At the end of the session, explain that the carers in the film are represented by actors due to confidentiality reasons; however, they present the actual carers experiences word for word and observed from a taped interview of the couple as the basis for the film.



11.45-12.00

BREAK



12.00–1.00

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 through profiles describing the children and discussion with professionals. The aim of this session is to enable carers to consider profile examples, 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.

Children's profiles

Explain to the group that the aim of this session is to think about decision-making at the point of referral. Often there is limited information, and social workers and prospective early permanence carers need to make a quick decision. The information in the profiles will often be quite rudimentary. They will be able to build a fuller picture through ongoing discussions with their social worker and the child's social worker but unknowns and uncertainties about the future will remain. This exercise develops their understanding about what they can glean from the initial information, what they might need to consider, and what else they might want to find out.

Small group exercise: Children's profiles

There are three profiles – Kane, Aaron and Lexie – for the groups to consider, which can be found in Appendices 8A, 8B and 8C.

Divide the participants into three groups of four/five (or more if it is a particularly large group), giving each group one profile to read and answer the questions. Allow 20/25 minutes and then go through their responses group by group.

Before getting their responses, talk through the key points of each profile for the benefit of those groups that have not discussed it.

At the end of the feedback, address the following key points if they have not already been raised.

When to buy baby equipment

Carers have found that they are never quite sure when to buy equipment.

- Not too early, not too late.
- When being matched, think about what they might need for that particular child and make a list; all children will have different needs so it is best to know about

the child before buying things.

- Between the match being confirmed and the placement, they can buy items – they should keep receipts and leave items in boxes so they can return them if necessary.

What to do when you are asked questions about the child in public

Previous carers have commented that they are asked personal questions about the baby for whom they are caring and are not always sure how to respond. It is worth thinking about this and being prepared. Some sample questions and ideas would include:

How was the birth? The carer could change the subject by saying something like, 'Oh yes, he is just beautiful, isn't he'. Alternatively, 'She weighs 8lb now, she's grown so much'. If the carer feels confident, they can say, 'I am his foster carer'. However, if they choose to say this, be prepared for further questions about the child's background.

Why is the child being fostered? It is important to remember this is confidential information and should not be shared with members of the public. An adequate response may be, 'I can't discuss that,' and move the discussion on.

Consider other questions or situations that may arise and how participants might address these.



1.00-1.45

LUNCH



1.45–2.30

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.

Contact between the child and parents

It is preferable to have an experienced contact supervisor to deliver the presentation and go through the slides, particularly as this provides the participants with the opportunity to ask direct questions. Accompanying notes found in Appendix 9 are provided by an experienced contact worker and may be drawn from to prompt input from a contact worker or in the absence of a contact supervisor, to support the trainer to cover the role as they take participants through Slides 70–84. **Slide 70** is the title slide and **Slide 72** shows a photograph of a contact room.

SLIDE 71

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

SLIDE NOTES

- Ideally, there should be a dedicated contact supervisor for each family. Developing relationships with parents and carers enables trust to develop between the adults. This benefits the child.

SLIDE 73

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, depending on the status of the relationship
 - Contact with family members being assessed may be added later
 - Contact days and times are set in court
-

SLIDE 74

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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
-

SLIDE 75

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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 a 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
-

SLIDE 76

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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 – encourages eye contact and direct

communication between carers and parents where possible

- Encourages you to refer to the parents as “Mum” and “Dad” – demonstrates that you respect their role 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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SLIDE 77

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 – 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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SLIDE 78

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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SLIDE 79

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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SLIDE 80

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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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SLIDE 81

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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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SLIDE 82

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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
-

SLIDE 83

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 children's team

SLIDE 84

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 PROGRAMME)



2.30-3.15

Reviewing a supervised contact report

Early permanence carers, like all foster carers, will not have access to contact reports, written by the contact supervisor, during a placement. Such reports may have a number of purposes and contribute to the local authority and court assessments. Parents will have access to these reports.

The aim of this session is to provide insight as to what happens in a contact session – based on the experience of a contact supervisor during an actual contact session.

Contact report notes, questions and points to cover may be found in Appendices 9 and 10, and participants also have the sample Contact Report in their Workbooks.

SLIDE 85

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?
-

Small group exercise: Contact report – Chloe’s contact with her mother, Louise

Divide participants into three groups of four/five (or more if it is a particularly large group), ensuring that couples are not working together in the same group.

Allow groups 20 minutes to read the report in their handbooks and to consider two questions you have allocated to them; e.g. questions 1 and 2, 3 and 4, 5 and 6. Slide 85 provides the questions for reference.

Provide groups with flipchart paper to write up their answers.

Come back together as a larger group to collate responses onto flipchart paper and stick this on the wall.



3.15–3.30

BREAK



3.30–3.45

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 early permanence carers with the opportunity to learn about the early permanence process for placing relinquished babies and other factors they may need to consider.

Relinquished babies

Go through Slides 86–91 using the accompanying notes. **Slide 86** is the title slide.

SLIDE 87

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 sometimes 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

SLIDE NOTES

1960s – This was the peak in the number of adoption placements in the UK. These were usually relinquished babies, frequently by a single mother who saw this as her only option.

Cousins and Morrison (2003)* suggested the likely circumstances of the relinquishing mother:

- Mothers without family or community support – where cultural or religious reasons may lead to shame or stigma about the pregnancy – this is still relevant today in some communities
- Teenage mothers under 16 still living with parents
- Young mothers
- Mothers with existing children who cannot cope with another child
- Mothers making a “life-choice decision”

* Cousins J and Morrison M (2003) *Right from the Start: Best practice in adoption planning for babies and other children*, London: BAAF

Current cases could still include these situations, and also include:

- Looked after young women who may choose to relinquish at birth or following a parent and child placement
- Women living in the UK from EU or other countries who want the child to remain in the UK
- Babies born following rape or incest

Family members also need to be considered as possible carers for the child.

There will be a few instances where child protection concerns arise, which can affect what happens next.

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SLIDE 88

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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 that 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

SLIDE NOTES

Counselling should include explaining the options for the child's future care:

- staying with the parent/s
- being accommodated with parent and child foster carers, to support the mother to develop her parenting skills and confidence so that she is able to care for the child
- short-term foster care, with the aim of returning the child with support
- long-term placement within the child's wider family
- placement for adoption including the option of FfA/early permanence placement

The social worker needs to understand the parent's journey:

- how and why the parent/s have concluded that they could not

bring up this child themselves

- whether all possible options within the family network have been explored and the conclusion reached about relinquishment
- the parents' reasons for concluding that adoption is most likely to provide their child with a positive future, while recognising its lifelong implications

Where the agency knows the father's identity and is satisfied it is appropriate to do so, the agency should also counsel him and any other person whom the agency considers relevant to the child, and it should ascertain their wishes and feelings (Adoption Statutory Guidance 2013).

SLIDE 89

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

SLIDE NOTES

Matching after formal consent:

- Ensure that full information is provided to the early permanence carers/prospective adopters.
- Use of Life Appreciation Days, meeting medical advisers.
- Evidence of parenting capacity available from their early permanence care experience.
- Identify adoption support needs in both the short and longer term and where this can be accessed.

Match presented to the adoption panel:

- Not a rubber stamping of the existing arrangement.
- Offers the opportunity to reflect on the family and the child's experience during the placement.

- Look forward and ensure the longer term support issues have been considered and planned for. The panel can give advice on contact and adoption support.
-

SLIDE 90

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Early permanence placements

- There is an 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

SLIDE NOTES

- There are the same benefits of consistency and security for the child. However, the parents in these instances are able to care for their child, although they have chosen not to do so. They might change their minds. There is therefore uncertainty for early permanence carers as the likelihood is that the child would return to their parent if they changed their mind.
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SLIDE 91

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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 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

SLIDE NOTES

- Counselling of birth mother/parents prior to and following birth ensures a full understanding of the parent’s story and their decision to relinquish the child.
- If information about the father or other family members is not shared or permission is not given to contact them, the local authority will need to make a decision about whether to seek

direction from the court on whether contact should be made against the mother's wishes.

- Parents may well want to meet the carers to know that their child will be safe and well cared for, but there are also instances where they refuse any contact.

Contact: At the heart of the plan must be consideration of the infant's needs for a secure attachment and predictable routines.

- Settling-in time - ideally a period of time to settle into their new placement with their carers before the first contact visit takes place.
- The needs of the parents and other family members - practical and emotional impact of contact.
- The involvement of early permanence carers - involvement in transport, handover to parents, risk assessment.
- Venue - safe, appropriate facilities, workers available for handover, confidentiality.
- Supervision - consistency, skilled and experienced supervisors.

Life story work - it can be a hard story to tell to help the child understand why their parent chose to give them up - some adopted adults have struggled with the sense of being unwanted.

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3.45-4.25

Session 5

Reflections on the day

Exercise: Qualities needed by early permanence carers

There is usually some time to make up at this point of the day. This is quite a short exercise so does not need much more than 10 minutes.

Ask the group to call out the qualities needed to offer an early permanence placement. They do not usually need prompts, but below is a list of some that will hopefully come up:

- Child-centred
- Patient
- Flexible/adaptable
- Empathetic
- Able to access support
- Realistic
- Resilient
- Accepting lack of control
- Sense of humour
- Organised



4.25-4.30

Evaluation sheets

Ask the group to complete their evaluation sheets (Appendix 13A and B), which will be sent to their assessing social workers to inform their assessment, and highlight what they have learnt from the training.

SLIDE 92

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Final thoughts?

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

Review and answer any final questions from the questions sheet. Encourage participants to continue thinking about what they have learned and take forward these discussions with their assessing social worker.

