



# EARLY PERMANENCE

a guide to best practice

**FIRST EDITION**  
March 2023

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# List of acronyms

ADM – Agency Decision Maker

ASW – Adoption Social Worker

CSW – Child’s Social Worker

CT – Children’s Trust

DfE – Department for Education

EP – Early Permanence

FfA – Foster for Adoption

FGC – Family Group Conference

FSW – Fostering Social Worker

LA – Local Authority

LAC – Looked After Children

MTC – Midland’s Together Collaboration

RAA – Regional Adoption Agency

SHOBPA – Should be Placed for Adoption (Decision Making)

TSDS - Training, Support and Development Standards.

VAA – Voluntary Adoption Agency



## INTRODUCTION

This practice guidance has been developed by the Midlands Together Collaboration (MTC) Early Permanence Project.

MTC is a collaboration of five Regional Adoption Agencies (RAAs): Adoption@Heart, Adoption Central England, Together4Children, Adoption East Midlands, and Adopt Birmingham and two Voluntary Adoption Agencies (VAAs): Barnardo's and Adoption Focus.

MTC has developed this practice guidance within a 6-month project funded by the Department for Education (DfE). It has involved many staff across Midlands Local Authorities (LAs) and RAAs, along with external stakeholders, including adoptive parents.

It is intended to build on existing good practice by supporting and informing practice development work.



## What is EP?

Early Permanence (EP) is an umbrella term which covers both Fostering for Adoption and Concurrent Planning.

It applies to the placement of a child with a carer who has approval as both foster carer and adopter and could go on to adopt the child they are fostering in the event that adoption becomes the plan for permanence and the court grants a placement order.

EP is a child-centred practice that aims to ensure that those children unable to live safely with their birth families are placed with their permanent substitute families at the earliest opportunity, avoiding the need for multiple moves and the associated trauma of separation from, and loss of, attachment figures.

### Benefits of EP for children

- *They have one placement with carers who may become their adopters or rehabilitate to family.*
- *They avoid placement moves reducing disruption and consequent damage to the child's capacity to develop strong, consistent attachments.*
- *By not experiencing repeated moves of placements, they have a reduced likelihood of future behavioural and attachment difficulties.*
- *Due to the increased likelihood of contact with birth parents during the fostering phase, this promotes the development of relationships and increases the likelihood of contact continuing in a meaningful manner if adoption becomes the plan.*
- *Their carers are more likely to gain information and understanding of the birth family, which will benefit the child in later life.*
- *Adults manage the uncertainty and not the child.*

## Project aims...

- 1 To increase the number of EP placements*
- 2 To improve the quality of EP practice & to identify areas of potential innovation*
- 3 To ensure children within each MTC RAA area have equal and timely access to EP placements*
- 4 To ensure EP carers receive the most appropriate support before, during, and after placements*





## Why we are doing this?

The current challenges in implementing and embedding EP practice are clearly identified within the most recent DfE Evaluation of RAAs, which highlights the need to train staff and build knowledge, understanding, and confidence as very important due to the complexity of cases associated with EP.

The report also highlights high staff turnover and a lack of experienced social workers as factors leading to a lack of confidence and, consequently, the option of EP not being considered for many children.

The MTC model, therefore, aims to clarify EP definitions, terminology, and routes, along with improving understanding of the processes involved and responsibilities of different professionals.

The evaluation report also highlighted some negative views held by the courts and the need to change their perceptions of EP and increase confidence in RAAs to find adoptive families who would support EP for children.

Also highlighted is the need to improve training, information, and support with a view to building greater confidence and enabling more social workers to consider this option for children.

Adoption UK's (2022) most recent Adoption Barometer Report recommends that local efforts to increase take-up of EP options must be accompanied by a realistic assessment of the likely support needs of prospective adopters undertaking this route and lay out clear expectations of the training, expertise, and resourcing necessary for the professionals who are working with them.

We know from this, and from what adopters have told us in the Midlands project, there is a need to improve support for EP adopters with the provision of information and training from a very early point in their journey. The aim of this should be that they feel equally equipped in their role as foster carers and adopters. Training also needs to include preparation for the possibility of reunification and the need for follow-up support to be fully available to carers experiencing this outcome.

# The Midlands picture

In the Midlands over the three years ending 31 March 2022:

1608

children were placed with adoptive parents.



240

children (15%) were placed in EP placements and subsequently adopted.

6-34%

significant variations in LA performance ranging from as high as 34 per cent to as low as 6 per cent of children adopted

## The data evidences existing high performance within the region.

The available national data based on LA submissions indicates that LAs have under-reported EP placements at 13%, with the national average at 10.7%.

However, within the Midlands, there are significant differences between individual LAs and also between RAAs. The highest performing RAAs placed 20 and 24 per cent EP whilst two RAAs placed 5 and 9 per cent.

One of the main reasons for this seems to be confusion and lack of understanding amongst key professionals as to what EP is and what the process should be in progressing a child via this route. Therefore, the EP project aims to resolve this by producing a clear EP model and guidance for practice.

This inconsistency in knowledge and understanding will also be a factor influencing the variations in LA numbers of children placed EP.

Given these major differences, the project aims to ensure that all children in the Midlands who are likely to be placed for adoption have equal access to EP, regardless of the part of the region they live in.

Considerable practice development work has already taken place within a number of RAAs over the last few years. Consequently, the project has been able to take this existing work and a range of resources to assist the development of the model.

*“EP related practice development work in our region has resulted in greater clarity about routes to EP within both child and adopter journey as well as clearer processes and roles. The result has been a significant increase in children placed via this route since the service went live.”*

*Midlands RAA Leader*



## What the legislation says about EP

In 2014, the Children and Families Act introduced legislation requiring LAs to consider EP as part of their care planning for permanence for a child, and provided Statutory Guidance (also, Volume 2 Care Planning, placement and review statutory guidance issued in 2015).

Within the legislation, LAs must consider a placement with a foster carer also approved as a prospective adopter whenever it is considering adoption or where the decision has been made that the child ought to be placed for adoption but where the agency does not yet have authority to place the child for adoption through either a placement order or parental consent.

LAs must assess the appropriateness of placing the child in an EP placement with dually approved carers on a case-by-case basis (Statutory Guidance).

Despite the fact that we have had the guidance and legislation in place for many years, low numbers of children in need of adoptive families are benefiting from the opportunity of having an EP carer.

## Key themes for the EP practice model

- *Clarifying EP definitions and terminology*
- *The role of fostering teams in working with Fostering for Adoption carers alongside RAAs*
- *Visibility of children to RAAs - early identification and tracking*
- *Recruiting & assessing adopters*
- *Preparation and support for carers*
- *Contact and working with parents*



The priority themes that we have identified within the model for practice are in part from what staff in the region have told us, as well as reviewing existing policies and practice guidance.

We have also considered key national guidance and recent reports relating to EP.

# Definitions and terminology

There is confusion amongst professionals regarding the definitions of EP and some of the associated terminology; therefore, it's a priority within our practice model that we resolve this. These primary EP routes are:

## Concurrency

*A model through which family reunification (Plan A) and an alternative permanence plan, usually adoption (Plan B), are pursued in parallel (i.e., concurrently). In this model, carers are usually fully approved as foster carers and adopters.*

Concurrent planning involves the identification and delivery of a detailed rehabilitation plan while the child is placed with carers who are approved for both fostering and adoption and who support that plan. Where the rehabilitation plan proves unsuccessful, once care proceedings, and the placement order application are completed, the foster carers can then go on to adopt the child.

## Fostering for adoption

*Below is the definition of FfA that we have agreed for the Midlands region.*

*In this model, the Local Authority is primarily progressing towards a decision for the care plan to be adoption, and family reunification appears unlikely based on known factors relating to birth family. The child is placed with prospective approved adopters who are also temporarily approved as foster carers for the specific child in question. In the event of a Placement Order being granted they could, subject to the outcome of a further legal and regulatory process, go on to adopt the child. They will also be prepared to support rehabilitation to birth family should that become the plan for the child.*

Fostering for Adoption (FfA) is where a child is placed with carers who are both approved adopters and approved foster carers. It is a fostering placement under the Children Act 1989, but with FfA, it may lead to adoption by those foster carers, where it is decided that this is the plan for the child because either the court agrees to make a placement order, or parental consent to adoption is given. The advantage of this type of placement is that the child will be able to be placed much earlier with foster carers who are likely to go on to become the child's adoptive family.

The statutory guidance sets out two routes available for FfA:

**Dual approval** - where the agency approves the adopter as a foster carer under the Fostering Services (England) Regulations 2011 (FSR 2011) so that they could foster any child for whom FfA is suitable.

**Temporary approval** - where the agency provide fostering approval to an approved prospective adopter when there is a specific child for whom they would be a suitable FfA placement.

**Key point:** The MTC model promotes the continued use of Foster for Adopt Reg 25a temporary approval of foster carer as the primary route to EP.

## A key point of difference between FfA and concurrency

**Under concurrency**, the LA may still be considering other outcomes for the child and may still be attempting rehabilitation with family but expects that adoption will become the plan should those alternatives not succeed.

**Under FfA**, the factors already known about the birth family circumstances indicate that a plan of rehabilitation is unlikely, so there is a greater likelihood that the LA's plan will be one of adoption. This is often due to previous children having been removed from their care and placed for adoption, but FfA is frequently used where this is not the case.

### Key point

FfA placements are child-centred and do not in any way pre-empt court decision-making or undermine the rights of parents.

## Terminology

There is evidence to suggest that the term Fostering for Adoption is contributing to the perception that where a LA places a child in this form of placement, the decision has already been made that the child will be adopted, despite this being before any formal decisions in the LA about the plan and prior to court decision-making. This understanding is not the case, but it appears that this term and perceptions of FfA generally are leading to mistrust in FfA and, consequently, fewer children benefiting from this route to permanence. Our model for practice addresses this issue.

We will continue to use the term FfA as it's the term used in regulations and guidance nationally, and we need to ensure transparency for birth parents.

However, we also need to use terminology that better explains to everyone that in placing a child FfA, it is still possible that the permanence outcome for the child could be reunification to birth family rather than adoption. Although this is unlikely, it's an important point because all professionals, especially those involved in court proceedings, need to understand the positives of an FfA placement for the child and not as undermining or disadvantaging birth parents.

Additionally, our practice model promotes the terminology associated with the regulations underpinning FfA and not just the term FfA itself:

- **Regulation 25a**
- **Temporary approval**
- **Specific child approval**

## A more nuanced view of FfA

While we need to be clear about the different definitions, we need to develop our EP practice further as we move to a more nuanced view of FfA. Although the current legislation and guidance sets out a distinction between concurrency and FfA, the experience of practitioners in the Midlands (and indeed Nationally) is it is not possible to pre-empt the outcome of care proceedings, even with cases that are initially considered to be very “straightforward”.

There is a need to highlight to prospective adopters that every EP placement carries a level of uncertainty that the child may return to the care of a birth family member. We, therefore, need to ensure that the assessment and preparation of all prospective FfA carers consider their resilience, ability to support direct contact, manage with support the uncertainty that they are often dealing with, particularly in the current climate where there is a higher likelihood of court delays. We also need to ensure that prospective adopters are prepared for the possibility of the child being rehabilitated back to their birth family.