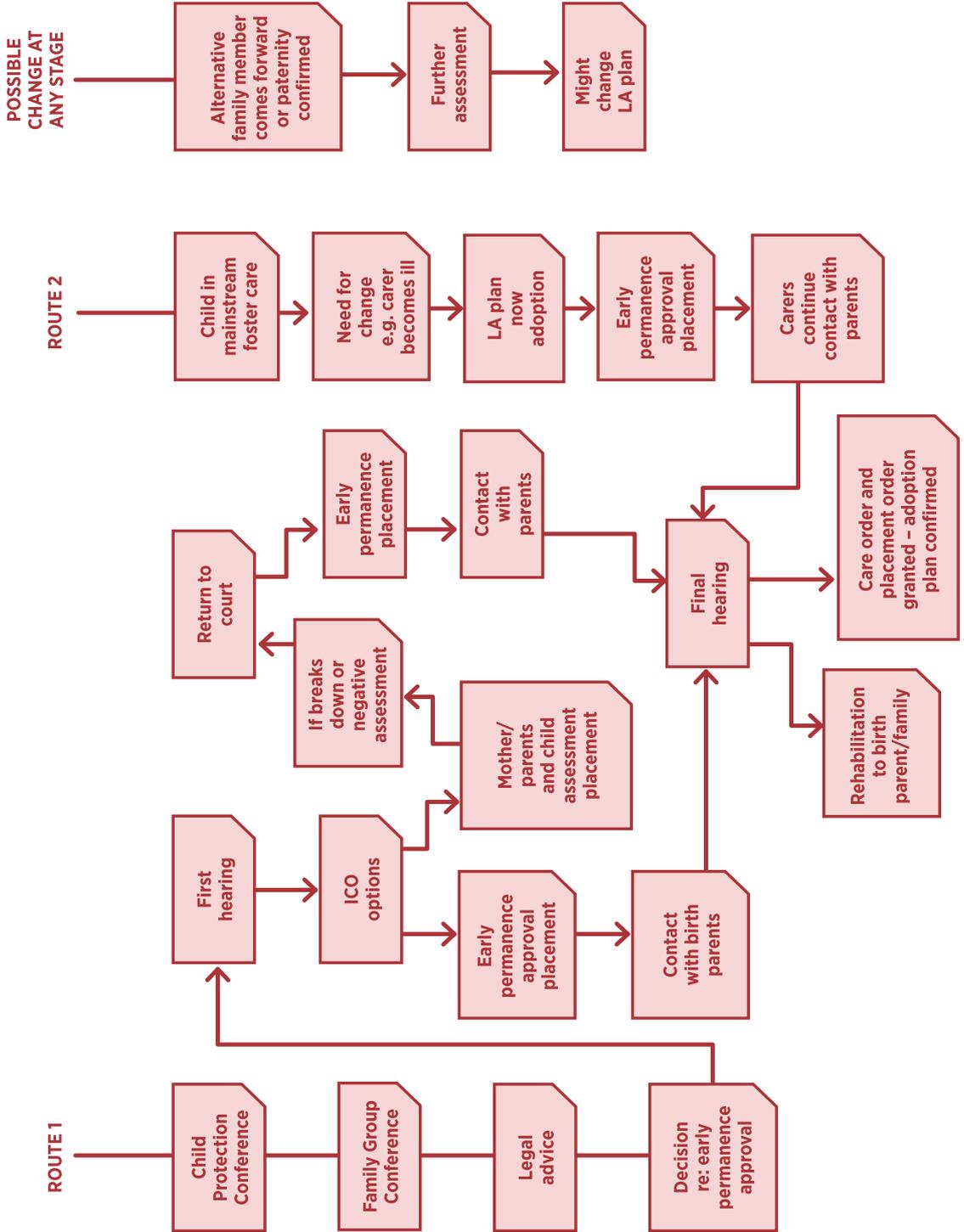
Thank everyone for attending and for their participation.

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APPENDIX 1

LEGAL PROCESS TIMELINE



APPENDIX 1A

Court proceedings

This is a complex process. The following notes are here to support the trainer's knowledge of the process.

The timeline of court proceedings should already be drawn and hung on a wall and is available in the workbook so that the trainer can talk the early permanence carers through the process.

Pre-proceedings

Explain how the child protection process works, i.e. child on child protection plan – a multi-agency network works to safeguard the child and support the family to be together.

Set out who makes referrals and for what sorts of reasons. Categories of abuse: neglect, emotional and physical abuse, sexual abuse. If the threshold of harm is high, a decision can be made to seek legal advice and decide if the local authority wants to seek to separate the child from their parents.

Children can be on child protection plans pre-birth – commencing between the 26th and 32nd weeks of pregnancy.

An interim care order cannot be applied for until the child is born. However, plans may be made to apply for an interim care order on the day on which the child is born.

Before considering an early permanence carer, everyone needs to be confident that the family options have been explored – if possible, a Family Group Conference should have been held. Following this, if the local authority view is that the parents are unlikely to make necessary changes and there are no other family members identified to provide care for the child, early

permanence carers may be sought.

Examples of family backgrounds where early permanence placement is often considered include where previous children of the family have been adopted or where there has been long-term involvement with Children's Services and no significant change observed.

First hearing

Options for babies/very young children are limited if risks are significant, as babies are vulnerable and dependent.

Options include either separation from parents to go into foster care (which could include an early permanence placement), or a supervised placement, such as parent and child foster care, or a residential assessment unit with 24/7 supervision.

Provide an explanation of residential assessment centres. These are high-pressured assessment settings for parents where they are supported but also supervised at all times.

A baby/young child could be placed with early permanence carers on the day of the first hearing if the judge agrees to separation.

However, judges do sometimes opt for residential settings. Parents may state that this is what they want and this can be seen as the safest way to give parents the best opportunity to demonstrate whether they are able to safely parent their child.

Other points at which an early permanence placement may be actively sought include:

- **Residential assessments can break down or conclude in a negative assessment:** Parents may struggle with structure, supervision, the demands of parenting. Court proceedings are difficult and their lives are already chaotic; therefore, if a residential assessment breaks down or there is a negative outcome, the local authority may return to court and request early permanence placement at this time.
- **Change of foster placement:** The child may have started in a mainstream foster care placement at the beginning of proceedings. Sometimes placements end unexpectedly, e.g. if the foster carer becomes ill. If this occurs at a late point in proceedings, when the local authority has completed negative assessments and no suitable family members have come forward, they may seek to place the child with early permanence carers rather than having an additional move for the child.

Note: When a family member or father comes forwards

- This can happen at any point in proceedings.
- Sometimes a father who was not known about is put forward for DNA testing. If the result is positive, he or a member of his family may apply.
- There may be a family member who was known but changed their mind and is now coming forwards.
- There may be a family member who only recently found out about care proceedings.
- A viability assessment is done first – a short interview and checks to indicate that there is no obvious reason not to do a full assessment.
- Full assessment takes 8–12 weeks.
- Family members will be fully assessed if the viability assessment is positive.

Final hearing – decision

- The judge makes the decision based on all the evidence.
- If there has been a positive family assessment, then the child may move to the family member; OR
- The judge may make a placement order which enables the early permanence carer to apply to adopt the child.

Timeframe

- PLO 26 weeks is now written into legislation (since 2014) to avoid delay – due to previous drift in care proceedings.
- Family members coming forward late in proceedings provides a possible reason to extend the time-frame.

Contact

- Throughout the foster placement, carers will be expected to bring children to contact with their parents as set out by the court.
- Later in the training, we will be thinking about managing handovers and how contact works in more detail.
- If a placement order is made, then contact with parents will reduce quickly after the final hearing.

If the child moves to a family member

- Carers will have to take the child to contact with that family member when that plan is finalised, so the child gets to know them and help the child to manage the transition.
- There will be time between a local authority completing their assessment and

making their decision on an adoption plan and the court considering all the reports and making an order. This can take four–eight weeks, during which the carer will continue to care for the child as a foster carer.

- After the final hearing, contact with the family member will increase until the move.

Matching panel

- The local authority has to take the match between the early permanence carers and the child to the adoption matching panel despite the child already having been placed as a foster child.
- Carers attend the panel. Panel members are often interested in their experiences as there are still not very many such placements.
- Carers can talk about the child first-hand, which is an unusual experience, as mainstream carers have not usually met the child when they go to the adoption panel.
- The agency decision-maker will finally authorise the adoption placement after the matching panel.
- At this point, the early permanence carer is no longer a foster carer; the placement becomes an adoptive one.

Temporary approval of foster carer under Reg 25A

- Sometimes a placement is made between the placement order and matching panel.
- This is relatively rare, but if foster placements need to end at short notice and the local authority doesn't want the child to move more than once, it might seek to do this.
- The local authority can temporarily approve an approved adopter as a foster carer for this specific child under Reg 25A in this instance.
- The risk is significantly lower in these circumstances, and these adopters may not have done early permanence training.

Adoption application

- Once the agency decision-maker's decision has been made, adopters can usually put in their application right away as the child will already have been in their care for 10 weeks as is required before applying to adopt a child.

Adoption hearing then set

- The timing of the hearing is dependent on whether there are any queries or issues to be resolved.
- Parents can appeal within 21 days after the making of an adoption order if they believe there are grounds to say the judgement is unsound.

- The judge then decides whether the parent has a right to appeal.
- In these hearings, prospective adopters have a right to have their views considered.

APPENDIX 2

Foster carer quiz

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 early permanence 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 carers register the child with their GP under the carers’ surname?

6. Who makes the decisions?

- a. Suppose the carers usually go to church but 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 do that?

7. Can carers claim child benefit?

- a. Can carers claim child benefit?

APPENDIX 3

Communication book entry

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

APPENDIX 4A

Sculpt: Case study

Case study

Use the genogram to introduce the people below.

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 placement or a parent and child foster placement. The local authority view was that the difficulties of both parents were such that the baby's care, health and development would be at serious risk if she were placed in their care.

When the local authority went to court for the first time, they got an interim care order and the local authority plan for an early permanence placement was agreed. The judge did not support the parents' request for a family

assessment unit. The local authority agreed to three contacts a week, one of which was for Janice alone. The court ordered a further report from the alcohol treatment professionals.

APPENDIX 4B

Sculpt Two – First contact with parents

Trainer notes and participant roles: first contact case study

Trainer notes to be read to participants

I am now going to give you an update on the case – it is now the first contact between Leanne and her parents, as agreed in court.

Leanne was born two weeks before she was expected and at 5.5lbs was a small baby, but otherwise in good health. Janice and Paul met the early permanence carers Ben and Shirley at the hospital discharge meeting after the first court hearing.

The first contact was planned for three days later to give Leanne a little time to settle with Ben and Shirley. It took place at the VAA's contact room, a half-hour drive for Ben and Shirley with Leanne.

The social worker came with Janice and Paul for this first contact.

Participants' roles

“Leanne” sits in a chair at the front middle of the space

You are seven days old and waking for a feed about every two-and-a-half hours. You have been with carers Ben and Shirley for three days; before that, you were cared for by your mother Janice in hospital.

“Janice” faces Leanne, standing quite close to her

You gave birth to Leanne a week ago. You love her and feel that she should have a chance with you. Sometimes you feel that what happened with your older son, Luke, was your fault, but mostly you feel resentful and that it was all exaggerated. You can't see why the court did not agree to you and

Leanne being together in a foster placement. You are disappointed that your sister did not come forward to help; if she had, in time, Leanne could have come back to you.

“Paul” stands at a distance looking at Leanne

You feel that the social workers and the court have been heavy-handed with Leanne just as they were with Luke. If Leanne can't be with you and Janice, you don't see why she can't just be fostered as you don't feel it's right for children to be adopted away from their family. The courts and the social workers have got it all sewn up between them and people like you don't have a chance.

“Ben” and “Shirley” stand together immediately behind Leanne

(Ben is of African-Caribbean and white UK background; Shirley is white UK.) You are a childless couple and are excited to be caring for a baby, but pretty tired. You have met Janice and Paul at the hospital – Paul was sullen, Janice quiet and upset. You are not sure what to expect when you meet them again for contact. Unlike Janice and Paul, this is the first baby you have cared for 24/7. Shirley feels sorry for Janice, and has some feelings of guilt about Leanne being removed from her, but Ben keeps reminding her about what they know of Luke's care.

“Dan” (social worker for Leanne) stands at a little distance from Leanne looking at her

When you first took on the case, you hoped that there could be a plan for Leanne to stay with Janice – no one enjoys taking newborn babies away from mothers; but your manager has helped you focus on Luke's experience, the limited progress that Janice has made and the fact that there is no indication that she and Paul have considered separating.

“Gillian” (support worker for Ben and Shirley) stands next to Ben and Shirley to the side

You know that they will need a lot of support in the weeks ahead. You are convinced that this is the right care plan for Leanne. The carers have gone into early permanence with their eyes open, wanting to do the best for a baby, but you can see that they are already in love with Leanne. How will the relationships with the parents develop? At this stage, the half-sister could come forward, or the court might be persuaded to place the mother and baby together. You are also aware of possible future health or developmental issues because of alcohol exposure in utero.

“Sarah” (contact supervisor) stands in between Leanne, the carers and the parents

Your objective is to manage contact that is as stress-free as possible for Leanne. You know that Janice and Paul are disappointed with the outcome of

the court and are likely to find their early meetings with the carers difficult to manage. You know that Leanne is a small baby and therefore likely to need frequent feeds, so the carers may be very tired in the early weeks.

“Angela”, Janice’ sister, stands at some distance from Leanne and the rest of the group behind Janice

You are the single parent of a six-year-old daughter. You know that Janice hoped you would offer to care for the baby and feel a mix of guilt and resentment at this as you feel unable to take on the responsibility of a baby. You would like Leanne to be settled, and feel that Janice should have a chance, but also that things went badly wrong with Luke. You can’t see why the baby couldn’t have been fostered in an ordinary foster home so that, at some time in the future, Leanne could return to Janice.

APPENDIX 4C

Sculpt Two – Adoption outcome

Trainer notes and participant roles: adoption

Trainer notes to be read to participants

I am now going to give you an update on the case. The final hearing is imminent – (point out on legal timeline diagram) and the final local authority plan is adoption for the reasons below.

At the start of the process, when Leanne was placed, Janice and Paul met the early permanence carers Ben and Shirley just before Leanne was discharged from hospital. Contact was set up three times per week and further assessment was undertaken in respect of the parents.

At the contacts, Janice, and Paul when he attended, routinely met Ben and Shirley before and after contact; at first, Janice was very critical of details of their care of Leanne, but over time she began to get on with them.

Janice's sister, Angela, responded to the local authority and asked to meet Leanne. Despite Janice's request, Angela did not feel able to consider taking on Leanne's care, as she is the single parent of a six-year-old daughter. The parenting assessments in respect of Janice and Paul were not positive, and this was supported by the psychiatric assessments.

Leanne is now five months old, the final hearing is due to take place and the local authority has applied for a care order and a placement order with a plan for adoption by the early permanence carers.

Roles

“Leanne” sits on a chair in the centre

You are now five months old. You have been with your carers, Ben and Shirley, since you were discharged from hospital and you are becoming securely attached to them. You are used to the routine of contact and your mother, Janice, is a familiar person for you. However, at times you have felt unsure around Janice and anxious about being left by Shirley, or when Paul, your father, is looking after you.

“Janice” faces Leanne, standing quite close to her

You love Leanne and feel that you should have a chance with her; you are very upset about the prospect of adoption. You had hoped that your sister, Angela, would come forward to help and that in time Leanne could come back to you. You would prefer Leanne to continue to be fostered; you are hoping that ongoing direct contact will be agreed if Leanne is adopted by Ben and Shirley.

“Paul”, Leanne’s father, stands at a distance looking at Leanne

You feel that the social workers and the court have been heavy-handed and have not given you and Janice a chance. You don’t feel that it’s right for Leanne to be adopted away from her family; you are not sure that you would want contact once a year if Leanne is adopted.

“Ben” and “Shirley”, Leanne’s carers, stand next to each other immediately behind Leanne

You both love Leanne and are relieved and overjoyed that she is likely to stay with you and be adopted. You have got to know Janice quite well, and you do feel sorry for her, but do not feel that she could look after Leanne herself. You are willing to consider direct post-adoption contact if it works out well for Leanne.

“Dan” (social worker for Leanne) stands at a little distance from Leanne, looking at her

At first, you thought that Janice might be able to make the major changes in her life that might enable her to care for Leanne. However, you now accept that this is not going to be the case. You are very pleased that Leanne is settled and does not have to move again.

“Gillian” (support worker for Ben and Shirley) stands to the side of Ben and Shirley

You have been supporting Ben and Shirley through the placement and know that they have been anxious about the outcome. You are pleased at the recommendations and hope that things will be concluded soon.

Sarah (contact supervisor) stands in between Leanne, the carers and the parents

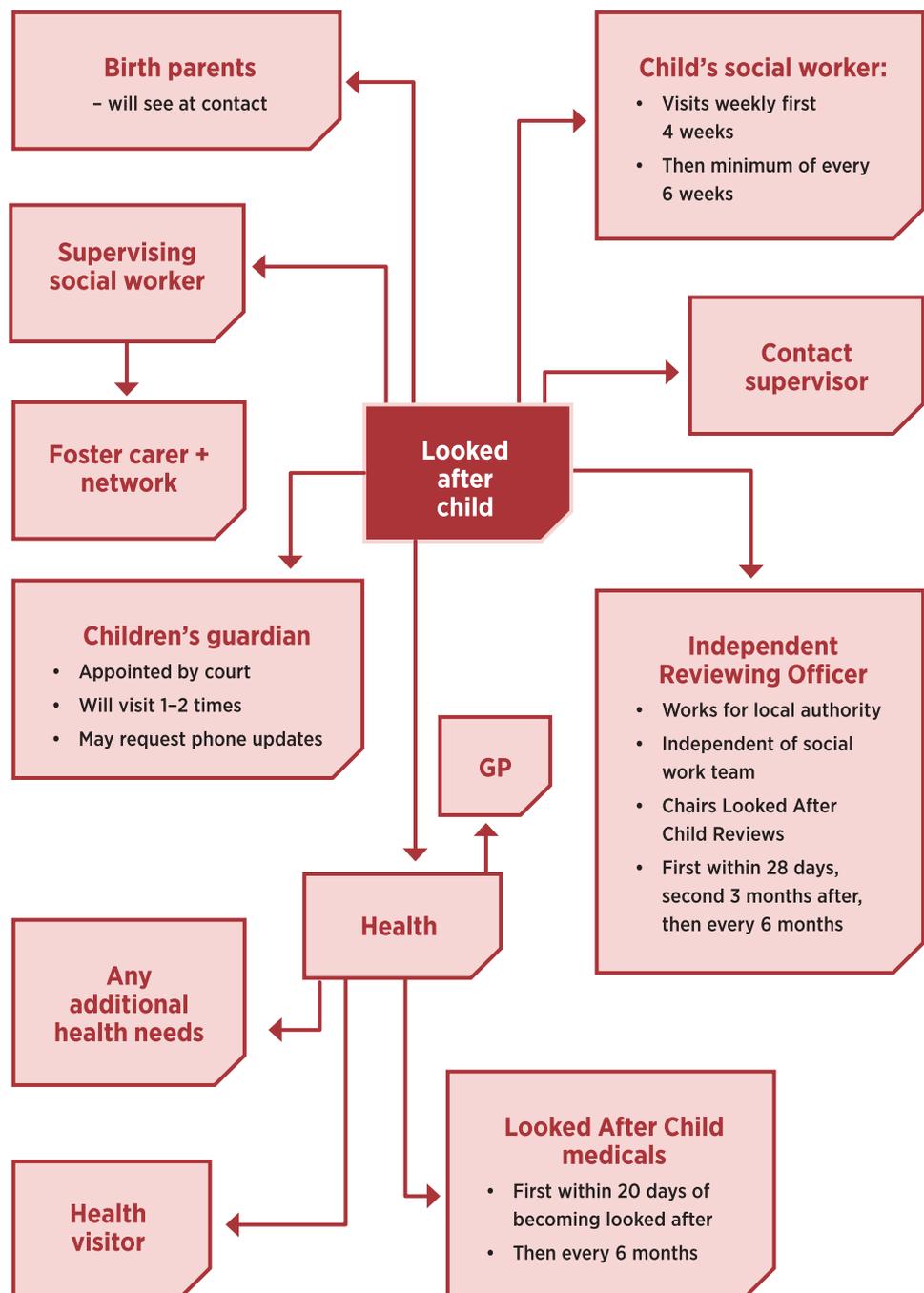
Your objective is to manage contact that is as stress-free as possible for Leanne. Your attention has been focused on how Leanne has been managing contact. You are now concerned about how you will be able to support Janice to manage her grief and disappointment about the adoption plan during the last contact sessions and to minimise the impact on Leanne of any stress and anxiety.