Our practice model will, therefore, take elements of the support and preparation of carers, as well as different expectations in terms of contact and the fostering role from Concurrency practice across to FfA.

*All EP carers need to be prepared with the full knowledge that the plan can and probably will change a number of times before proceedings are concluded.*

*This preparation means FfA carers expectations are set realistically and appropriately in understanding the continuum of uncertainty related to care planning and court proceedings.*

*Adults should use terminology focused on outcomes for children as the paramount consideration whilst promoting the need for support to carers in managing uncertainty as opposed to perceptions of risk.*

## A point of clarification:

### **Adoption by an existing foster carer**

When FfA was first introduced, there was a lack of understanding about this new concept, particularly around the fostering aspect of the role. Some professionals, including legal professionals, confused this concept with foster carers who wanted to adopt a child for whom they already cared for. We’ve noticed that some of this confusion is still present. Hence, it’s important to clarify that although adoption by an existing foster carer does provide another route, these are not EP Placements.

# CHILD'S JOURNEY

## EP care planning

The MTC EP guidance promotes the need for increased usage of Fostering for Adoption (FfA) (Regulation 25a).

This approach is for those children who will potentially have a plan of adoption and where their circumstances are such that factors known to the Local Authority (LA) or Children's Trust (CT) indicate it is unlikely that their care plan will result in them growing up within their birth family.

The performance data from the Midlands indicate significant regional variations in the opportunities children have to be placed early with potential long-term carers.

This finding, in part, appears to be due to a lack of knowledge and understanding amongst those professionals involved in care planning for children about EP practice. This section of the guidance, therefore, provides a summary of key considerations and processes for FfA planning within the child's journey.

### **Children and Families Act 2014:**

#### **A failure of implementation**

(House of Lords – 6 December 2022)

Given the duty to consider EP was placed on LAs in 2014:

The number of fostering to adopt placements remains low. In 2021, 470 children were in an early permanence placement (0.6% of looked-after children) compared to 250 on 31 March 2015 (0.4%)

The Act's requirement to consider fostering to adopt placements has had minimal impact, in part because it was not matched with the support necessary for adoption agencies and local authorities to implement the change. Inconsistent approaches by the courts in approving fostering to adopt placements have also hampered uptake.

Legal uncertainty may account for the low number of fostering to adopt placements. The requirement to consider fostering to adopt applies to local authorities but not courts.

This flow [chart](#) summarises succinctly the child's FfA journey.



## **The newly developed National Standards for EP (February 2023) set out this key principle that relates to the child's journey:**

Effective Care Planning and use of legal processes in achieving EP. This principle has 16 precepts and covers a range of robust processes that should be in place to ensure EP, including effective agency protocols, multiagency practice with key agencies, where there is potential for a child to return home; this is the plan, and rights of birth parents to legal representation.

In view of the legislative requirement, it is essential that LAs routinely consider FfA at a number of key points in the child's early care planning pathway, along with all other permanence options, including adoption. In giving this consideration, the LA needs to be clear with all key professionals involved in working with the child, including those within court proceedings, what the rationale is for placing the child FfA. This rationale will differ in relation to the different circumstances of each individual child.

It is envisaged that FfA will mainly apply to very young children identified at prebirth or subsequently at the Legal Gateway or Legal Planning meeting, where the decision to pursue this route would need to be formally recorded.

Right from the early stages of care planning, professionals should be mindful of the child's ethnic, cultural, and religious background and the need to preserve these key aspects of the child's identity in decisions they make about their future care.

### *Key factors in early consideration of EP for a child*

- *Is adoption a possible permanence plan?*
- *Is the child the subject of a consensual plan of adoption or likely to be?*
- *Have parents given Section 20 consent?*
- *Have previous children been removed, and are they yet adopted?*
- *Has the family network been fully explored?*
- *What family or friends are being assessed or ruled out?*
- *Has a legal planning meeting taken place to discuss the case?*
- *Has paternity been confirmed? Has the possibility of placing with birth father been fully explored.*

Whilst a significant proportion of children placed FfA tend to be placed from birth, the regulation is also used for children in existing foster placements where moving at an earlier stage to carers who could become their adopters will still be likely to have benefits. For example, where a foster carer has given notice on the placement and moving the child to an EP carer will prevent an additional move for the child. Evidencing the rationale for these children will often need to be more rigorous, albeit without the oversight of adoption panel or ADM, given it involves a placement move prior to care planning and court decisions.



## **Key points in the child's journey where EP should be considered**

- Legal Planning meetings or Legal Gateway meetings
- Permanency Planning meetings
- Statutory Reviews and other key professionals meetings

These meetings should be seen as key opportunities for FfA to be given consideration, and protocols should therefore be in place between LAs and RAAs that reflect the need for RAA staff to be present at these and any other key meetings.

The LA must fully consider the viability and appropriateness of parents and extended family to care for the child and ensure that these options have been fully explored and evidenced. Where the family is previously known to the LA / Children's Trust (CT), and there have been concerns, a Family Group Conference (FGC) as part of pre-birth planning is usually a highly effective way of considering all potential carers from the extended family or friendship network before the child's arrival.

## **Key issues for consideration at Legal Planning meeting / early stages in the decision-making**

- The possibility of rehabilitation to birth parents (FfA placements are only appropriate where current known factors indicate this is unlikely).
- Whether a FGC has taken place and all realistic family options have been explored and ruled out as being possible long-term carers for the child.
- What is already known about the family circumstances and potential or capacity to change in future.
- Which further assessments are required in order for a decision to be made in respect of the child's permanent care plan?
- Whether a FfA placement would be the best route for the child.

## **Where the child is already placed with a temporary foster carer**

It is not sufficient to decide not to pursue FfA on the basis that the child is already suitably placed with temporary foster carers. Where such circumstances arise, it is essential for the Child's Social Worker (CSW) to assess and weigh up the benefits of moving to a FfA placement against the negative impact on the child in relation to the disruption caused by a placement move at this point. In addition, the LA/CT must consider the remaining uncertainty in relation to the outcome of care proceedings and the possibility of another move. The social worker should also be mindful that in these cases, the court and, in particular, the guardian, will expect the LA to present clear evidence of how they have reached the decision to move the child from a settled and stable placement prior to final decisions being made. Therefore, LAs will require legal advice along with a discussion with all key professionals at this point.

It is also critical that decisions are based on evidence that has been fully analysed and tested with a view to providing a clear outline of the pros and cons of FfA for this particular child. Every case must be discussed on its own evidence-based merits, so professionals carefully consider the timing of achieving the child's need for permanent stability and security within a primary caregiver relationship.

For some children, an earlier move to an EP placement will be the right decision, and where this is the case, social workers and legal representatives should robustly present the evidence and child-centred rationale for such moves to all involved parties.

### **Common circumstances where a FfA placement may be appropriate**

- Where parents have had one or more child(ren) previously placed for adoption or in other forms of permanent placement, and the evidence strongly suggests their circumstances have not changed, and they pose the same risks as they did to the previous child(ren). Current known factors indicate these circumstances are unlikely to change.
- The LA does not have a proactive plan to rehabilitate the child as the circumstances of the parents are such to pose a serious ongoing risk.
- Where this is the first child, the parents' circumstances and the risks to the child are such that there is currently no proactive plan to return the child to the birth parents or other family members, as confirmed by assessments undertaken to date. Current known factors indicate these circumstances are unlikely to change.
- Where parents have indicated that they may want their child adopted but have not formally consented.
- Where a negative period of assessment in a residential assessment unit / parent and child foster placement is coming to an end to prevent the need for a child to move from such a placement to an alternative foster placement.
- Where the child is placed in a kinship placement, but indications are that this is unlikely to provide the long-term stability needed.
- Where a Looked After Child (LAC) with a plan of adoption needs to move and where a FfA placement would avoid the need for a move to a short-term respite placement and then move again to an adoptive placement.
- Where a child's full or half sibling has been placed for adoption following recent court proceedings, and these adopters are also in a position to care for this child (and the above may also apply).

### **Factors which may rule out a FfA placement or would at least need careful consideration:**

- The child is accommodated under Section 20 Children Act 1989, and there is a reasonable likelihood that the child will be able to return to their birth parents or family or friends.
- There is uncertainty in terms of paternity.
- The outcome of Local authority and court-directed assessments is outstanding.
- The impact of known new relationships or changes in family dynamics within the birth family has not been fully assessed and evaluated.
- Where wider family and friends might still be a viable option for placement or where a negative kinship assessment is the subject of a legal contest.

## **Placement of child to join a sibling already adopted**

A common use of FfA regulations is to enable babies to join siblings already placed with adopters, and the MTC guidance, therefore, covers this process in particular detail.

Where planning is underway for children with siblings who have been adopted, it is vitally important that the LA identify an early need for a FfA placement with a sibling to enable sufficient time to contact the adopters for the child already placed / adopted. They will need time to consider whether they are able to put themselves forward as a family for this child and also whether they wish to be FfA carers and for an assessment to be completed before the placement is needed.

Where the adopters have already legally adopted the child in their care, their approval as adopters will be concluded. As a result, they will need a period of further assessment, panel, and Agency Decision Making (ADM) before it can be confirmed the FfA placement can be progressed. In this situation, the child could often be placed with another FfA carer and avoid needing an additional short-term foster placement. Therefore, although placing with a sibling would usually be the priority, full consideration will need to be given to whether it is more important to settle the child into a FfA family than have the child enter short-term foster care and await the outcome of the sibling adopter's assessment.

A potential solution where this situation arises is placing the child with the sibling's adopters prior to their approval as adopters under Regulation 24 of The Care Planning, Placement and Case Review Regulations (2010). This approach will mean treating the adopters as "Connected Persons" to the child within a temporary approval process for no longer than 16 weeks. Legal professionals have different views about using this regulation in this way. Some LA solicitors will not support it because the prospective adopters do not have the required connected relationship with the child. The MTC model promotes consideration of the suitability of this approach, given it is common practice in many LAs on the basis that they are the sibling's legal parents. Thus, they are arguably "connected" to the child in question and could be viewed as more "connected" than family or friends who may have no pre-existing relationship with the child. Its use can be considered as child-centred, given it avoids an additional move for the child and enables them to join their sibling and potentially future adoptive parents sooner. The child could subsequently remain placed under Regulation 25a if a Placement Order has not been granted or the regulatory matching process has not been completed. It must be stressed that professionals will need full legal advice and consideration of the child's specific circumstances before placing under this regulation.

Before progressing a Regulation 24 placement, it is essential that a full understanding has been ascertained as to how well the first child has settled, what routines the child is in, and how the arrival of a new baby may disrupt things. Given the inherent uncertainties of such placements, thought needs to be given as to how the adults and any other child in placement might manage the impact of a subsequent loss if rehabilitation to the birth family were to be the outcome.

Following this assessment, it may be the case that the level of uncertainty this would mean for the family is too great, and a decision is made instead that the new baby is placed in a short-term foster placement to allow additional time for decisions to be made about the suitability of the sibling adopters along with time for the sibling in their care to settle and be prepared for this significant change. In some cases, adopters themselves will elect this option.

## Consensual adoption

Although FfA placements are more commonly used for children subject to care proceedings, it is not uncommon for it to also be used where parents give consent to a child being adopted.

As part of the regulatory process, the CSW must set up a pre-birth meeting with the parent(s) and/or family members. The RAA social worker should also attend to give the necessary advice and guidance on adoption. It may be necessary to offer further meetings to assist the birth parent(s) in understanding the ramifications of the decision and further test the possibilities of the child remaining in the birth family.