Angela (Janice's sister) stands at some distance from Leanne behind Janice

You know that Janice hoped you would offer to care for the baby and feel a mix of guilt and resentment at this, as you feel unable to take on the responsibility of a baby. You would like Janice to be settled, and feel that Janice should have a chance, but also that things went badly wrong with Luke. You can't see why the baby couldn't have been fostered in an ordinary foster home so that, at some time in the future, Leanne could return to Janice.

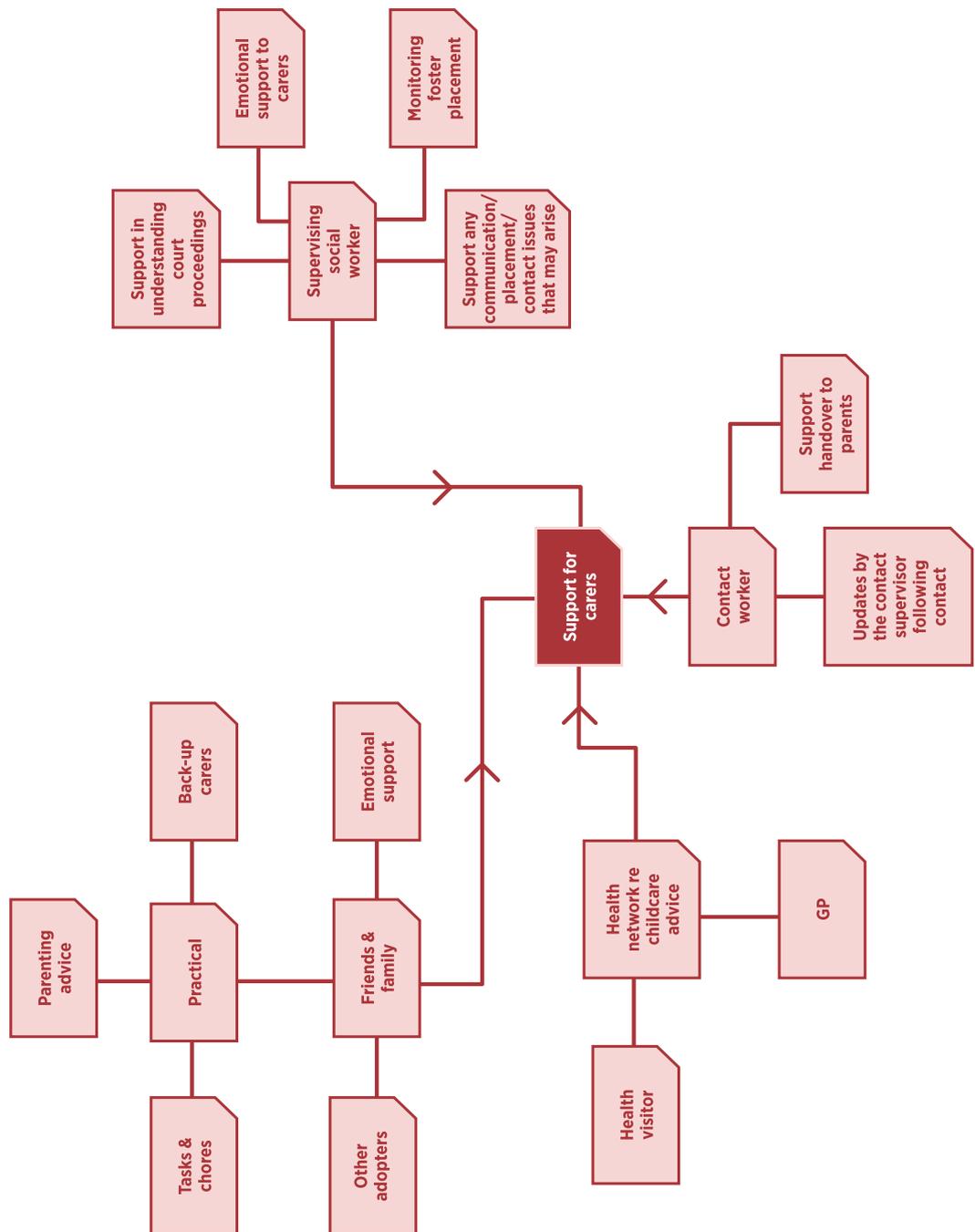
APPENDIX 5A

Child's support network



APPENDIX 5B

Carers' support network



APPENDIX 6

Benefits and challenges of early permanence planning

For the child

Benefits	Challenges
<ul style="list-style-type: none"> Form secure attachment Fewer broken attachments More stability – fewer moves Carers can build bond and relationship with the child Carers can build relationship with parents Fewer gaps in knowledge of child’s history if they go on to adopt Consistent parenting experience Responsive attuned parenting Quality of care Photos from early on – whatever the outcome 	<ul style="list-style-type: none"> Uncertainty has an emotional impact on a child Heightened anxiety in atmosphere around child Contact – different styles of care and interaction When older, will child question why not within family (like any other adopted child) Emotional impact of managing rehabilitation – intense feelings (like a child moving from their foster family)

For the parent(s)

Benefits	Challenges
<ul style="list-style-type: none"> Opportunity to build relationship with people who may go on to adopt their child – greater sense of “where” child is growing up Opportunity for child to be reunited Motivation – early permanence may galvanise efforts to make changes – absolutely clear to parents that adoption is an option 	<ul style="list-style-type: none"> Perception that decision has already been made Greater anger at system Frustration at limited timeframe (as with other proceedings) Stress/challenge of meeting carers who might keep their child permanently

<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>
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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>

APPENDIX 7

Keith and Anne Marie's story: Rehabilitation – the experience of one family

Early permanence placements during care proceedings: what happens when the baby is returned to a member of their family?

Introduction

When children cannot be safely cared for by their parents or wider family and need to be placed for adoption, the decision-making process has to be carefully considered and explored through a court process, leading as it does to the removal of parents' rights. Early permanence aims to provide vulnerable babies and young children in care proceedings with stable early attachment experiences and the minimum of changes of placement.

Early permanence (EP) involves a child being placed with approved prospective adopters who are also approved 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. Early permanence carers are approved as foster carers under the Fostering Regulations or through Temporary Approval under Care Planning, Placement and Case Review Regulation 25A. An early permanence placement 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 and adoption would then be their plan; but until the court has considered all the evidence and made its decision, this is not certain. The local authority should also have considered any relatives who might offer the child a home if s/he cannot return to the care of parents before approaching a dually approved/early permanence carer to consider a placement.

Key considerations for early permanence carers

Legal uncertainty: As these cases are still before the courts, the final decision of the judge cannot be pre-empted, however clear the local authority is about their recommendation that the child cannot return home and needs

to be adopted. The local authority's care plan can also change if paternity is confirmed later in proceedings and/or family members come forward whom they were not previously aware of. Applicants being considered as early permanence carers need to understand the legal situation and uncertainties around the potential placement.

Developmental uncertainty – up to 75 per cent of mothers in one sample of babies placed in early permanence placements had abused substances (drugs/alcohol) whilst pregnant, impacting on the baby in utero. In addition, a significant number of parents (50 per cent of mothers and 25 per cent of fathers) in the same study had a diagnosis of mental ill health, which might have a genetic component, and 30 per cent of mothers reported domestic violence during pregnancy. Young children, including those in utero, will be impacted by parents' stress levels, physical and mental health, and risk-taking behaviours, i.e. drugs and alcohol. Applicants should have access to all the information that is known but need to be aware that new information may emerge during the care proceedings.

First steps to early permanence: how to use this film

It is essential to view the film prior to showing it to applicants/prospective early permanence carers.

Note to trainers/viewers

This film was made by actors in order to protect the confidentiality of the carers who generously co-operated in its making. The carers were interviewed and filmed some time after the events they are describing, and so had the benefit of having had time to reflect and process what happened to them. Their words have been faithfully recorded and the actors then memorised the script. The actors also viewed the film in order to ensure that they conveyed the feelings of the carers accurately.

The film can be used for training purposes and may be shown to groups of prospective adopters or social workers. The film is divided into short sections so that there can be discussion after each section. The training notes provide a brief summary of each section and key considerations for carers and for social workers to prompt discussion.

Section 1 – 0–3.21 mins

First steps into early permanence

The couple discuss how they first heard about early permanence through a magazine article and then at the agency's open evening where they met their assessing social worker. They talk about being told of the legal uncertainties but also how they made sense of this for themselves – reassured that the agency had had very few examples of children returning home so they

calculated “*the probability that they would adopt*”. They attended preparation training which helped them think about the parents of children being placed for early permanence.

Key considerations for early permanence carers

- Reflecting on this section, how do you think the couple in the film were making sense of what they heard about early permanence?
- What do you see as the benefits for a child of having an early permanence placement and what are the benefits for you?
- How would you balance your desire to adopt alongside taking on the role of a foster carer who may have to return a child to their family?

Key considerations for social workers

- Early awareness of early permanence – It is important that prospective adopters are being made aware of the use of early permanence when they start to research adoption – articles in magazines and local papers, as well as blogs and information on the agency’s website can help with raising this awareness.
- Preparation training for prospective early permanence carers – from first contact with the agency through to information events and then preparation training for prospective early permanence carers, the content should be helping the carers to understand why early permanence is best for children and the perspectives of all those concerned, including parents. They need to respect and empathise with the feelings of parents who might face losing a child via the courts and potentially be able to work with them whilst in their role as foster carers. Other areas to include in training include: understanding of the legal process, their role as foster carers, the profiles of children referred, managing contact, and managing the return of a child should that be the outcome.
- Preparing early permanence carers to manage the uncertainties – Early permanence applicants often ask about percentages of children who may return home. It is an understandable question and reasonable to give an idea of this; however, the key point early permanence applicants need to understand is that even if only a small percentage of placements end this way, it could still be their placement. Children referred for these placements are selected on the basis that their social worker considers that adoption is the likely outcome of the court proceedings and that no member of the child’s extended family (or connected person) will be in a position to provide long-term, safe care for the child. Nevertheless, a small proportion of children return to their family at the end of court proceedings. All carers need to understand that this is something that could happen to them and think about how they would manage. The couple in the film reflected that in part they went ahead as they thought it was unlikely and they intellectually balanced the risk. However, the reality was that they *did* experience it. Applicants who progress with early permanence need to understand that a child might return

to a member of the family and to think about how they might manage that should it become a reality.

Section 2 – 3.27–6.19 mins

Receiving the call

The couple hear about the child immediately after their approval panel – ‘*It was that soon*’. They have no chance to celebrate being approved. They start to think about the background information - particularly health information. They are given access to a medical adviser and later a consultant to understand the impact and potential developmental issues of parental drug use. There is some uncertainty about the baby’s father. They meet the baby three weeks after hearing about her.

Key considerations for early permanence carers

- Early permanence placements often need to be made very quickly and you may be asked to take on a lot of information about a child while at the same time there may be significant gaps and unknowns in what you are being told.

What do you think are the key things you would want to know about a child before you felt able to put yourself forward to be matched with a child for early permanence?

Key considerations for social workers

- The importance of sharing information – The referral process involves the social worker, who will have information provided by the child’s social worker, sharing it with the carers. Prospective carers are entitled to full information about the child’s background and health needs³ where it is available to the local authority at the time of placement, since although it is a foster placement initially, it might become an adoption placement. However, the information available will be much more limited than when making an adoption placement since the timescale for decision-making is very different and decisions have to be made early.
- Helping carers consider longer term issues of potential placements – These are vulnerable children so it is important that early permanence carers have considered the potential difficulties that children may present with (e.g. substance abuse, mental health issues, etc) in advance and how this might impact on them currently and in the future, in order to aid making a decision that often needs to be made quickly. Knowledge of these issues will also enable carers to seek clarification about areas of concern.
- Understanding potential outcomes – Early permanence referrals often relate to parents whose babies have been referred for early permanence placement and who have other children who have been adopted or are in placements

³ CoramBAAF (2015) *The Provision of Information to Fostering for Adoption Carers*, Practice Note 59, London: CoramBAAF

with family. This information will be the basis of the social worker's view that because the parent/s have struggled in the past to make and sustain change in order to be able to retain care of their children, that adoption is now being considered as a potential outcome for the child. However, the family's situation may still change during the course of care proceedings; a parent may be able to benefit at a later stage from further assessments, support or therapeutic interventions; a family member may change their view of whether they can offer a home as they recognise the likelihood of the child being placed outside of the family; or a previously unknown member of the extended family might come forward. It is important to help prospective carers understand how things may change during the course of the fostering placement.

Section 3 – 6.19–10.09 mins

Meeting the baby

The couple have met the baby in hospital when she was three weeks old and have visited her for three weeks; she was premature and was still withdrawing from drugs. They are introduced as her foster carers. They take photos of them with her – '*It was a special moment*'. They spend time building up attachments and being involved in her daily care. They talk about the responsibility of taking such a small baby home and managing the withdrawal symptoms without nurses being present. They have had a one week break before contact started.

Key considerations for early permanence carers

- Some carers will be matched with children who are still in hospital – possibly in Specialist Baby Care Units. For babies in hospital, it is important to visit as much as possible to provide a reliable and familiar attachment figure and support the baby whilst in the hospital environment.

Would you be able to manage this level of commitment? What would you need to put in place?

- Meeting other professionals – in this case in the hospital, early permanence carers will be referred to as foster carers, as this is their role. As foster carers, they will be responsible for meeting the child's health needs and will be supported in this by health professionals. Any decisions about the child's health care will be made by the child's social worker, often in consultation with the parents.

How will you be able to embrace the role of a foster carer during this time?

- It is important for foster carers to document a child's time in their care – including key moments such as meeting the child, leaving hospital, meeting developmental milestones, etc. These will form part of a child's life story book, which will remain with them if they are then adopted by their early

permanence family. If the child returns to a family member, some of these mementos, etc, will go with the child.

Key considerations for social workers

- **Providing information about managing health needs** – Babies born withdrawing from the impact of drugs in utero may need a family to care for them. Understanding how this impacts on babies will help early permanence carers prepare for this, for example, the baby may have a high-pitched cry, be unsettled and/or jittery, and have difficulty with touch, requiring a calm and low stimulation environment. Make sure that early permanence carers have access to both written information and health staff who can help them prepare for and manage this role.
- **Support in early days of placement** – Taking the child home for the first time may feel daunting for many early permanence carers – being in charge of a very small, vulnerable baby at short notice. Reassure them that many carers feel some anxiety but quickly adjust and are soon fully preoccupied with the care of the child – a quick learning curve.

Section 4 – 10.09–13.25 mins

Contact

Contact was planned three times weekly, with a dedicated contact supervisor allocated. The carers were warned about the father having a temper but in fact found that they quickly established a good relationship with him – ‘*We ended up liking him*’, and felt reassured about him being able to safely care for the baby. There were some inconsistencies in his attendance, which meant the arrangements were later changed. They only met the mother once as she then withdrew from contact.

Key considerations for early permanence carers

- You will understandably be anxious in the first instance when you are preparing to take a child to contact. You may have been made aware of risks that parents have presented to other professionals involved with them. If you are directly involved in the handover of the child to their parents, it is important that the contact supervisors support you to build this into a positive relationship. Some parents may, particularly at the start, be defensive and both you and the parents understandably will be anxious. They will know that you might become the child’s adopters, depending on the outcome of the court process. However, experience shows that the shared focus on the child of foster carers and parents often helps. When contact supervisors support an exchange about the needs and progress of the child, a constructive and amicable relationship can develop. You should be given information about the importance of referring to the parents as Mum and Dad, and providing diary sheets or a contact book to share any highlights

about the baby since the previous contact. When parents see you respecting their position and being clear about your fostering boundaries, they often feel reassured and positive relationships can develop.

How would you prepare yourself for contact visits with a parent or family member and what feelings do you think this might raise for you? What would help you?

Key considerations for social workers

- Explaining contact to early permanence carers – Early permanence carers need to know that risk assessments are undertaken prior to decisions about how contact should be managed and that contact sessions between the child/baby and the parent/s or relatives will be supported by contact supervisors. Many parents can meet a child's basic needs during contact, which helps to ensure that the baby is comfortable during this time. However, this may not necessarily be an indicator of the parents' ability to maintain good and safe care over an extended period. Explaining this to early permanence carers can help reassure them that the child will be well cared for in contact, and that the contact supervisor will intervene if need be.
- The role of contact supervisors – Experience shows that if contact is supported by a familiar contact supervisor who is aware of the issues, handovers between foster carers and parents are an important element of early permanence placements. A positive relationship frequently develops as the carers feel empathy for the parent/s and demonstrate their respect, and in turn, the parents feel respected and appreciate the opportunity to get to know the carers during handovers before and after contact. It is important to try and have a dedicated supervising contact worker and to ensure that contact supervisors have received training about early permanence so they understand the differences in their circumstances compared with that of mainstream carers.
- Travel arrangements for contact – Placements should be made with travel arrangements for contact being realistic, and an awareness that even if no contact is mandated at the beginning of a placement, the court may require contact to be implemented later, for example, if a relative offers to care for the child. The placing agency needs to be mindful of this and the early permanence carers need to plan travel to contact that works for them and the baby, and allow enough time to get there. An hour of travel time is generally considered to be the maximum for a vulnerable baby.

Parents are not always consistent with contact and local authorities should be willing to reduce or change contact arrangements if this becomes a persistent issue, applying to the court if needed.