In some instances, the outcome of this process may be that it is confirmed the child will be relinquished for adoption due to there being no alternative options. In that case, the CSW must follow their own policies and procedures relating to adoption planning for consensual adoptions, as well as referring to the RAA Family Finding Service to consider a FfA placement, if appropriate.

Whilst the advantages for the child and the carers are clear, where the child is being placed from birth, it is important FfA carers are very clear about the legal status of these placements in the first six-week period and prior to CAFCASS witness the formal consent, and the option for birth mothers/parents to change their minds. Although the placement will provide a valuable opportunity for very early attachment developments, professionals should support adopters to make fully informed decisions given the additional legal uncertainty caused usually by the lack of a legal order at the point of placement.

If the plan were to become one of reunification with parents, as with other EP placements, carers would be required to facilitate this and support the child through the transition. EP carers must also be made aware that even when there is authority to place the child with prospective adopters, as in consent has been given under Section 19, there is still the possibility of parents withdrawing this and seeking the return of the child. If the LA/CT disagreed with this, they would most likely seek a court order to prevent this, but this would depend on the threshold criteria being met. EP carers should be very clear about the inherent uncertainty within a consensual adoption placement, even where consent has been formally given. It should, therefore, be established pre-placement that the carers would be able to support the child to return home, often within a very short timeframe, if this became the care plan.

## **Interface between LA and RAA**

It is recommended that RAAs and LAs have in place an agreed screening tool. This tool should enable all workers to start thinking about the possibility of using a FfA placement at a very early stage in the permanence planning process, where there is a likelihood of a child requiring permanence outside of birth parents and extended family. An RAA example of an EP Screening Matrix is provided below.

### [RAA Screening Matrix](#)

At any stage of planning where it is identified that a plan of adoption is one of the outcomes being considered for a child, the MTC model promotes the need for the CSW to involve the Family Finding Team in the RAA at the earliest possible point. For unborn children, this would ideally be from around 20 weeks gestation. This early involvement ensures that the RAA Family Finders can contribute their knowledge to the decision-making process, provide advice and guide social workers in the right direction before decision-making meetings are held.

Early Permanence placement referral or notification forms should contain known key information about the child, including significant issues such as the location of birth family, potential issues for the child, and what skills the prospective FfA carer might have to offer. An RAA example is provided below.

### [RAA example, EP Referral Form](#)

## **Tracking Systems**

The interface between LA and RAA and the mechanisms in place for ensuring early and regular communication about children are key to ensuring effective early decision-making about potential EP placements and the avoidance of delay. The MTC approach, therefore, promotes the need for the RAA and LA to have agreed protocols and systems that enable joint visibility of the child's journey and routine and regular opportunities to update the information available to both RAA and LA.

A common approach adopted by RAAs is to operate dual children's tracking systems between RAA and LA. The RAA tracker will contain real-time updated key information on all children known to the LA who could subsequently have a plan of adoption. Children would be on the tracker from the point of notification to the RAA. Unborn and other young children who may be suitable for EP would be recorded within the tracker. The tracker will contain all key dates and milestones within the child's journey through care proceedings, care planning placement, and, subsequently, adoption.

It is common for RAA managers or permanence coordinators also to attend LA permanence tracking meetings, usually chaired by a senior manager in the LA that routinely tracks permanency plans for children and updates the tracking system. From their attendance at these meetings, the RAA managers will obtain and provide key updates about each child for the purposes of family finding, including planning for an EP placement.

### [RAA tracking Exemplar](#)



## RAA Example 1

A RAA in the Midlands has developed a system for ensuring early alerts and ongoing communication with the RAA about unborn children.

They operate a criteria where all unborn children who are flagged as potentially part of a Child Protection Plan at the point where birth mothers who are 12 weeks pregnant are identified, and this information is collated and shared with the RAA Permanence Coordinator, Adoption Team Manager, and The Court Progression Officer. These cases are discussed at weekly Unborn Child Tracker meetings. From this tracker, unborn children who have had previous siblings placed for adoption are flagged as a high priority. A manager from the RAA, Permanency Coordinator, CSWs, and Team Managers attend and discuss each unborn child. If the child is flagged as likely to be placed on the CP register, the CSW is tasked with taking the child to Legal Gateway or a Permanency Consultation meeting. This system, which the LA now embeds in their culture, enables the LA to routinely scan for children that should be discussed and flagged at an early point with the RAA as well as ensuring adopters of previous siblings are contacted at the earliest point as potential carers.

Within this approach, the RAA Permanency Coordinator routinely liaises with the other Permanence Coordinators within the RAA to share updated information about each child and to establish if there are approved adopters who wish to pursue EP.

The system has enabled the RAA to front load FfA planning with a view to looking at the earliest point at all RAA-approved adopters for each child. The Permanency Coordinator role (senior social worker grade) in the RAA is the vital link to the LA children's services team in ensuring timely and efficient access to update information about each child.

An additional feature of this RAA model is that they have three Agency Advisors who, as well as being adoption panel advisors, provide the agency advice to the ADM undertaking the Should be Placed for Adoption (SHOBPA) decision in the LAs. This model enables the RAA to have oversight of all care plans of adoption and SHOBPA decisions.

### Quote from RAA Team Manager

*“Developing the unborn tracker has enabled improved working relationships between the RAA & the wider Children services. This model has also enhanced social workers knowledge of Early Permanency in Adoption. Since using this model there has been an increase in the numbers of Early Permanency placements which allows better outcomes for children due to strong attachments being formed early in FfA placements. In addition, these placements have commonly enabled relationships to begin to form between a child's birth parents and the prospective adopters which continued to be promoted after the child is adopted”.*



# FfA checklist for social workers

A "Suitable for FfA" decision needs to be based on evidence that has been properly gathered and analysed. When considering all aspects of FfA, the child's needs and welfare are paramount.

The decision needs to be appropriately reasoned and recorded with attention to Re B-S considerations. The Social Worker Checklist has been produced to guide social workers through the process when considering a child for a FfA placement.

## [FfA Checklist for social workers](#)

### **Child's Social Worker – Key initial tasks in progressing a FfA Placement (pre matching)**

At the appropriate LA decision-making meeting, professionals should consider the appropriateness of FfA and obtain documented management agreement to this course of action.

Ensure the RAA has been notified about the child, preferably via the use of an agreed notification or referral form. When completing the form, it is important CSW provides information that will assist the RAA in making an appropriate match, given that it is unlikely to be a Child Permanence Report to rely upon at this stage.

Discuss the potential FfA placement at the earliest possible opportunity with the appropriate designated person in the RAA to support family finding activity within the RAA with a view to identifying a potential in-house suitable FfA placement.

Ensure that the child's wishes and feelings have been considered and recorded.

Ensure that it is clearly recorded on the child's file why FfA is in the child's best interests.

Ensure management's decision to place FfA is recorded on child's file along with the views of the Independent Reviewing Officer and Children's Guardian (if appointed).

Present the child's case to the LA's relevant decision-making forum for endorsement of the proposed FfA plan.

Include the rationale for FfA in the child's care plan.

Explain the decision to the child in an appropriate manner, having regard for the child's age and understanding.

Notify and discuss the plan with parents, explain FfA, provide them with further written information, and encourage them to seek legal advice. Include fathers without PR.

Where applicable and before the placement order is granted, inform all parties in court of the plan to place FfA and obtain their views.

Complete Approval of Reg 22C Placement form Temporary Approval as Foster Carer Form.

Complete all notifications in accordance with the Care Planning Regulations, taking caution to ensure that placement details are confidential.

Give full consideration to ongoing contact with family members and how this can be supported and managed safely.

Contact to be planned and held in a neutral venue with a consistent and independent supervisor (unless there are exceptional circumstances).

# Working with parents

*"If there are lessons to be learnt from almost 100 years of adoption policy and practice, it is that birth parents must be included in every stage of the process without being framed in a simplistic, blaming way and as just one more demand on our time and resources."*

Simmonds  
(Alper, 2019)

## Practice standard 5

Parents are fully helped to understand what an early permanence placement is, and its benefit to their child. The role of the early permanence carers, contact supervisors, social workers and other professionals involved are clearly explained to the child's parents and family.

Sadly, information about parents' experiences of EP is largely missing from research studies and EP literature. Brown and Mason's (2021) 'Understanding Early Permanence: A small-scale research study' identified only three qualitative interviews that included the views of birth families, and all in very limited numbers and scope (Monck et al., 2003; Kenrick, 2010; Gerstenzang et al., 2005). Monck et al.'s (2003, in Brown and Mason, 2021) study found that:

*"Parents did not always understand that there was a possibility of a reunification when their child was placed in EP which highlights the importance of clear communication. Nevertheless, the birth parents who were consulted were able to develop a good relationship with their EP worker, whom they described more positively, than their experiences of social care"* (Monck et al., 2003).

What is clear from wider research into parents' experience of their child being removed at birth is that many parents live with the consequences of the same childhood trauma that adopters recognise in their children but without access to care, support, and stability.

Evidence from studies looking at recurrence indicates that parents who experience care proceedings are generally vulnerable adults who have experienced significant and multiple adverse experiences in their childhoods and are likely themselves to have been in the care system as children. (Broadhurst et al., 2017; Alrouh, Broadhurst, and Cusworth, 2020; Philip et al., 2021, in Brown and Mason, 2021).

Mason et al.'s (2022) 'Born into Care: Draft best practice guidelines for when the state intervenes at birth' highlights the numerous challenges that continue to stand in the way of best practice when working with parents experiencing the removal of a child at birth. The series has developed draft practice guidelines which we have considered within this guide. We would also strongly recommend that all social workers consider the [report in full](#) where there is a plan to remove a child at birth.

[Research in Practice](#) (2019) also contains some very helpful online resources for services looking to plan and develop services for working with parents who have had more than one child removed.

## MTC guiding principles for working with parents:

- EP Care planning must be undertaken in a timely way, and communication must take place between the CSW and parent at the earliest opportunity.
- Parents must be provided with information about EP at an early stage and in a format that is accessible and understandable.
- Support to birth parents should be trauma-informed, respectful, and empathetic, and acknowledgement should be given to the lifelong impact of the removal or consensual adoption of a child.
- The support offered to parents must be regularly revisited if they are not ready, and support should continue for as long as needed.
- Planning for the first court hearing, which is often within hours or days of the mother giving birth, should be considered in terms of being sensitive to the birth mother and her post-natal recovery.
- Consideration should be given to parents' wishes in preparing for separation from their child. Parents should be supported to create memories of their time with their baby.
- Particular experiences of families who are Black and from ethnic minority backgrounds should be taken into account with respect to ethnic and cultural heritage.
- Birth parents should always be given the opportunity to meet with FfA carers and be given preparation and support to enable this meeting to be successful.

A well planned, sensitively managed meeting between parents and prospective adopters can and does lay the foundations of a positive lifelong relationship, the most successful of which continue without professional support (Neil et al., 2010).

## Roles and responsibilities

### Children's Social Worker

Regardless of whether or not the child is subject to court proceedings, the child's parent(s) must be consulted and kept fully informed of the LA's intentions from an early stage, and it must be fully explained to them why FfA is perceived to be a positive option for the child. This point is enshrined in the Care Planning, Placement and Carer Review Guidance (2015, para 2.31), which states:

*As far as reasonably practicable ascertain the wishes and feelings of the child, his parent, any person who is not a parent of his but had parental responsibility for him and any other person whose wishes and feelings the authority considers to be relevant.*

They will also need support to understand that they don't have a veto on the decision to place for EP. Information to parents should be provided verbally and in written format. Early Permanence leaflets for parents can be found [here](#).

- It must also be made clear to the parent(s) that the placement of the child on a FfA basis does not pre-empt the outcome of any court proceedings or, in the case of a relinquished child (known as consensual adoption), alter their right to make a decision to reclaim their child at any point prior to them signing consent to placement. It should be explained to parents that while the LA believes that adoption is the right plan for the child or that it will be the right plan for the child if rehabilitation is not successful, this does not interfere with the parent(s) right to put forward family members to be considered for the care of their child or to have their evidence presented and heard before the Court.
- When sharing information at an early stage, a case-by-case approach should always be taken regarding the appropriateness of the information, so the right balance is achieved between what parent needs to know and when and how much they can take on board and understand as they begin the process.
- In addition, the CSW should ensure that they inform the child's guardian that FfA is being considered for this particular child and advise parents to seek legal advice.
- The CSW will usually undertake life story work with parents with advice from the Adoption Social Worker (ASW). The benefits of children knowing their background, family culture, and the reasons why they came to be adopted are vital in terms of the development of a positive self-identity. However, as well as the child, there are also significant benefits for the birth parents and wider family in being enabled to play an active part in the development of life story materials for the child and to write a narrative of their own, including their memories of the child. This work also gives birth parents an opportunity to express their wishes for their child's future.
- The CSW should also ensure every opportunity is provided for extended family members to be a part of collating life story material, as they will also have a lot of relevant and rich information to share that may not be recorded elsewhere.

Please note – careful consideration should be given to the timing of this work as parents may not be ready to engage while proceedings are taking place, nor indeed for some time afterwards. Therefore, opportunities for parents to engage in this piece of work need to be provided at all stages of the process.

- The CSW to liaise with the ASW when planning family-time, during proceedings and keeping in touch arrangements post-adoption. The CSW should complete a plan for family time during proceedings which they will share with the child's parents. This plan will include consideration of family time with additional family members.

## RAA role

In all cases, parents must be provided with information about the RAA parent counselling service, ensuring they understand this service is independent from Children's Services. The birth parents' social worker role is to provide 'birth parent counselling' in line with regulations to explain the process and legal implications of adoption and to gather parents' wishes and feelings. This role includes where birth parents give and do not give consent for a child to be placed for adoption.

It must also be borne in mind that for many parents, this may not be the right time for them to access all available support; parents may not wish to engage at this point for a variety of reasons. Therefore, it is important not to close the door due to a lack of engagement at this stage. Both CSW and the parent's worker should offer repeated opportunities to meet with parents throughout the course of care proceedings and beyond.

The CSW, alongside the birth parent worker, should also consider the longer-term needs of parents and should provide them with details of local universal and specialist support who may provide informal support - for example, MIND, Mankind and Women's Aid.

NB It is acknowledged that each region has its own protocol for allocation (in some regions, practitioners are from Adoption Support, and in others, from the Family Finding team, or there may be a specialist birth parent counsellor either in house or a commissioned service). However, there needs to be some common guiding principles borne in mind in relation to the allocation of the ASW. Wherever possible, the same worker should remain allocated to ensure continuity of support for families.

### *Good practice example*

*One MTC RAA has developed a "voice of the parent group". A positive consequence of this support group has been the development of parents' involvement in improving adoption services through participation during preparation training and the development of video media to inform and educate prospective adopters about the particular issues facing parents and their feelings and views when their child has a plan for adoption.*



# Linking and matching

## Why is EP matching different?

With most FfA placements, there is a need to complete the process of deciding which carer is suitable for the child to be placed within a short timescale. In many cases, limited information about the child's birth family is available. This lack of full information may make it difficult to provide accurate assessments of the child's likely future needs to the carers. This factor within EP matching may be one of the reasons contributing to a lack of social worker confidence in EP planning within some RAAs and LAs where the numbers of EP placements have been low.

Despite the limitations regarding information, this does not lessen the importance of professionals involved to fully consider the available information about both children and carers to arrive at the best possible match based on all known factors at that time. FfA matching will need to be specific to individual needs and circumstances and to do this effectively relies on accurate and robust information being available.

*The matching process must ensure a joint collaborative approach in the analysis of all relevant information between all key professionals involved in both LA and RAA.*

## What are we trying to achieve within guidance for EP matching?

This guidance regarding matching for EP aims to clarify the best approach for all professionals involved in the process. It should also support adopters who need to be fully prepared prior to their approval to understand the process and the likely limitations on information about the child, albeit the extent and nature of information available will vary child by child.

In making the EP matching decision, consideration is needed in relation to a range of factors relevant to the fostering placement as well as the potential adoption match at a later stage. It is important to note this decision does not relate directly to an adoption placement and, therefore, it cannot be treated as one. It would not be appropriate to follow the usual shortlisting and matching procedure when placing a child for adoption when the relevant information regarding the child or family may not be available at this stage.

### **The key professionals involved in the matching process are:**

Child's Social Worker (LA)

Allocated Fostering Social Worker (LA)

Family Finding Social Worker (RAA, allocated children for family finding and placement)

Adoption Social Worker (RAA if in house or if inter-agency VAA / external RAA.  
Adopter recruitment and assessment)

*(The RAA roles may differ based on the particular RAA model)*



## A flexible approach to avoid delay

In order to complete this process effectively and without delay, decisions will need to be made locally on a case-by-case basis as to whether to hold a formal professionals' meeting. In some cases, to prevent a further placement move for the child, decisions will need to be made in a more pragmatic way. In the cases where it is not possible to arrange a formal matching meeting within the child's timescales, relevant managers may make a decision subject to them having full oversight and checking they have considered all the relevant factors. Also, to further minimise any delay for the child, the matching process will usually need to take place at the same time as the process of approving the FfA plan for the child. The Family Finder will undertake planning with a view to identifying suitable FfA carers prior to the child being accommodated (where this is known in advance) or before the estimated delivery date for unborn babies.

## Where a sibling is already placed with adopters

If the child in question has a sibling already placed with adopters, it is essential these adopters are approached without delay once the LA is aware of the pregnancy. Adopters will need to be allowed time to consider adopting the sibling and the impact this would have on the child already in their care. A key factor will be whether they have legally adopted the child already in their care. If this is the case, they will need to be reassessed and approved again.

As mentioned in a previous section, the use of Regulation 24a may be appropriate to avoid delay for the child, subject to legal advice. Where a sibling adopter is being considered, the RAA should simultaneously be considering suitable FfA carers from within its in-house pool of approved adopters to avoid delay if the sibling adopters are not proceeding.

*RAAs and their partner LAs should have in place clear protocols stipulating roles and responsibilities in relation to communication with adopters about any subsequent pregnancies and the birth of a sibling to avoid confusion and delay in contacting adopters.*

## Profiling and linking / key considerations

The process of linking will initially involve looking at the pool of "in-house" RAA adopters that are available.

Key factors that need to be considered in the profile information about the child include:

- How the child's experiences may have impacted them.
- What do we know about their history, identity, development, needs and circumstances from pre-birth to the present?
- How can this help us predict their future needs and what we need to provide to help them recover and thrive?
- Does the prospective EP carer have realistic expectations of the child, themselves, and the future placement?
- Identifying what support will be needed.

## Linking and matching / key tasks and stages

The Family Finding Social Worker is to complete a profile for the child and send it to all ASWs to identify any potential matches with FfA families.

A shortlist of potential FfA carers will be identified for consideration by the CSW. From this shortlist, a decision will be made as to which carer to progress.

The Family Finding Social Worker will discuss the child's needs with the ASW and request the Prospective Adopter Report and Panel Minutes to review.

The Family Finding Social Worker will ensure that the ASW has received the relevant reports about the child so they can assess the prospective FfA carer's capacity to meet the child's needs and share information with them if this is considered appropriate. Due to the likelihood that a Child Permanence Report may not yet be completed, it is important other key reports are available. In particular, the Adoption and Family Finding Social Workers may need to use family assessments, court chronologies, and medical assessments to gather a sense of the child's needs to share with the carers.

When one or more possible EP Placements have been identified, the Family Finding Social Worker will review and compare the information provided about each family and assess their capacities against the child's needs.

If no FfA placement options are available internally, the family finding service will consider EP carers approved by external partner agencies within the region. This consideration is usually subject to agreement through RAA/LA agreed protocols, given this would entail payment of the inter-agency fee.

The Matching Grid for Early Permanence is designed to outline the key needs of the child and guide professionals in weighing up the capacity of different carers in relation to their assessed strengths and vulnerabilities. The matching grid is available [here](#).

## Key considerations when matching with an inter-agency FfA carer

Where there has been a care planning decision that a child should be placed FfA, and there is no suitable 'in-house' RAA-approved FfA carer, it is possible, subject to Head of Service agreement and the child's RAA agreed protocol, to seek an external FfA placement. The lack of an in-house FfA carer should not be seen as a reason for the child not to be placed EP. Where agreement has been given, Link Maker, Link Maker is a secure online National platform to support Family Finding and increase placement choice, should be used to identify suitable external adopters in the geographical area required. VAAs and RAAs should indicate on Link Maker if approved adopters have the capacity to consider an FfA placement.

The process for matching a child with an external RAA or VAA or any external adopter will be the same as that outlined in the guidance, except that the ASW in the external RAA or VAA will be involved in place of an RAA ASW.

### EP Placements with VAA and External RAA approved adopters:

#### LA temporary approval of approved adopters for a specific child under Regulation 25a

When placing a child under Regulation 25a, an agreement must be drawn up between the LA, RAA and the external RAA / VAA.

The carer will be supported and supervised as a LA foster carer. The fostering allowance will be paid to the carers, in line with local arrangements within the child's LA, by the LA.

The agencies' agreement will confirm roles, responsibilities, and expectations – to ensure regulatory compliance and including supervision tasks – between the VAA/ external RAA ASW and the LA's fostering team. The LA fostering team is more actively involved in supporting and supervising the placement than in in-house FfA placement, as the RAA will not have an ASW involved. The fostering supervision cannot usually be delegated to an external agency as the LA provides temporary fostering approval for the child.

### **Placing FfA within the existing fostering approval provided by the VAA**

Some VAAs are registered to provide EP placements through the dual-approval (suitable to adopt; and approved as foster carers for EP) of their adopters.

If it is agreed that a child should be placed with a VAA dual-approved adopter, the VAA is responsible for supporting and supervising the adopter as a foster carer when the child is placed under fostering regulations. The carer will be paid the fostering allowance stipulated by the VAA, and the VAA will also charge a fee to supervise the placement. The fee charged by the VAA will include the allowance paid to the carer, and the VAA is responsible for paying the carers. Agreement to pay the fee charged by the VAA must be agreed upon within the LA prior to the placement being agreed upon. Statutory responsibility for the child remains with the CSW, who will continue to visit under fostering regulations. Dual-approved carers cannot also be temporarily approved under Regulation 25a.