Section 5 – 13.25–18.34 mins

The legal process

The couple are kept up to date with information about the child's family as it develops. The putative father is confirmed as the child's father and this leads to a paternal aunt coming forward as a potential special guardian. They find the attitude of the child's social worker difficult to cope with – she is seen as very business-like, treating them as foster carers and not appreciating the impact of the situation on them. Their adoption social worker is the person keeping them up-to-date and he shows an understanding of the impact on them whilst being honest about the situation. The child is doing well, has recovered from the withdrawal, and they are having to think about how they should attach to her, how fully to attach, and to be aware of protecting themselves. Each of them handles this differently and needs to respect those differences in each other. They are given space by their agency to spend time reflecting on what is happening to them and to manage some of the anger and upset they feel. Their adoption social worker hasn't "sugar-coated" things and has been honest with them. They are then told that the child's aunt has been approved to become the child's special guardian and contact would be starting.

Key considerations for early permanence carers

- If you become aware of potential changes to a social worker's plan for a child placed with you, this will create a mix of powerful emotions. As carers, it is not likely that you will hold back from attaching to the baby in placement, as the primary purpose of the placement is to provide the baby with the opportunity to form an attachment with their main carer as a source of stability and security whilst plans are being made. However, although you will have accepted your role as foster carers, you will also have a parallel hope that this child might become a member of your family, depending on the outcome of the court proceedings.

How would you be able to maintain the attachment that the baby needs from you during a time of uncertainty? Where will your support come from?

- It is likely that you will experience strong emotions if a family member comes forwards, and particularly if they are then assessed positively. Feelings will include anger, frustration and sadness, which are understandable aspects of the loss/grief process. If you are in a couple relationship, maintaining mutual support and understanding of each other's feelings and responses is extremely important. The couple in the film talk about their different reactions, and accept that they were responding differently and knew each other well enough to recognise that they were working through it together but in slightly different ways. If you are a single carer, you would need a robust support network to help you through this.

Can you think about how you would manage if such a situation arose after a child was placed with you? How would you support each other (if part of a couple) and where would your support come from?

Key considerations for social workers

- Clarification of paternity – This is one of the main reasons that children return to family members, rather than progressing to adoption. If the father of the baby has not been correctly identified prior to the placement of the baby, and the father is later identified and/or confirmed via a DNA test, this may lead to the return of the baby to the father or a member of the paternal family who had not been identified or assessed prior to placement. It is extremely important that every effort is made to identify the father *prior* to placement and that, if this has not been possible, the prospective carers are made aware of this and the potential outcome if a father does come forward.
- Managing uncertainty – The child's social worker and supervising (adoption) social worker must be transparent with early permanence carers about what is happening if a father or other relative does come forward during placement – the carers need to understand the implications for them. Their supervising social worker needs to provide the right balance of explanations, helping them understand the processes, encouraging them to ask questions and think with them about how they can contain their anxiety and be supported. Early permanence carers often manage uncertainty by focusing on the day-to-day care of the child, which takes up time and energy and is very rewarding. This is within their control and ensures that the child continues to benefit from their care until the court reaches a decision. However, that will not mean that they are not also anxious and worried and they may be challenging and show anger towards professionals during this time, even though they are aware of the risks.
- Understanding the impact on early permanence carers – Early permanence carers are foster carers; however, they also have a different investment in the placement as compared to mainstream foster carers. They are more invested in the outcome of court proceedings. Professionals need to bear this in mind in communication with them and the way in which they deliver information. Key legal updates should be shared via the supervising social worker so that they can provide support. The carers have a role to perform as foster carers and they need to accept the legal uncertainty. However, at statutory visits and meetings, all professionals need to be mindful of their position, particularly if a family member has come forwards as a potential carer for the child. The supervising social worker should allow early permanence carers space to express how they are feeling – angry, frustrated, etc – offering a safe space where they can be listened to, understood and supported, but also asking them to focus on the baby's needs and helping them to contain their emotions when around the child.

Section 6 – 18.34–22.18 mins

Contact with special guardian

The couple are honest about their conflicting feelings about the plan and how difficult it was to take the child to contact. Their initial reaction was anxiety that it wasn't right for the baby and they were looking for her aunt to fail. However, as they got to know the aunt and to appreciate who she was, they were able to relate to her in a different way. When a relationship was formed between the aunt and carers, they were able to view the situation differently and started to become more supportive of her. They could see that the child was going to be OK with her aunt. They were helped by their social worker to understand that it is best for a child to be living with their family if that is possible – *'It wasn't us versus her'*. They had accepted it on an intellectual level but it took a lot longer emotionally to accept losing the baby.

Key considerations for early permanence carers

- It is essential that early permanence placements are not regarded as a “contest” between carers and the child's family. Once the couple had overcome their initial distress, they were able to acknowledge this – they were clear that the baby should be with her family if this was safe – in their words, her aunt needed to *'be good enough...she was more than'*. Establishing a relationship with family members who are identified as suitable to care for a child in your care is essential to achieving a positive transition for the child – in this case, the adults all had the child's needs at heart and this brought them together – *'It was down to the three of us to sort it out'*.

What would you need to know from the social workers to support you in preparing yourself for a transition process?

Key considerations for social workers

- Contact between the adults – In this case, there had not been sufficient opportunity during the court proceedings for the adults to form a relationship as often happens in similar situations. Initially, the carers felt negatively towards the aunt and protective about the child. Social workers need to support the early permanence carers, as although they will be aware that they took on the placement understanding that this might be the outcome, they will need help to enable them to draw on their inner resources so the transfer is facilitated in a smooth way for the baby's sake. If a child is returning to a family member, the sooner that the carers and family member can meet and focus on making a plan for the child, the better. An introductions or transition planning meeting without the child present is an ideal way to facilitate this. However, this needs to be preceded by discussions between the professionals and with all the adults (parents or relatives and carers) in order to prepare a potential scenario with the baby's needs in mind.

Section 7 – 22.25–25.27

The move

There was six weeks of twice-weekly contact until contact could increase, and during the transition week it became daily to support the carer and child becoming more familiar with each other.

The carers provided full information about the baby and her routines to support her aunt. The social worker collected and took all the baby's things to the aunt's home. The carers wrote a comprehensive guide for the aunt, wanting to make it easier for the baby during the move so there was as little disruption as possible to her routines.

The handover was very upsetting for all the adults; they had a photo of them all taken together. They all understood each other's feelings – they encouraged the aunt and she understood how hard it was for them.

Key considerations for early permanence carers

- Preparing written information about the child, their routines, likes and dislikes is essential in achieving a move that is '*as smooth as possible*' for them, enabling them to feel secure in what will be initially unfamiliar surroundings. You may have received something similar from the child's previous carer, but if not your social worker will be able to help you write this.

Key considerations for social workers

- Achieving a good transition – The aim is to enable as much familiarity as possible for the child through the transition. Final handovers are usually quite short. A photo with everyone involved is great for the child's life story book. It is an emotional time for everyone, but with the right support it can also be a positive experience and in the longer term helps the carers when reflecting back on and processing the transition and their loss.

Section 8 – 25.28–28.03 mins

Moving forward

The carers didn't have a plan for moving forward. The couple went to a wedding after the handover, which was not a positive experience. They then took a holiday and she negotiated six further weeks off work. They had a difficult Christmas and then their agency offered them four or five sessions of counselling individually and together, which was helpful. It helped them understand each other and brought them closer together. They worked hard and had then moved on. They'd been through a grieving process and were able to reflect back on the positives of what they had done for the child. They needed to go through that process before they could move on to thinking about another placement.

Key considerations for early permanence carers

- As part of preparing yourself for moving a child on, it is helpful for early permanence carers to have an idea of what they will do the next day, the next week and for special occasions, e.g. birthdays, Christmas. Some carers in these situations have opted for a holiday and find the break helpful. However, carers have to do what feels right for them, and may not want to go away straight after the child has moved on.
- You should expect support from your agency that includes the offer of counselling. Whilst this may not feel right for you, some carers have spoken highly of the way in which counselling helped them to move forward.

Key considerations for social workers

- Support for early permanence carers – There should be support available to the early permanence carers from their adoption social worker, which is responsive to their needs. Everyone has different ways of managing and processing grief and loss, but as an agency you should also be able to offer independent counselling/therapeutic input to the carer/s to process the experience if they would find this helpful. The timing of this input will depend on the carers – for some it may not be welcomed immediately after the placement ends, but may feel more helpful after some weeks/months. It is important to remember that there will also be a loss for the carers' own family members and it may be appropriate for a meeting with them to think about how they as a family can move forward.

Section 9 – 28.08–31.06 mins

New beginnings

The couple started thinking about taking another child four months after the baby left. They were open to either early permanence or mainstream adoption. Three months after that, they were approached about another baby where the placement order had already been made. They were able to see how they had more to bring with their experience of their first placement, and this was seen as a positive when attending the matching panel. The child had a strong attachment with her foster mother. The adoption order was made after six months. Their daughter is now four years old and doing well.

Key considerations for early permanence carers

- There are a number of early permanence carers who have gone on to adopt a further child or children after returning a child to their family members. Some continue to offer an early permanence placement, whereas others choose to look at children where the placement order has already been made. The decision to think about another child being placed and the timing of that must be individual to each situation and may be something you would want to talk about, not just with each other but also with other family and friends. Your agency would need to undertake a review of your adoption assessment

so they can be sure that you are ready to progress, and if you wanted to offer early permanence again, whether/when you were sufficiently emotionally resilient to manage this kind of risk.