### **Payments for placements are made on an inter-agency basis**

Financial arrangements regarding the placement must be agreed upon with the responsible Head of Service in the child's LA/RAA. The fostering allowance paid to the carers and any fee due to the carers' agency (as noted above) relates to the fostering part of the placement.

An additional adoption inter-agency fee is also payable. These differ depending on whether the placement is made through another RAA or with a VAA. For placements made with a VAA, the current adoption inter-agency fee rates apply as per CVAA guidelines. The guidance also recommends that the first one-third of the full fee be paid at the FfA placement's start and is non-refundable. However, discretionary consideration will be exercised if the placement ends in an exceptionally short period, depending on the cause.

The final two-thirds of the inter-agency fee is payable when the FfA placement is confirmed as an adoption placement; when the child's ADM confirms the matching panel's recommendation. At the start of the adoption placement, the standard "CoramBAAF Form IA: Financial arrangements for interagency placements" must be completed. The agreement's terms become applicable when the placement converts from fostering to adoption regulations. As per the Form IA, if the date of the granting of the Adoption Order is more than one year after the date the adoption placement began, an additional ongoing supervision fee will be charged pro rata up to the date of the Adoption Order.

When an EP placement made under Regulation 25a ends without becoming an adoption placement, the final two-thirds of the fee will not be payable. If the placement's fostering stage is prolonged due to court delays or other factors, then it would be common for a VAA to make an additional charge for further support for the carers. These specifics must be agreed upon at the outset with timescales, activities, and costs documented and agreed upon in writing (e.g., child returns to birth family after a prolonged parenting assessment which included carers supporting significant contact arrangements, and carers need additional therapeutic support).

[Link – example agreement when placing EP through external inter agency Link](#)

## Family time (contact)

The matching process must also consider the ability of the potential carer to manage the demands of the fostering role, including any planned family time arrangements

## Considering distance and geography

A key consideration is, therefore, the geographical location of the proposed placement. This location should ideally be one where family time can be reasonably facilitated without subjecting the child to the unnecessary stress caused by long journeys. There are no fixed guidelines for decision-making about this, as the circumstances will vary; however, professionals must consider the need to maintain the confidentiality of the placement whilst balancing this against the distance to the family time venue.

It should not be assumed that proximity or placing the child in the same town or area as their parents creates a risk unless there are known factors about the family that evidence such a risk exists. In the long term, it could be beneficial in promoting opportunities for further family time if the distance is not too great. Additionally, placing with a birth sibling already adopted could involve increased distance, but the benefits of placing with the sibling would usually take priority. Resolving these potentially conflicting demands will require careful thought, in some cases, risk assessments and decision-making within limited timescales.

Once a family of choice is identified, at the earliest possible point (ideally prior to the child being born or accommodated), a home visit will take place with the prospective FfA carers. The CSW, ASW, and Family Finder would usually attend this visit, and that would be the best approach. However, in some exceptional circumstances where it is necessary to avoid delay, not all professionals will attend. Nevertheless, the CSW, at a minimum, would need to attend and meet the carers and then ensure full communication with other professionals.

The visit is an opportunity to share all the written and verbal information that is available, and ideally, this would include the following:

- Draft CPR / other written information about the child's birth family background, and earlier life experiences. (NB please refer to Coram/BAAF Practice note 59 for further information on the provision of information to FfA carers).
- Medical reports and other health-related information.
- Psychological assessment(s) (with permission of the court).
- Other information that the LA considers relevant.

*The birth family's right to confidentiality must be respected unless the court has given agreement to the disclosure of personal and background information. (Practice Note 59. The provision of information to Fostering for Adoption carers, CoramBAAF, 2015).*

The visit to the carers should also be used to discuss the financial arrangements. This discussion should include the provision of a Fostering Allowance alongside the requirements of the foster carer role.

The proposed contact arrangements for the child must be fully discussed to reach an agreement on how the family time with their significant birth relatives will be arranged and what, if any, contact the carer(s) are required to have with the child's birth family members. When planning contact, consideration must be given to the following:

- Acknowledge the rights of the birth relative(s) concerned.
- Recognise the current legal / regulatory nature of the placement under fostering regulations.
- Protect the child and minimise the child's exposure to undue stress.
- Ensure that appropriate support is available to the carer(s) to enable them to manage arrangements.

Following the visit, the social workers (the CSW, ASW, and Family Finder) will report to their managers to decide whether the FfA placement should proceed. The final decision to proceed usually rests with the Team Manager for the child, as the accountability for this decision sits with the LA. All parties should be informed of their decision to proceed and provide reasons if not proceeding within 48 hours.

The FfA carers should have time to reflect with support from their ASW before confirming a wish to proceed.

Following the Team Manager's agreement to proceed, a further meeting will need to take place with the prospective FfA carers at which the CSW, Family Finding SW and ASW will gather the required information for the Approval of Reg. 22C Placement and Temporary Approval as Foster Carer Form. This information is child-specific, addresses how these carers can meet the child's identified needs, and covers more of the role and expectations of a temporary foster carer.



# MTC / EP PRACTICE GUIDANCE

## The fostering role

### The role of LA fostering teams

#### Some key principles

One of the reasons why there is often reluctance on the part of some professionals to support the placement of children via FfA is the belief that once the LA has made this placement decision, the child would not be rehabilitated to birth parents. Whilst this is unlikely to happen, it rightly remains a fully possible outcome within the care planning and legal process. The MTC model for EP, therefore, promotes and reinforces some key principles about this, which all professionals involved should highlight, particularly where there are challenges made in relation to the status of the placement or the rights of parents which are unchanged by the FfA placement decision:

- Carers are foster carers and are subject to fostering regulations until they are matched to the child as a prospective adopter.
- Although they are approved adopters, in relation to the child placed FfA, they do not have any particular status because they are also EP carers.
- The LA still have a duty to consider any family who comes forward and place with a family if appropriate (S22C Children Act 1989 - duty to prioritise family placement continues).

In consideration of the above, the MTC practice model aims to redefine and enhance the role of LA Fostering teams when placing FfA. Given that the temporary approval is given under Regulation 25a by the LA, it should be emphasised that the LA is fully accountable for their role as carers, albeit there will also be a role for RAAs in working with the fostering team and sharing tasks.

#### Key points about Regulation 25a practice within the MTC model:

- We are redefining and enhancing the role of LA fostering teams, ensuring that carers are prepared and supported to carry out the tasks required within the fostering role to enable them to remain rooted as foster carers within the fostering phase.
- Without being misleading about the nature of the placement, we are keen to broaden the use of terminology from purely Fostering for Adoption on the basis that the term "Adoption" can lead to assumptions that other permanence options may be ruled out.
- There is value in emphasising Regulation 25a placements as temporary foster placements for specific children.
- Placing with a Reg 25a carer is fostering with a view to preparing the child for permanence (which is most likely to be adoption) and avoiding a move of placement if this is not needed.
- Rehabilitation, although unlikely, is not ruled out.



## Regulation 25a fostering approval – key points

Approved Prospective Adopters can be given temporary approval as foster carers under 25A of the Care Planning, Placement and Case Review (England) Regulations 2010.

This temporary foster carer approval process can be carried out at the same time as the adopter approval process but more commonly takes place subsequent to their approval once a specific child has been identified. The Nominated Officer in the LA can give the temporary approval for a named child, where the LA considers that this is in the child's best interests.

Before giving this temporary approval, the child's LA must:

- Assess the suitability of that person to care for the child as a foster carer.
- Consider whether the proposed arrangements will safeguard and promote the child's welfare and meet the child's needs as set out in the care plan.
- Be satisfied that the prospective adopters should be temporarily approved as foster carers for the LA in question.

The LA will be responsible for paying a fostering allowance to the carers until or if they go on to adopt a child (subject to court decisions and the regulator matching process). The amount of this allowance will be determined locally based on the LA agreed rates for FfA carers.

The temporary approval period expires when and if:

- The LA terminates the placement.
- The prospective adopter's approval as a prospective adopter is terminated.
- The prospective adopter is required to give 28 days' notice should they no longer wish to be temporarily approved as a foster parent in relation to the child.

The child is placed for adoption with the prospective adopter in accordance with the Adoption and Children Act 2002 following the Adoption Panel and the ADM from the Child's LA approving the match. Adopters can usually make their application for an Adoption Order ten weeks from the date of the ADM, however some courts request that adopters wait 10 weeks following ADM before submitting their application.

FfA carers must clearly understand that at the point of placement until the adoption match is made, their primary role is as a foster carer for the child.

*Our findings during the course of the MTC EP project have revealed that many carers do not understand their role fully and were confused not only about their own roles and responsibilities but also about the roles and responsibilities of the professionals supporting the placement.*

*Therefore, the project recommends the approach outlined on the following pages when making a FfA placement.*

# ROLES AND RESPONSIBILITIES

## Fostering consultation role

With most FfA placements, it will be common to have multiple professionals involved. Therefore, it is important to avoid carers experiencing duplication of visits and inconsistent messages and information; this can create additional stress for carers. It is also common for FfA carers to need additional support and more frequent visits compared to what a mainstream foster placement would necessitate, where the norm would be to hold a supervision session every four to six weeks. The three key social work professionals involved should make shared agreements about the right level of support and the number of visits while considering that this may change, comparing the early stages of the placement to later on and what presenting issues they are managing.

It is essential that workers clearly agree together on the responsibility for providing effective support to the FfA placement and that this includes regular visits by both the CSW, who holds the statutory case responsibility for the oversight of the placement. In addition, the Fostering Supervising Social Worker will have a key role in ensuring that the requirements of the fostering regulations are adhered to.

When the placement is with an RAA in-house approved adopter, it is pragmatic in the interests of avoiding duplication of visits that the ASW in the RAA undertakes the supervision and support element of the role. Agreements regarding these specifics should be discussed and documented prior to the placement and explained in full to the carers so they know what to expect. It is also essential that the RAA Social Worker is supported and offered a consultation with the Fostering Social Worker (FSW) to fully understand the responsibilities under the fostering regulations.

Inter-agency placementsA further point worth noting is the need for communication with other professionals, particularly CAFCASS and health visitors, who will visit the household. This consideration is essential because it is not uncommon for unauthorised information to be shared or for professionals who may not have been involved in planning the placement to give confusing or different messages to carers.

*It is vital that all professionals work closely together to ensure that information sharing, along with the advice given to the carers, is tightly managed and consistent.*

There will be some differences in professionals' roles when an external agency, such as a VAA, approves a FfA carer as an adopter. Unless this agency has also approved them as foster carers, i.e., registered as a fostering agency, the LA Fostering Team will need to hold full responsibility for the fostering role in supporting the placement; the delegation of this role to an external agency would lack the required accountability.

In this situation, an agreement should be drawn up pre-placement outlining the roles of the external VAA or RAA Social Worker and the fostering workers' responsibilities. It is key to recognise that the RAA may not have an allocated worker involved in the placement, depending on the role of family finders in their RAA model and whether the adoption support team are involved. Where this is the case, RAAs will need to ensure that they obtain routine updates on the progress of the FfA placement and care proceedings with a view to potential matching panel and ADM processes being planned.

A workflow defining roles and responsibilities during the fostering phase can be found [here](#)

## Supervision

ASWs will provide regular foster carer supervision sessions for FfA carers, as they know the carer well and are best placed to manage any issues that arise. The purpose of supervision is an opportunity for the carer to think about the work they are doing as a foster carer, to raise problems or difficulties, to find opportunities for developing their skills and identify any learning and training needs.

The ASW will provide the allocated FSW with the completed supervision forms to consider. Furthermore, the FSW will be available to provide a consultative role to the ASW if any issues arise.

ASWs are also expected to provide a high level of contact with FfA carers between supervisions. There may also be a need to make time for other members of the carer's family, such as existing birth or adopted children, particularly if any issues arise.

## Placement planning meeting

In making a FfA placement, the LA and the RAA concerned should hold a placement planning meeting to avoid confused or inconsistent messages to carers. All key social work professionals should attend this meeting, and together they should draw up a Foster Carer Agreement and ensure that the carer is aware of their role and responsibilities as a foster carer.

## Delegated authority

As part of the planning process, a clear agreement should be made with the carers about the nature and finer details of the delegation of authority to them, i.e., what they can and can't make decisions about without agreement from the LA.

Within a FfA placement, there may be confusion between different professionals involved as to what the specifics of this delegated authority entail.

Therefore, it is essential that this is established and shared with everyone involved. It is common for carers themselves to feel confused about the areas of parental responsibility they can exercise.

Furthermore, sometimes health professionals are also unclear and may not allow them to give consent for minor treatments. In these situations, the carer will need documents evidencing their role and the extent of their delegated authority. Accountability for these decisions will usually sit with the CSW and their manager.

*FfA carers cannot change the name of the child they are caring for or even start to informally call the child by a different name or adapt their birth name. This means that the child must remain registered in the full birth name for all health services etc.*

*A change to the child's name would usually not be supported when placed for adoption either, other than in exceptional circumstances, and with appropriate approval from the LA/CT.*

The RAA Social Worker is unlikely to have access to the LA case management system, so the FSW is responsible for setting up the foster carer file and will undertake the recording function and maintenance of the fostering file. The ASW is responsible for sending the FSW records of all their visits, any other communication with the FfA carers, and the carer's weekly logs.

All professionals involved must be fully aware of the regulatory limitations of the placement as a fostering placement, even though it is possible the carers may subsequently adopt the child.

## **Fostering practice and nuances relating to FfA**

Although FfA carers will have had preparation training relating to FfA and the fostering role, they are likely to have a different emotional mindset regarding the placement, given the likelihood that they could go on to adopt the child. This experience can lead to raised expectations and misunderstandings regarding the approach that they take to care for the child. Professionals will need to be aware of this challenge, and whilst adhering to the same principles they would apply in any foster placement, there are nuances that warrant a sensitive and considered approach to the guidance they provide to carers.

FfA carers are being asked to take a therapeutic approach in nurturing and supporting the child to feel secure and start forming an attachment to them, in the likelihood that they will remain in their care permanently. However, this relationship is underpinned by the limitations of the fostering role. This approach is a difficult task in many ways, so it is key to ensure support is available and advice is consistent. It is also imperative that the carers are provided with a Safe Care

Agreement that is specific to the individual child's attachment needs and, whilst mindful of fostering regulations, is not prohibitive in allowing the carers to provide attuned and therapeutic care to the child.

As with other foster carers, they will not be able to promote the use of 'mum' or 'dad' or make any adaptation or change to the child's name. It should be noted that changing a child's first name would not, in any case, be supported by LAs or RAAs, other than in exceptional cases for specific exceptional reasons. In addition, carers should be advised to adhere to similar safe care guidelines as other foster carers; thus, it would not usually be appropriate for children to share a bed with carers, albeit there may be exceptions where professional advice is different based on a child's specific needs. It is also likely that if a Placement Order is granted, but the child is still placed FfA pending matching panel, professionals' advice on the parenting style may start to differ, but this will be agreed upon based on the need of the specific child. The key thing is that all involved professionals provide consistent advice and messages.

## **Training**

The project identified significant variations in practice in relation to the expectations for carers to undertake foster carer training and complete the Training, Support and Development Standards (TSDS). We noted that some LAs expect FfA carers to undertake all training and development as they would a mainstream carer, however, other LA's do not expect carers to carry out any training or complete TSDS.

Statutory Guidance (DfE, 2015a, 3.173) stipulates that the responsible local authority should ensure that they provide appropriate training and development opportunities for these carers so they can carry out their role effectively. Although expected to commence the TSDS training, it is recognised that the carers might not complete them before the child is placed for adoption with them.

### **Good practice**

The project recommends that all carers are provided with access to all fostering training as required, and this is tailored to their individual needs. However, we would also recommend that some training should be mandatory for all as set out below.

#### *Minimum FfA training requirements*

*Safer care and safeguarding*

*Paediatric first-aid*

*Health and safety*

*Record keeping and confidentiality*

*Delegated authority*

*Managing family time arrangements*

### **Foster carer review**

Whilst most carers are matched and move forward to adoption or rehabilitation within this timescale, we are aware of many more FfA placements that many do continue post-12 months. Therefore, the Supervising Social Worker will need to be mindful of the national minimum standards for fostering, including ensuring that the carers are subject to an annual review if they remain in the fostering role beyond 12 months of their approval. The fostering ADM should consider the review paperwork; however, it does not require presentation at fostering panel.



## Support to EP carers during the fostering phase

It is of utmost importance that support is provided to carers through every stage of the EP process. The particular support required in the assessment and the pre-placement stage is detailed elsewhere within this guide. This section deals with the unique support needs of carers after being linked with a child, as during this stage, the experiences of EP carers are very different from those adopters where children were placed under a placement order. Research by Lewis and Selwyn (2021) demonstrates this difference.

*"The interviewees felt that they had not fully understood the legal and emotional impact of agreeing to an Early Permanence placement. Only one of the four Early Permanence carers had received any written information about the child before placement compared with all of the adoptive parents whose children were placed on a placement order. Early Permanence carers experienced high levels of uncertainty, with birth parents contesting the placement or changing their minds about consenting to adoption. The carers also had to manage contact visits, multiple professionals visiting their home...". (Lewis and Selwyn, 2022, p.7)*

In view of the above findings, it is perhaps not surprising that Adoption UK's (2022) most recent Adoption Barometer Report evidences that "Respondents whose children had been placed as part of an early permanence arrangement were (in comparison to non EP adopters) significantly more likely to have experienced symptoms of stress, anxiety and/or post adoption depression (74%) and slightly more likely to have wondered whether they had done the right thing (59%)".

During discussions with adopters in the Midlands region, they also echoed these views and highlighted particular areas where they have experienced challenges. During the project, adopters told us very clearly about what they need from professionals in order to feel supported. We recommend that practitioners and managers carefully consider the comments below to ensure they address these in practice.

- Good communication between carers and the many professionals and to be kept in the loop when there are changes to the care plan.
- Professionals to understand the difference between a mainstream foster carer and a FfA carer.
- To be provided with an EP FAQ information sheet detailing the process and clarity of the timeline/steps following placement of a child up to adoption order and what they can expect within each stage.
- To have clear information about adoption leave and pay and processes for an application for assessment of need for financial support.
- To be supported by knowledgeable staff with a good understanding of FfA processes and timelines.
- To talk to other EP carers who understand the unique challenges or/and have a mentor who has gone through EP and could be contacted easily around different aspects of their life.



### *RAA good practice example*

*One MTC RAA has set up an online EP support group through Facebook; a family support worker runs this group with a social worker practitioner providing oversight.*

*The group is private, and membership is by invite only through the RAA; prospective EP adopters are invited to join at the point of match. All participants joining are sent information about the group function and must sign an agreement to abide by the ground rules and a confidentiality agreement. Information shared is monitored, and all posts have to be approved before they are allowed to be posted. The RAA report that they have had no issues with inappropriate posts.*

*The group is fully adopter-led, and currently, it functions as a safe space for carers to speak about shared experiences with other people who understand the unique benefits and challenges of EP. Here,, they can seek informal support from each other, ask questions about any issues they may be facing, share good news stories, and share useful resources.*

This group could be further developed by encouraging the members to identify what additional support would be valuable to participants. Some RAAs who facilitate similar groups have agreed with their group that they will post information on relevant themes such as:

- Managing family time
- Tips for carers with birth or adopted children already placed
- Managing the fostering role
- Managing uncertainty
- Conflict around being a foster carer and prospective adopter

In addition, the knowledge and experience of EP carers from this group may be harnessed to encourage involvement in improving adoption services through speaking at preparation training and becoming mentors to other carers.

# Consideration for family time arrangements

for children in fostering for adoption placements

Practitioners, managers and leaders actively enable relationships for the child including past, present and future potential for a sustained presence in the child's life.

*National Early Permanence Practice Standards - Practice domain 6*

Note on terminology – the term contact is widely and commonly used to describe the arrangement for children in care to spend time with their families. We prefer to use the term family time or for post adoption “keeping in touch”, as children and young people widely reject the term contact as they see it as jargonistic. Where possible, within this guide, we have used the word family time instead of “contact.”

During care proceedings, family time arrangements between children and their families are central to EP practice. We know from experience and research that if family time is planned and supported well, it can provide the foundations for the development of meaningful relationships not only between the children and their family but also between family members and the EP carers. In order to be supported well, there needs to be good information sharing and a robust plan in place, which includes clear expectations of all involved and how children, their family and carers will be supported.

The ASW is responsible for supporting EP carers; CSW will provide support to parents and oversee the family time plan.

*"I met birth mom when I went to bring baby home from hospital then for family time before adoption order was granted.*

*Personally, I really valued this and bonded with birth mom to the point we created a lovely family time book and memories for when my little girl is older, and the three of us had a lovely photo together on last contact which will always be a cherished memory."*

*MTC EP adopter*

Managing family time between the child and their family may initially be anxiety provoking for carers but often becomes positive and beneficial as relationships develop. During the fostering phase, carers should transport the child to family time and, where possible, undertake the handover birth parents unless there are assessed safeguarding issues. When making family time plans, it is important to clearly evidence risks and differentiate them between perceived and actual risks without making assumptions. It is also essential to consider whether any support can be provided to mitigate or minimise the impact of these risks.

*"Don't think that we are not up for family time, we were always pushing for more contact because we could see how important it was to the child – I am not sure if we would have coped when he returned to birth family if we hadn't had contact and got to know mum and dad."*

*MTC FfA carer*

### *Advantages of carers getting to know parents through family time:*

- Provides reassurance to parents that their child is being looked after.*
- Provides consistency of care for the child.*
- Allows the carers to get to know parents as real people and gain information not captured in written documents, for example, “firsts” development milestones, experiences of pregnancy and cherished memories. Children often ask these questions and love to hear about them.*
- The richness of information shared supports the development of high-quality life story work with the child.*
- Lays the foundation for developing meaningful relationships and, therefore, a higher likelihood of successful keeping in touch arrangements should the child go on to be adopted.*

*"Birth family contact is hard, but the CPR received we was so black and white so heavy.... having more interaction with birth family makes you realise that it is not black and white you can see the love and the heartbreak that is there for the parents, you see that they (parents) are vulnerable and have had so much to cope with. EP gives you this depth of understanding that adopting a child who already has placement order doesn't."*

*MTC FfA carer*

Whilst the quotes within this section highlight the significance of family time to FfA carers, the reality of managing family time between the child and their family can be practically and emotionally complex.

During the EP project reference groups and discussions with adopters, we have heard of many issues that have arisen that impacted individuals viewing family time positively. However, many of these issues could have been prevented with clear planning and good communication between all involved.