Key considerations for social workers

- Assessing adopters who return after an early permanence placement had returned home – The early permanence carers continue to be approved adopters unless they decide they no longer wish to adopt. However, after an early permanence placement returns home, there would need to be a review of their approval as set out in Adoption Agencies Regulations (AAR) 29 before they are considered for another child. Whatever prospective adopters choose to do after helping a child to return to his/her family, whether another early permanence placement or mainstream adoption, their experience and knowledge gained as early permanence foster carers will be invaluable to them. There would be no need for them to return to the adoption panel if the review finds that they remain suitable to adopt. However, if they are dually approved foster carers and wish to continue to offer an early permanence placement, the agency would need to prepare an annual review and return to the fostering/permanence panel for their first annual review, as set out in Fostering Service Regulation 28(5).

Section 9 – 31.10–33.27 mins

Reflections

The couple reflect that this was an experience that changed them in a good way and has ultimately led them to their daughter. They are glad they were able to support Mia through what was such a difficult time for her. Looking back, it was a special time for them. Although they experienced a significant loss when Mia left, they came through this together as they supported each other and could reflect back on the best outcome having been achieved for her. They are in annual contact with Mia and her aunt and it is still a special link. *‘She will know she’s been loved all through her life right from the beginning and for her that will mean a lot.’*

Key considerations for early permanence carers

- For carers considering early permanence, recognising that there are a small number of children who return to their family members, it will be reassuring to hear from this couple that there is life beyond returning a child home and that reflecting back this was an experience that they would not have missed.
- What do you think enabled the couple to move forward and achieve a successful placement?**

Key considerations for social workers

- The importance of supporting carers so they can move on – Carers who have been through this process are clear that it has been painful and

challenging but that it has also been an experience they have valued and that has impacted on who they are in a positive way. Carers often express appreciation of the role they played as foster carers to a vulnerable child who needed them – *'She needed help and we helped'*. They take pride in the importance of that quality care at a vulnerable point for a child. It often takes time to process the loss before they can come to this point, but with the right support, the carers that Coram has worked with have all come to understand this. The focus on the child, i.e. believing in the best outcome for the child even if this is a move to family, is pivotal to this and therefore an important element of assessing early permanence carers. The supervising social worker role is pivotal to helping carers move on as the support at this point needs to be from someone who is known and trusted by the carers, who can be available when the carers are ready to start processing what has happened and who helps them to move forward.

- Contact after a return home – Some carers do remain in contact with the family members caring for the child. For this to be achieved, the right support needs to be offered to both parties throughout the process so they have a mutual respect and shared concern for what is best for the child.

APPENDIX 8A

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.

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

- Time in current foster placement will enable carers to get more information as to how Kane has developed and adjusted; some indication as to the impact of neglect vs. genetic difficulties – carers would want as much information as possible from the carers about speech, bonding, etc.
- Was Kane born with withdrawal symptoms?
- Update on how the siblings are doing – any developmental issues?
- What are the proposed contact arrangements with parents/siblings?

What uncertainties would you have to be prepared to accept with this placement?

- Drug misuse and potential impact – have you done enough research and discussed what your view is of children from this background? It is important to understand the potential impact of different drugs and alcohol before considering referrals.
- Impact of hearing or seeing domestic violence – there can be a significant impact on a young child, who is dependent on their caregivers, to witness conflict between them.
- Limited vocabulary – is it due to neglect or other reasons?
- The family has been through care proceedings before, therefore it is likely that family options will have been explored previously; this reduces the risk of a family member coming forwards.

What might be the care needs of this child?

- The child is quite insecurely attached at 18 months – need to work on building trust and bond – consistent, reliable, predictable care.
- However, the carers will have the experience of the foster carers to benefit from – what works for Kane, etc.
- Speech and language support – what resources needed?
- The impact of drug use could become apparent later in childhood – possible learning and/or behavioural issues?

APPENDIX 8B

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.

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

- Health information – has the mother been engaging with ante-natal care?
- Family in France – difficult for local authority to find family without information in UK; harder abroad. However, if a family member does come forward they will be considered.
- Maternal grandmother seems to have been ruled out – has a viability assessment been done? Is this definite?
- Are they certain Pierre is the father? Will they be doing a DNA test to confirm? The referral indicates that Bella may have been vulnerable to exploitation.
- Discuss paternity – understand that another reason that family members come forward later is that a father who was not previously known is identified; or the person who was thought to be the father is not, and another is identified who has suitable family. Questions to ask – is the local authority doing a DNA test? What is known about the putative father's family?
- What are the plans for contact?

What uncertainties would you have to be prepared to accept this placement?

- What are your views on learning difficulties – there appears to be a history of this in the family – important to have researched and to determine how you as potential parents will respond to this and where you sit regarding the nature vs nurture debate.
- Father's schizophrenia – as above, what are your views on genetic mental health issues? Know what your bottom line is in this regard; make sure you have researched mental health issues, both genetic and not. There is an increased risk of the child having schizophrenia; however, there is also a research base that states that stable, nurturing care may reduce the risk of schizophrenia being triggered.

What might be the care needs of this child?

- Possible learning difficulties
- Risk of schizophrenia

APPENDIX 8C

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.

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

- What ante-natal care has the mother engaged with?
- When was Sam placed in the care of her grandparents? How long was she in the care of her mother?
- Discuss paternity – understand that another reason that family members come forward later is that a father who was not previously known is identified; or the person who was thought to be the father is not, and another is identified who has suitable family. Questions to ask – is the local authority doing a DNA test? What is known about the putative father’s family? Non-engagement is an issue. Sometimes the local authority will have done what they can and it is up to the carers to decide if they are willing to proceed.
- What attempts have been made to engage with the father and establish whether there are any family members on his side?
- Parents do sometimes self-report diagnoses (bipolar, as in the case above); this may be difficult to confirm as social workers do not have an automatic right to adult health records; they may be able to request these through the court but this would not come through until after the child is placed. Conflicting diagnoses can be received from different mental health professionals. Drug use and mental health difficulties are often inter-related and often connected to previous experience of trauma.

What uncertainties would you have to be prepared to accept this placement?

- Paternal family may be identified.
- Maternal grandparents may change their mind.
- The baby may have blood-borne viruses – HIV, Hep C – worth researching and thinking about these – treatments are now well developed. If it is identified that the mother is a carrier prior to birth, there are precautions that can be taken to reduce risk of transmission to the child.
- The impact of drug use on the child – it is important for you to have researched the possible impact of drug use and know what you feel able to manage.

What might be the care needs of this child?

- The baby may be born withdrawing from drugs transmitted in utero – you would need to manage a baby who is distressed, has high-pitched cries, and who struggles to settle. You may be visiting in hospital for some weeks before the baby is discharged and you may be asked to finish treatment of oramorph (drug used to wean baby off drug used by mother) at home – drug

use may impact on the child when older.

- The baby may have experienced stress in the womb from domestic violence as well, i.e. the mother's emotional state during pregnancy.

APPENDIX 9

Contact notes

These notes are available to prompt the contact worker, or if unavailable, the trainer.

Today, I/we will talk about what we think works well and how we can help you to approach contact, as well as some of the challenges that come up and how we work with these.

I will talk about how the child, parents and carers are supported by contact workers. The child is our priority, but we have found that without supporting the parents and carers, we cannot fully support the child.

However, we hope our experience is useful for you all in terms of helping you:

- understand what works for the child;
- implement good practice in relation to contact;
- be aware of what to expect.

Local authority or RAA carers may find that their contact session is held in the contact centre attached to the local authority/RAA making the placement, whilst others may experience contact at independent centres. Contact is supervised by a contact worker/supervisor.

Most contact centres are buildings with rooms decorated in a child-friendly way, with toys and baby equipment.

[show photos]

The aims of contact are to empower parents and help them make the most of the time with their child, meet the child's needs, and make it a positive experience for all.

Frequency of contact and location

- Contact days and times are set by court

- Quality over quantity is generally the rule
- Average two–three times per week
- Could be more – anything up to five times
- Contact may be with birth parents together or separately, which might increase the number of contact sessions
- Usually at a contact centre; possibly other venues, e.g. prison

The experience for early permanence carers

Meeting the parents

There are a variety of reasons why carers may feel uneasy when talking to parents for the first time, including:

- they have no experience of meeting people who have the complex backgrounds that these parents might have;
- they are caring for their child;
- feeling anxious about revealing their personal details;
- reporting the child's progress and significant milestones, i.e. first words, etc, to the parent – mindful that the parents have not seen this for themselves.

It is our role as contact supervisor to support you at this time, and we do this by:

- asking the carers questions about the child and encouraging carers to direct their answers to the parents – this acts as an icebreaker and encourages communication between carers and parents. Eye contact is really important and develops respect. This also helps information remain related to the child and therefore there is less likelihood of divulging personal information.

TOP TIP: Think of three things on the way to contact to update parents about, e.g. last feed, funny mannerisms, i.e. blew a raspberry, last nap, last poo.

- We might remind you to use the words “Mum” and “Dad” when handing over the child to parents. This shows parents that you respect your role and their rights. This will help parents feel less threatened. This will also help you not to lose sight of your role as a foster carer.
- Dress the child in clothes provided by the parents where possible/appropriate – even if they are not to your taste. This is their time. Again, this will show respect for the parents and support them to feel more relaxed and able to form a relationship with you. It may not be appropriate every time, particularly if you only have a couple of outfits from the parents.
- The contact diary helps parents understand a bit more about their child's day-to-day care, including health, development and daily routine. The verbal handover by the carer is nevertheless still important.
- Keep a separate baby bag solely to be used for contact. This ensures that you do not accidentally put confidential papers in it when out and about on other days. Carers should ensure that the contact baby bag is kept well equipped

with nappies, feed, etc, so the parents have all they need during contact.