The most frequent issues we heard are detailed overleaf.

*"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*

*National Early Permanence Practice Standards – Practice domain 6  
Professionals supervising family time understand the value of direct and meaningful family time and are trained in early permanence, including managing the sensitivities of handovers between carers and family members and positive handling of the likely emotional anxieties.*

### **What EP carers told us about family time:**

- Timely family time plans are not always provided.
- Different family time workers facilitated sessions which not only impacts the child but means that the process for handover is not consistent.
- Frequent changes to the family time plan, i.e., time, date, and location.
- Lack of clarity about who carers should contact about family time.
- Limited information was shared within the session, i.e., about feeding and sleeping.
- Lack of guidance to family time worker on what is appropriate to share with carers about birth parents' circumstances.
- The impact of criticism from parents about the care provided by the EP carers.
- Lack of recognition that the carers are not experienced foster carers. An assumption that EP carers are going to know exactly how family time works.

In order to address these issues, we have developed an [information leaflet](#) for contact/ family time workers and recommend the following good practice pointers:

- The frequency of family time - arrangements for children should be planned based on the individual needs of the child and their unique circumstances.

- Contact research has evidenced that the quality of the contact is more important than the frequency. This finding should be considered when planning and presenting information in court, recognising that high levels of contact can significantly impact infants' wellbeing. There needs to be a balance between enabling the child to develop secure attachments and experience predictable routines whilst also offering parents a fair and reasonable opportunity.

More information on planning family time can be found at the [Nuffield Family Justice Observatory](#).

- Suitable family time centres and skilled family time supervisors are required to manage family time safely and sensitively. The carer will bring the child to family time, and the supervisors need to support the handovers between carers and parent and manage any anxiety or tensions.
- It is important to have continuity of family time supervisor for the child's sake but also for the reassurance of the parents and carers. Supervisors will need to have some experience in managing the dynamics of family time arrangements and, whilst showing empathy to the birth parents, should be able to maintain a professional view of how family time is progressing.
- There should be at least two identified family time supervisors so that an identifiable family time supervisor is available if one is on leave or sick.
- A Strengths and Risk Assessment is to be completed before arrangements for family time are finalised to ensure supervisors identify any perceived and actual risks, and protective steps are taken.

- Arrangements need to be made regarding who arrives and leaves first (including carers and the child). What are the arrangements for the handover – will the parents be in the family time centre 10 minutes before the child arrives to ensure that no handover takes place in a public area? Will the parents leave first, with a check that they have left before the carers and child leave?
- Issues around the location of the family time centre in relation to the distance from the placement need to be considered. Are there any other transport issues, e.g., is there a need for a safety seat/car seat? Is there a family time centre or venue nearer to the parents' home than to the carers' home to support the confidentiality of the placement? This should be considered alongside the length of time that the child may be in a car and the risk factors in maintaining confidentiality.
- A family time schedule must be put into place and regularly reviewed to ensure that it meets the child's needs.
- There should be a family time/communication book so that the carers and parents can record what they did during family time, e.g., if a feed took place, if photos were taken, and if gifts were given.
- The family time supervisor/s will take the family time notes/recording of family time. How will these be shared? The matters recorded must be consistent from one family time session to another, irrespective of the supervisor. This can be crucial evidence for the court; thus, an agreed format should be used.
- Will the parents be able to feed and change the child during family time? Will the carers supply the food, milk, and equipment?
- If the carers are going to enter the family time centre, consideration should be given to their signing in and not using their last name.
- How to manage goodbyes – it can be difficult for birth parents to see the carers giving their child hugs and kisses.
- Consideration of the use of mobile phones – it should be considered from the beginning whether parents, relatives, or carers use these during family time. Discussion is needed about arrangements to provide photos and prevent photos being taken of the carers.
- Think about gifts from parents - does this need to be limited to small manageable items? For example, if the parents buy clothes for the child, do they want them returned if the child has outgrown them?
- If the parents are not consistent in attending family time, arrangements should be made for cancelling with the carers and family time supervisors so that the child is not brought to family time unnecessarily.

*"The support workers at the family time centre were all fantastic at supporting us with the contact and made arrangements to let me know once the birth parents were in the room so I could drop my son off. I think keeping the contact book with the birth parents has left a lovely record to show my son one day. Also, we recently met my son's birth mother and she said she found it easier knowing he was with us because we had been really kind in the contact book."*

MTC FfA carer



## Rehabilitation of children to parents

Where the outcome is for the child to return to parents or wider family

Care planning for FfA is not any different from any other care planning case in the sense that professionals must always ensure all LAC children have the opportunity to return to live within their birth family where it is safe for them to do so. Whilst evidence in the Midlands suggests that rehabilitation rates from EP placements are low, throughout the project, we have heard a variety of examples from professionals and adopters where rehabilitation either to birth parents or other family members has taken place. Here, we have listened to positive stories where the transition was managed well, and, in some instances, FfA carers have developed an ongoing relationship with family members and have remained an important part of the child's life. However, rehabilitation is complex and can present huge challenges for carers if not properly planned for and managed. One of the main findings from our discussions with all involved is that if rehabilitation is the outcome of court proceedings, it is crucial all professionals involved collaborate and communicate effectively to ensure that they carefully and sensitively plan the child's transition and effectively support the carers and family members with empathy.

Whilst FfA carers are prepared for their role as foster carers and for reunification being a possible outcome, they will inevitably be hoping that the child remains with them, and that adoption is the outcome. Therefore, in circumstances where the court orders further assessments for the birth parents or family members, and particularly where the care plan then changes to support the child's return to their birth family, significant support should be provided to carers to enable them to manage such arrangements.

*"A key issue in such cases will be the provision of support to the FfA carers and their family members throughout, and ensuring that all the professionals involved are aware of the psychological and emotional impact on the carers during a heightened period of uncertainty, or where the child is to be returned at a time of significant loss for them and to be sensitive to their circumstances. (Dibben and Howarth, 2017 in 'The Role of Fostering for Adoption in Achieving Early Permanence for Children'. CoramBAAF).*

### Transition planning and support

The CSW, in consultation with ASW and FSW, should develop a child-centred transition plan which allows the child to achieve a safe transition within timescales that meet their needs.

It needs to be borne in mind that where there is a further assessment of the parent or family member, this may take some time to complete. The child will rarely move back to their family prior to the final hearing, which leaves FfA carers managing high levels of uncertainty, sometimes over a prolonged period, while at the same time trying to continue to provide high levels of nurturing care for the child.

(NB In the case of a relinquished child, transitions are likely to happen more quickly and could be within 7 days).

## Good practice pointers for rehabilitation

- The shared goal for all involved is to ensure that the transition is centred around the child's needs.
- Discussions need to take place with FfA carers to ascertain their views about their involvement in the child's transition to parents/wider family members (see below).
- Carers are to be encouraged and supported to:
  - Meet the family member (if they haven't already).
  - Take the child to contact with the family member and facilitate handovers.
  - Provide information to the family member about the child's routines and produce a life storybook and memory box for the parents or family members and themselves.
- A detailed transition plan should be made with all involved, including details of who will support the FfA carers and the child's family members and specific details about what support they will need.
- Intensive support should be provided to the FfA carers by their ASW as this will be an incredibly challenging and emotional time for carers; this requires close oversight by the worker's manager, as it is essential workers have the time and space to be fully available to carers in order to provide the necessary support.
- Workers are to be present for every handover and contact between the carer and parents/family member. This presence sends the message that no party is alone, and everyone remains clear about the plan and what is going to happen.
- Where possible, the FfA carer should be matched to a FfA carer mentor who has also experienced rehabilitation.
- CSW is to continue to work with the child and be alert to the impact upon the child of the move. The CSW should also provide support to parents/family members to help them understand the potential impact upon the child; thus, it is essential workers have the time and space to be fully available to the child to provide the necessary support.
- Whilst, with support, most FfA carers are able to theoretically understand and accept that the child returning to their family is a positive outcome for them, they will also naturally be apprehensive about undertaking the tasks needed to support the child's smooth transition.

These duties are challenging to undertake whilst managing their own feelings, and they may question their capacity to carry out the necessary tasks to support rehabilitation. Therefore, it is important to listen to carer's feelings and acknowledge their concerns and reassure them that:

*"...the responsive and attuned care the child has received from them will help them to develop new attachments and whilst separation is still a stressful experience for the baby, the baby's ability to recover and to build new secure attachments has been enhanced by their healthy attachment experiences".* (Early Permanence Training material. Coram, 2017).

It is also understandable that carers may be anxious about the parent or family member and how they will look after the child. Carers should be encouraged to see that meeting them via involvement in family time, although an anxiety-inducing thought, is actually helpful for them and the child; knowing where the child is going in most cases is more positive than anticipated.

## **After the placement has ended**

The primary support for carers should come from the ASW, who will support them as appropriate and plan with them their way forward. Many FfA carers need to take a break following a child's return to their family in order to process what has happened and grieve their loss. The FfA carers will also need to be supported, at the right time for them, to think about their future plans to adopt. Some carers will decide to take a second FfA placement; others choose to return to the "traditional" route; and for some, they may feel, at least at this time, that they do not wish to pursue a further placement.

In addition to the support from their worker, the carers may require more intensive counselling. The RAA/VAA's own therapeutic services resources may be able to provide this support. However, sometimes internal resources are not available. In these circumstances, the carer's worker should support the carer to access counselling through counsellors or therapists who understand loss and trauma or through adoption support agencies such as PAC-UK. Carers are not entitled to apply for funding for counselling through the ASF, thus, it is recommended that where financial support is required the ASW supports them in making a case for funding from the LA that placed the child if the RAA does not have a provision within their own resources to cover this.

After the placement has ended, the RAA/VAA should hold a learning review meeting to understand and learn lessons from what has happened. The meeting should consider the actions and decisions undertaken to identify any potential gaps in information or where issues might have been addressed differently. A plan should be drawn up to address any challenges and or learning needs, and to consider the support needs of all involved. The review might include:

- Further practitioner/adopter training or learning needs.
- Any adjustments needed to EP processes or procedures.
- How learning will be shared more widely to include the LA/CT and with adoption panels and IRO's.

## **Support for parents/wider family**

- The CSW will support the parents and/ or wider family in developing an effective support plan for them and the child when the child returns home.
- The ASW should provide support to the carer's wider family, giving particular attention to the needs of children in the household who will be affected and may need additional support with feelings of loss when a child moves from the household.

## **Good practice recommendation**

The development of friends and family training to include, fostering, rehabilitation and legal elements so carers support network are enabled to understand FfA and provide support to FfA carers should the child be rehabilitated to their birth family. Information to be provided to friends and family about EP can be found [here](#).

# ADOPTER JOURNEY

MTC EP project aims:

**Improve RAA/LA  
sufficiency in relation  
to FfA placements**

**Ensure EP carers  
are better prepared  
and supported**

Early Permanence carers offer a very valuable service to children unable to live with their families.

EP prospective adopters often have to manage uncertainty when fostering a child with a view to adoption. This uncertainty is because they are required to invest in developing a relationship with the child without knowing what decisions the court might ultimately make regarding the final order and placement for that child, with carers accepting it is possible that the child may be reunified with their birth family.

“Despite these uncertainties EP prospective adopters consider the potential advantages of having a child placed with them earlier to outweigh the risks of the court reaching an alternative placement decision” (Kelly et al., 2007 in Brown and Mason’s, 2021, ‘Understanding Early Permanence: A small-scale research study’).

To continue to ensure adopter sufficiency in the face of this level of uncertainty, it is imperative for all RAA’s and VAA’s to provide good quality preparation, training, and support at every stage of the process.

In the MTC model, we aim to promote FfA as a special but usual route to adoption. We can achieve this by ensuring FfA is promoted from the earliest point of contact with potential adopters and continued throughout the recruitment and assessment process.

Within the MTC model it is recommended that prospective carers are opted into the early permanence pathway from the first point of contact, aiming for them to be provided with accurate and honest information to support them in making an informed decision.

The aim is for the majority of adopters to continue through the process with an openness to consider FfA and, subsequently, for the assessment process to consider their capacity to offer a FfA placement based on a continuum of uncertainty rather than ruling adopters in or out.

*“Just because we might have gone down the bumpiest route to have a family, don’t assume we are not up for the challenges that come with EP.”*

***Adopter Voice UK***

Forum Reports: September – October (2022)

## Recruitment

From the first enquiry stage, potential applicants should be introduced to FfA as a positive route to adoption.

All recruitment, information event materials and initial conversations should include information about the benefits of FfA along with the potential challenges and qualities needed. This information, along with case studies and video clips from FfA adopters, should be included on all platforms, including websites, social media and in the written information provided to prospective adopters.

### Stage One

In stage one, all prospective adopters should be encouraged to undertake their own research about EP as a route to adoption.

#### Good practice example

Adopters complete a self-assessment workbook as part of stage one to:

- Encourage exploration of their motivation for considering EP.
- Consider the skills and attributes they bring to caring for a child through EP.
- Begin to think about the challenges and how they would manage these.

It is also recommended that prospective adopters have the opportunity to talk to experienced EP carers and practitioners during this stage.

## Preparation training

As EP placements have increased in recent years, it has become clear that comprehensive preparation for any carers considering offering an EP placement is crucial to the placement's success and is a protective factor if the child does then return to their family.

Robust preparation and training are provided to EP carers (in addition to core adoption training) covering; the benefits for children, the legal process and role of all involved professionals, the full nature of their role as foster carers and all potential outcomes. This training is delivered by experienced professionals and includes previous EP carers.



*"A key take-out from Preparation training is that children and their interests are at the heart of early permanence and that this is how EP should be presented to potential carers."*

**Care For Me First evaluation.**  
*(Michelmores and Impact & Evaluation Team, 2019. Coram.).*



## What adopters told us about their experience of preparation training

During the course of the project, feedback from adopters, both within the Midlands region and nationally, was obtained through surveys and reference groups. In relation to preparation training, feedback from adopters showed that EP preparation training was valued, and adopters agreed the preparation training helped them understand EP and to develop an understanding of the immense benefits to children of this approach to adoption.

However, there was a wide discrepancy as to how much the training fully prepared adopters for the tasks ahead. The information gained clearly demonstrated that carers lacked understanding of the full requirements of FfA.

Locally and nationally, adopters told us that preparation training for FfA carers needs to be factual in terms of "...the process, their (adopters) roles, the reality of rehabilitation and understanding the stark differences of how contact works with EP and mainstream adoptions. All the adopters' commented on how scary it was in terms of taking their children for contact when social workers had "scared them to death" about the importance of safeguarding" (Adopter Voice UK, 2022).

Currently, whilst all RAAs in the MTC region provide FfA preparation training, broadly covering similar themes, there is significant variation in the training's structure, timing, and length. Some RAAs offer FfA preparation training as a compulsory module; for others, adopters can choose if they wish to attend.

Many RAAs provide training within stage one; however, other adopters do not receive any formal training until stage two of the process.

### MTC approach

MTC promotes the approach that all prospective adopters attend EP preparation training during stage one of the adoption process in order to provide them with the necessary information at an early stage to make an informed decision.

Linked to information earlier in this guide, it is clear that there has been some scepticism of EP within the court arena in terms of courts seeing EP as potentially pre-empting court decisions; the MTC model ensures that EP placements are seen in a credible sense as a fostering placement before a formal match made. To do this, EP carers must be prepared for and supported to understand their role as foster carers for the child and to stay rooted within this role during the fostering phase.

Carers also need to be better prepared to support a child to rehabilitate to their birth family if this is the plan and have access to a greater level of support when this happens.

This preparation, in turn, will help carers develop resilience and be better equipped to manage more uncertainty.



## Components of an EP module for adopters

EP preparation training should build upon the core preparation training modules and through recruitment materials and stage one information. Therefore, prospective carers will already be conversant with the following:

- What FfA is.
- How FfA differs from the traditional route adoption.
- What FfA means, and the benefits for both the child and them.
- Core preparation training information.

During preparation training, practitioners should review the above information along with the following

- Why FfA matters - the importance of attachment for babies and young children in the context of EP.
- What circumstances is FfA considered, and for which children.
- The child and adopter journey from linking and matching to an adoption order.
- Managing the foster carer role (further information about preparation for fostering role may be found by clicking [here](#)).
- Legislative framework surrounding children in care, including processes and timescales.
- Health and development issues - managing uncertainty.
- Managing family time and the importance of developing relationships with birth family.
- Rehabilitation home – managing uncertainty. This should include detailed information about the reasons for making decisions, the process, and support to adopters in developing a plan for this eventuality.
- Particular issues in relation to consensual adoption.
- The importance of support and preparation of the adopters' network.
- The impact of FfA on other children in the household.

*“Findings from studies seeking adopters’ perspectives, highlight the importance of ensuring that prospective adopters are fully prepared for their role as foster carer in EP. This literature also emphasises the importance of professionals being honest and transparent with prospective adopters, specifically in relation to the possibility of reunification.”*

### **Understanding Early Permanence: A small-scale research study**

Brown and Mason (2021)

All the above areas are important to cover; however, from learning gained from practitioners and adopters, the MTC project recommends that practitioners/Managers should review all EP preparation training modules to ensure that there is a particular and detailed focus on the areas of:

- The foster carer role.
- Preparation for the child being rehabilitated to their birth family.
- Managing contact arrangements and developing relationships with the birth family.

Information and resources can be accessed for Coram members [here](#)

The MTC project also recommend that preparation training includes elements of:

### Lived experience

Adopters highlighted the lived experience of EP carers as “the best part of both the adoption and EP training”. (Adopter Voice UK, 2022, & MTC adopter reference groups).

*"We found the training helpful as it explained both pros and cons of FA, case examples and statistics and statistics were provided, and we valued hearing real life experiences from people who had been through the process themselves. All this enabled us to look at the positives and the risks and make an informed decision if this was right for us"*

**FfA carer**  
MTC region

In addition to experienced FfA adopters forming part of the training as co-facilitators or speakers, we strongly recommended that parents' voices be present within the training's delivery and content so that adopters are supported to understand and develop empathy towards parents. This inclusion of parent's voices will enable prospective adopters to support the child's identity needs.

Additionally involving other professionals with direct experience in FfA will enhance training programmes. For example, contact supervisors, childcare social workers, foster carers, or fostering supervising social workers who can talk about the fostering role.

Case studies and quizzes about FfA are also a valuable way to enhance learning, and prospective adopters should also be encouraged to complete their own homework, covering aspects such as creating a contingency plan if the child returns to family, and the impact of drugs and alcohol in-utero.

### Prospective adopters assessment

During the stage two assessment, FfA should be fully explored with prospective adopters, and the assessment should include an indication of their suitability for FfA. The information contained within the PAR will therefore need to be sufficiently comprehensive, both in terms of being clear about what the applicants understand about FfA as well as their capacity to offer a FfA placement to a child.

The project has developed good practice pointers to be considered within assessments, which is additional to, and sits alongside, relevant agency adopter assessment report guidance notes. Click [here](#) for PAR additional guidance for EP.

The MTC model aims to shift practice towards the majority of prospective adopters being approved with the potential to take a FfA placement. Prospective adopters should be encouraged to remain open to FfA as the circumstances of all children are different and some FfA placements consequently lead to greater levels of uncertainty than others.

The MTC model promotes the need for adopters to be approved with full information and knowledge of FfA. This preparation includes retaining an open mind as to whether this would be right for them until they learn more post-approval about particular children who could be placed via this route.

For example, prospective adopters may consider FfA placements under certain circumstances but not others, which should be clearly identified in the PAR.

*"We would suggest that all prospective adopters really seriously consider being assessed as early permanence carers. We started the assessment process hesitant about it, but our Social Worker helped us understand so much more by talking through differing scenarios with differing levels of uncertainty, so we remained open to FfA and we are so glad that we did because it helped us to complete our family. Because our little boy was placed so young he is very well attached and is able to make positive attachments with people and he is a very happy, content and confident little person."*

**MTC adoptive parent**

In the few cases where the prospective adopters do not currently wish to be considered for FfA or the assessing social worker has concerns about their capacity to offer an FfA placement, the PAR must contain a clear, detailed analysis of what the vulnerabilities are in relation to FfA to assist with future decision making. The recommendation will be kept under review, and all adopters who are not approved for FfA at the time of approval will be offered further opportunities to reconsider if appropriate.

When considering the approval of an adopter, the adoption panel may offer advice to the agency on their suitability to have a child placed as FfA.

The ADM will also state a view on whether there are any particular reasons that may preclude the applicant from a FfA placement, albeit decisions about this will be made post approval in relation to specific children.

Adopters may not be considered suitable for FfA at the point of approval, but this may change post-approval in relation to potential matches (e.g., a relinquished baby or the sibling of a child already adopted by them).

Where this is the case, the agency is not required to take this back to the panel. Further FfA sessions will be offered to these adopters and an addendum to the PAR will be completed.

Following their approval to adopt, prospective adopters open to considering FfA, who fit within a child's placement criteria, will be considered for the child(ren) available for placement.



# ACKNOWLEDGEMENTS

Grateful thanks go to the following people and groups who have given their time and expertise and have been instrumental in supporting the production of this good practice guide.

- Our practice reference group and fostering reference group which comprised of representatives from all the MTC Regional Adoption Agencies, Voluntary Adoption Agencies, Local Authorities, and Children's Trusts within the MTC region. This guide would not have been possible without the generosity and enthusiasm of these practitioners and managers, sharing tools, proformas, and inspiring examples of good practice across the Midlands region.
- Brenda Vincent (ACE) and Scott Crawford (T4C) for acting as sounding boards and providing a challenge to us to determine good practice in this area and for providing great support throughout the course of the project.
- All the MTC leaders who have provided us with helpful advice and guidance and shared their expertise.
- The adopter reference group who have given up their precious time and have been willing to share their journey of adopting; their accounts have brought to life the joys and challenges of FfA placements.
- The young people with experience of adoption who gave us food for thought in terms of the benefits and challenges of Early Permanence.
- The members of the National Early Permanence practice group.
- Beth Robertson (Barnardo's) who has been instrumental in providing project management support and much more throughout the timeline of the project.
- Abigail Hall (Barnardo's) who has been pivotal in the planning and organisation of the two practice events within which we launched this guidance.
- Ian Groom (T4C) and Catherine Furnival (A@H) for their support, advice and guidance and assistance with the communications strategy as well as the production and editing of this guidance.

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