Attending contact is generally more anxiety-provoking at the start; however, carers comment that after the first few visits, once a relationship is formed with the parents, anxiety reduces. Most carers value meeting the parents in contact and the opportunities this gives to get to know them as people so they can talk to their children about their life story from first-hand experience.

Leaving the child with parents

This can raise a range of feelings for the carers – *Will the care be good enough? Will the baby get upset? Might the child go back?*

- Understanding of the role of the contact supervisor is important. They are there to make sure the baby is safe and well cared for in your absence.
- A debrief should be offered at the end of contact where the supervisor will let you know how the baby has been, last feed/nap, etc.

Parents can be supportive of carers and sometimes critical.

- Many parents will appreciate that you are looking after their child and may well tell you so.
- Sometimes they may criticise elements of care – this might be for various reasons, including different caring approaches, limited parenting skills or because they feel disempowered, particularly by the court process – their child has been removed from them.
- Examples of this to be given by presenter.
- To avoid likelihood of criticism, be prepared for contact, including having a well-equipped baby bag and communication of significant information regarding day-to-day care.
- Also respond to and accommodate reasonable requests from parents regarding day-to-day care of the child, e.g. brand of baby food to be used, views on cutting and styling hair, putting extra layers of clothes in the bag.

Journey to and from contact

Carers have to try out different routes and methods of getting to contact. Some babies love car journeys, and some don't. Some public transport routes are easier than others. Allow plenty of time.

Contact times tend to be set avoiding rush hour.

Babies should not be expected to travel more than an hour each way.

The experience for the child

Try to create as consistent and positive an experience as possible.

To foster a positive relationship between adults:

- It is important for children to see a positive and communicative relationship between their carer/s and parent at the handover.
- We suggest carers bring toys from the home in addition to bringing those provided by the parent. This promotes the child's sense of stability.

Call the carer back if the baby cannot be soothed:

- If a child is distressed in the first instance, parents and contact supervisors will try and soothe. In the rare times this does not work, the contact supervisor will call the carer back. Although it may be distressing for the parents, the priority is for the child to feel settled and minimise any distress experienced as soon as possible.

When the child's needs are not met: we find this is more often the case with parents with learning difficulties/disabilities, e.g. parents who struggle with the child's cues and emotional interactions.

- The contact supervisor can be hands-on during the contact and will support the parent to understand the child's needs and model parenting strategies.
- The contact supervisor will intervene if the child is distressed.
- Bespoke arrangements are sometimes made, e.g. the carer sitting in on a contact to support the parent and child.

Arrangements with parents to confirm attendance:

- If the parents are regularly late or not attending, a review will be held with a view to putting in place arrangements for them to confirm attendance to avoid the child traveling unnecessarily; contact may also be reduced.

Keeping the local authority updated about the child's experience of contact: it is vital that we communicate all concerns about contact to the local authority through provision of:

- timely contact reports;
- foster carer log – we ask that carers keep a record of how the child presents before and after contact.

The experience for parents

Contact workers are trying to create an environment in which parents can feel supported to provide the best care they can for their child during the contact session. We aim to be non-judgemental and encourage positive relationships with both us and carers, as above.

We achieve this by:

- being friendly, honest, respectful and clear about the boundaries of contact, i.e. what they can expect;
- encouraging them to take some ownership – choose toys they might want to use, invite them to share their knowledge of parenting and support them

where appropriate, including with family traditions;

- supporting them when meeting the carers;
- providing the parents with an opportunity to talk to the contact supervisor before contact about emotions and feelings so they can then focus on contact; and to debrief afterwards;
- asking them if there are any specific areas of support we can help them with;
- providing praise from the contact supervisor where appropriate in relation to the parents' care of the child;
- encouraging them to read the contact diary; check if they need support to read or write in the diary – please remember to keep your entries jargon-free and simply worded;
- providing feedback to parents on issues related to contact;
- if the baby is struggling to be handed from the carers to the parents, the physical handover is to be conducted via the contact supervisor (baby from carer to supervisor, and then supervisor to parent).

Carer's presentation

- Carers are encouraged to take care to be sensitive and mindful of not showing any outward signs of comfortable financial circumstances, e.g. expensive buggy and clothes, etc.

Boundaries of contact

- A contact agreement meeting is held before the contact starts. The parents sign up to an agreement setting out the expectations of all concerned. The parents are informed that if they attend under the influence of drugs or alcohol, contact will not proceed.
- A contact review is held six-weekly, attended by the link social worker, local authority social worker and contact supervisor.
- To be clear in relation to professional boundaries and your role as contact supervisor: parents need to understand that if information comes to light during the contact which is deemed to present a safeguarding concern, this will be shared with the local authority both in the contact report and verbal reporting to the allocated social worker.
- Ensure that within our capacity of contact supervisor, we are clear with parents that although we listen and acknowledge their wishes and feelings, unless it is about contact we are not able to act on them but will pass on the information to the relevant professional – we are not advocates or judgemental but endeavour to empower.

APPENDIX 10

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?

- Frustration/sensitivity at Louise looking away from her
- Worry about the consistency of care Chloe is receiving in contact
- Sympathy for Louise's difficult situation
- Understanding that handovers are difficult for her

- Appreciation when Louise thanks her
- Reassured by contact supervisor

2. How might the contact be experienced by Chloe?

- Enjoy the positive interaction – smiling and eye contact, clapping, chatter
- Confusion – some needs met immediately; others, i.e. tired rather than hot – misread

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

- Some good interaction, play
- Nappy changing and bottle feed
- Affection

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

- Listening to advice – difficult for her to take on board
- Appears to be feeling criticised and judged – may be influenced by what is going on outside contact with court
- Judging some of Chloe's cues

5. What feelings might Louise have around contact?

- Happy to see Chloe and see her doing so well
- Enjoying spending time with her
- Sad and angry that she is not in position to be able have her in her care
- Wanting to assert some control therefore disagreeing with elements of advice
- Appreciating Carol's input but resenting it at the same time

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

- Support around the handovers – if too difficult for Louise to talk directly to Carol at points, then mediating
- Encouraging direct communication wherever possible
- Talking about Carol's advice from a more neutral standpoint – helping Louise think about what Chloe needs – also thinking about where compromises can be made
- Reassuring carers that the supervisor is looking out for Chloe's needs throughout

APPENDIX 11

Early permanence approved 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

<https://www.gov.uk/adoption-pay-leave>

<https://www.gov.uk/plan-adoption-leave>

ACAS

<http://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): <http://www.legislation.gov.uk/ukpga/2014/6/section/124/enacted>

Information about shared parental leave:

<https://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:

<http://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:

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

APPENDIX 12

Talk by early permanence carers

How do the carers feel about sharing information about their child? They need to think ahead of time if there are aspects of background, development or health that they do not want to share with the group. The group needs to be reminded that information discussed during training is confidential and should be kept within the room

- Brief profile of child: name, age, age at placement; how is the child now?
- Observations and memories about early permanence training and home study
- How was their experience of the adoption/adoption and permanence panel?
- Were they told about other babies/toddlers who did not proceed to placement? How was that?
- Hearing about the baby/child: what were they told? Were there issues to consider re: health or background? What was it that made them decide to go ahead with this placement?
- Meeting the baby/toddler for the first time
- Introduction, placement and settling the baby at home
- How soon did contact begin?
- When was the first meeting with parents: fears, expectations, the reality?
- How did contact go? How was it for the baby/toddler? What were the practicalities. How was the relationship with the parents?
- What was the progress of the case through court? What were the issues? How long did care and placement proceedings last? Were there delays,

changes of plan, did other relatives come forward? What was that like?

- How was it working with the local authority/RAA social worker, the LAC reviews, etc, the Children's Guardian?
- Post-adoption: what contact, direct or letterbox, if any, was agreed? How did they reach the view that the agreed contact would benefit the child?
- If they have already had post-adoption contact or letterbox: how has it been so far?

If the baby/child returned to their family

- Rehabilitation: when did it become clear that this was going to be the plan?
- Rehabilitation: how was this managed? What contact took place with the family members?
- Rehabilitation: what support was offered/did they find useful?

For all placements

- Looking at the whole process, what have been the most difficult and the most rewarding aspects of it?

APPENDIX 13

Day 1 Evaluation form: Preparation groups for early permanence

Name:

Date:

Please comment below in relation to how the training has impacted on your understanding of early permanence.

Development and legal context of early permanence

- What was helpful about this session?

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- What was unhelpful about this session?

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Being a foster carer

- What was helpful about this session?

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- What was unhelpful about this session?

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Film – the concurrent planning experience

- What was helpful about this session?

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- What was unhelpful about this session?

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Sculpt

- What was helpful about this session?

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- What was unhelpful about this session?

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The importance of support

- What was helpful about this session?

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- What was unhelpful about this session?

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Any comments/suggestions regarding the delivery of the training:

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APPENDIX 13A

Day 2 Evaluation form: Preparation groups for early permanence

Name:

Date:

Please comment below in relation to how the training has impacted on your understanding of early permanence.

Managing situations where a child returns to their family

- What was helpful about this session?

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- What was unhelpful about this session?

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Considering children who need early permanence

- What was helpful about this session?

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- What was unhelpful about this session?

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Managing contact

- What was helpful about this session?

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- What was unhelpful about this session?

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Considering relinquished babies

- What was helpful about this session?

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- What was unhelpful about this session?

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Any comments/suggestions regarding the delivery of the training

APPENDIX 13B

Evaluation form: Preparation groups for early permanence: What I have learnt

Date:

State local authority/RAA/VAA:

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

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

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

I understand what the fostering role entails

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

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

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

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

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

The preparation group has helped me to be more certain about whether becoming an early permanence carer is right for me

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

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

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

Other comments: