



## Early Permanence planning practice guide

A practice guide for professionals working with children and families in care and permanence planning



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## Contents

1.	Early Permanence information for Social Workers – what do you need to know? .....	4
2.	Considering early permanence for a child – some initial considerations .....	7
3.	Early Permanence process summary .....	8
4.	Early permanence protocol for Social Workers and professionals involved in planning for permanence.....	10
Appendix 1:	National early permanence practice standards.....	24
Appendix 2:	Early permanence planning tool.....	30
Appendix 3:	Early permanence Screening matrix.....	33
Appendix 4:	Family Network Meeting (FNM) Practice Guidance .....	35
Appendix 5:	Early Permanence Planning Referral Form .....	39
Appendix 6:	SW checklist of tasks to be completed prior to the final decision to implement an EP placement.....	44
Appendix 7:	Notification of early permanence placement (EP1 form).....	45
Appendix 8	Linking meeting record .....	47
Appendix 9:	Early Permanence Placement Planning Meeting Protocol .....	48
Appendix 10:	Minutes of placement planning meeting (Template) .....	50
Appendix 11:	Protocol for sharing medical information in early permanence planning.....	51
Appendix 12:	Good practice guide for setting up an early permanence placement .....	53
Appendix 13:	Information leaflet for parents .....	54
Appendix 14:	Information leaflet for parents (easy read) .....	54
Appendix 15:	Information leaflet for people considering relinquishing a child .....	54
Appendix 16:	Information leaflet for people considering relinquishing a child (easy read).....	54
Appendix 17:	Information leaflet or contact workers.....	54
Appendix 18:	Information leaflet for Medical Professionals & Administrators .....	54
Appendix 19:	Matching meeting checklist.....	55
Appendix 20:	Matching Panel preparation checklist .....	56
Appendix 21:	Adoption Leave and Pay Entitlements in Early Permanence .....	57
Appendix 22:	Support framework for Early Permanence foster carers .....	58
Appendix 23:	Wellbeing assessment guide for professionals.....	60
Appendix 24:	Supporting carers and adopters with emotive conversations .....	65
Appendix 25:	Reunification framework .....	67
	Reunification plan minimum requirements.....	72

The purpose of this guide and the National Early Permanence Practice Standards is to promote and shape effective early permanence practice systems across the region, in order to:

- Achieve child centred practice in Early Permanence
- Enable more children to benefit from early permanence
- Promote effective working partnerships across agencies
- Help standardise practice guidance and outcomes in delivery across agencies
- Promote confident and informed delivery of early permanence
- Be used as a dynamic tool to organise and strengthen local arrangements

## 1. Early Permanence information for Social Workers – what do you need to know?

### What is Early Permanence?

Concurrency? Fostering for Adoption? Dual Approval? Early Permanence? Reg 25A temporary approval? The terminology is confusing, but the names describe placements that are similar.

Frequently, these children come from backgrounds of severe difficulties, and at the time of placement there are no known suitable family members available to care for the child. The carers will foster the child through the Court proceedings. The child will return to the family if a family member is positively assessed OR they will go on to be adopted by the carers. Or they may have been relinquished by their birth parents, for many different reasons, to go through a consensual adoption process. While the court decides what plan is best for the child's permanence, early permanence offers a fostering placement for a child with foster carers who are also approved as adopters.

Early Permanence (EP) is a type of planning which helps a child (or children) who has to be removed from their birth family, or relinquished by their birth family, to find a safe, stable and permanent home as quickly as possible. In Early Permanence (EP) placements for children, all the normal planning and court work is completed but sometimes planning and placement work is completed alongside the court process. Early Permanence Placements can be used for children where the local authority's plan for permanence could possibly be adoption, but where other outcomes such as rehabilitation to their birth family are still under consideration. In such cases, the local authority will place the child with foster carers who are also approved as adopters.

Early Permanence is seen as a positive option for many children who may ultimately be adopted. People who are approved as adopters can also be approved as foster carers, allowing children to be placed with them while the legal routes are being finalised. Being placed with early permanence foster carers can reduce the number of moves a child experiences. Often the child lives with the people, who may become their adoptive family earlier than they would otherwise have, building stronger attachments and bonds from a younger age. Early permanence can be used for children of all ages where there is a possibility of the child (or children) needing a care plan for adoption.

A foster carer who makes the decision to adopt a child in their care **has not** provided an early permanence placement; this is **not early permanence**.

Early permanence placements are **not** emergency fostering placements.

### I'm not sure about the terminology?

Early Permanence is an 'umbrella term for what you may have heard referred to as 'Concurrency' and 'Foster for Adoption' placements.

### How does it work?

Early permanence foster carers will have been approved to adopt, and then again also approved as foster carers for a specific child by means of Regulation 25a. Early permanence placements mean that the child (or children) will receive foster care as looked after children, until such time as the Court decide the outcome of care proceedings.

If the Court orders the child's return to their family, these foster carers will support the reunification and they will only ever have been foster carers for the child or children. However, if the Court grants a placement order, these carers will then become prospective adopters, going on to formally apply to adopt the child (or children).

### **Why use an Early permanence placement?**

Placing the child into an EP placement means that their time in care will either result in the child being supported by the EP foster carers to return to their family, or that the child will already be placed with their future adopters. This enables the child to begin forming attachments as early as possible and safeguards the child from multiple moves. In an EP placement, it is the carers taking on the uncertainty on behalf of the child, so that the child does not have to.

### **I'm not sure if the child will have a plan for adoption**

Early Permanence Placements can be used for children where the local authority's plan for permanence is possibly to be adoption, but where other outcomes such as returning to their birth family are still under consideration and assessments are still underway.



### **Am I disadvantaging the family?**

No; the legal tests for removal and whether a care plan for adoption is needed are the same. Early permanence foster carers are only acting as foster carers until, and only if, such time as the Court grant a placement order.

In the early days of early permanence, you may have heard talk of percentages of children remaining with the EP foster carers and being adopted. It is much more helpful to ground yourself, the family and the EP foster carer in the fact that whilst all early permanence cases involve children with a possibility of needing a plan for adoption, only the Court can decide the final care plan for a child. In all cases unexpected events can occur. Therefore, any early permanence foster carer may experience children placed with them returning to their family.

### **How does time with the birth family (family time) work?**

Early permanence foster carers will usually bring the child(ren) to and from family time and participate (if assessed as safe), which will be supervised in the usual way. Early permanence foster carers will also keep a communication book for the birth family to share.

### **Is an EP placement more work?**

There are differences in the timing of your work. With an early permanence placement you will be actively involved in the placement search and initial matching, including meeting the potential early permanence foster carers. However, as these carers are able to become the potential adopters, if needed, you should not need to carry out family finding later. You will still need to complete official matching and adoption processes to ensure that the EP placement is the right long-term match for the child(ren). Early permanence foster carers may need more support than traditional foster carers due to the uncertainty they are managing. However, you will have an Adoption Social Worker to support you and the early permanence foster carers.

## Working with early permanence foster carers

Early permanence foster carers are putting themselves forward to potentially care for the child(ren) for life, taking on significant emotional uncertainty so the child(ren) does not have to. This is different to the role of a traditional foster carer who has planned to play an important but temporary role in the child(ren)'s life.

Early permanence foster carers describe their journey as a “rollercoaster”. It is important to avoid over reassurance about possible case outcomes. Early permanence foster carers tell us that over reassurance, talk of percentages, guesses about the proceedings etc are unhelpful. They have to remain focused on the outcomes being uncertain for them whilst a ‘win-win’ for the child.

Early permanence foster carers may be approached many times about possible placements. They are assessed as being very resilient and are trained to manage their expectations. Therefore, they may present differently to other prospective adopters that you may have met. Your visit may not be their first visit, several visits may already have taken place about other children for whom an early permanence placement was being considered but was in the end not needed. Please ask about any previous placement discussions so you understand where the potential carers are in their early permanence ‘journey’.

It is important to keep early permanence foster carers up to date on important information, especially care plan changes. If you have explored a potential placement with an early permanence foster carer, let them know as soon as possible if they are not linked or if the placement is no longer needed.

## What standards for early permanence are available?

The early permanence sector standards have been developed through the need to set out good practice arising from the statutory provision in legislation including the Children and Families Act 2014, and the associated amended Care Planning Placement and Case Review Regulations 2013 (see [Appendix 1](#)). They are a framework to guide good practice and standardisation across all agencies.

## Helpful tips

- Early permanence placements should always be considered for a child(ren) where there is reason to believe that adoption may be necessary (The Care Planning, Placement and Case Review Regulations 2010).
- Early permanence is appropriate in adoption by consent/consensual adoption (relinquishment) cases.
- Hold a Family Group Conference/Family Network Meeting as soon as possible to increase the chances of viable relatives being identified as early as possible (this avoids unnecessary EP placements and multiple placements for children).
- Do not think about early permanence placements in terms of success or failure; if a child returns back to their birth family this is not a failure. Early permanence is win-win for the child(ren), either they return to their family, or they have a permanent carer as early as possible.
- Be mindful of confidentiality from pre-placement, e.g. will carers only be identified by their first names to the family? Remember you need to think of immediate safety risks and longer-term adoption disruption risks.

## 2. Considering early permanence for a child – some initial considerations

- What do we know about the birth parents and their likely ability to care for this child, e.g. have they had other children removed, what parenting assessments have already been undertaken?
- Who else is in the wider family and what is the likelihood of them being able to care for this child? If parents haven't suggested anyone, what do we already know (or could find out) about the wider family that would help to assess whether or not they may be able to care for this child or children?
- Has either parent had other children? If so, where are they living? If with relatives, could they care for this child too (even if not a direct relative, e.g. the parent of a half sibling)? If adopted, do we know whether those adopters might be a possibility for this child too?
- How sure can we be of the child's paternity? If known, has the Social Worker considered paternal family members as well as maternal? If there is more than one possible family, what do we know about the wider family of all potential fathers? Do we know the child's expected ethnicity (e.g. if two possible fathers and both of the same ethnicity?). If paternity is unknown, what is the likelihood of this being known in the future (e.g. is birth mother likely to disclose once the baby's born or does she possibly not know herself)?

The above areas are to help identify whether there is a **possibility** of the child being adopted. If there is, then an early permanence placement should be considered, provided that the adopters of any siblings are not able to consider this child too, and that the potential early permanence foster carers are a good, and potentially permanent, match.

The referral form should help to get further information that will be necessary for potential matching with early permanence foster carers, such as ethnicity, genetic factors, geographical issues for matching, etc. If available early permanence foster carers aren't assessed as being a good match long term for the child's known or anticipated needs, the benefits of a better match for the child later may well outweigh an earlier but less well-matched placement for the child.

There may be a lot of unknown information from the above questions, which increases the chance of the plan for the child changing in the future when more is known. An early permanence placement could still be appropriate for the child, provided that the early permanence foster carers know and understand that plans are inevitably uncertain at this stage.



### 3. Early Permanence process summary

	What happens	Responsibility
	Referral of child into the Local Authority Social Work Team. Child is considered for an EP placement.	Child's Social Worker
	Check Early permanence has been considered at pre-birth or Core Assessment stage. Or as part of the single assessment.	Team Manager
	<b>EP referral</b> form is submitted to the RAA Family Finding team	Child's Social Worker
	Child record created in the Adoption West CHARMS database, once referral received	Family Finding team
	<b>Early Permanence referral meeting/discussion</b> between childcare social work team & Family Finding team.	Child's Social Worker/Family Finding Social Worker
	Details of early permanence planning discussed fully with parents. Written information given to parents and their lawyers. Consent to share medical information requested	Child's Social Worker
	Agency Decision Maker informed of the plan for EP	Child's Social Worker
	Search for potential EP foster carers started	Family Finding team
	<b>Family Network meeting</b> to identify and approach possible alternative carers	Child's Social Worker
	Potential EP foster carers are identified, and <b>PAR(s) submitted</b> to the Child's Social Worker	Adoption West Family Finding team
	<b>Early Permanence planning meeting</b> convened, reasons for initial link/match with potential carers fully recorded	
	Consent to share medical information sought from birth parents	Child's Social Worker
	Possible EP foster carers Visited to discuss child(children)	Family Finding Social Worker/Child's Social Worker
	Confirm <b>safer care plan</b> is commenced (finalised once child identified)	R&A Social Worker
	Prospective adopters are identified as EP foster carers and a <b>Linking Meeting/EP placement planning meeting</b> is convened to set out parameters of the role	Family Finding Manager
	<b>Regulation 25a report</b> completed	Child's Social Worker/ R&A Social Worker
	The prospective adopters are temporarily approved as foster carers for the named child (children) under Regulation 25a	LA fostering Agency Decision Maker (ADM)
	EP foster carers and Child records 'linked' in CHARMS	Family Finding team
	Reg. 25a documentation saved to the Fostering database	Child's Social Worker
	Supervising Fostering Social Worker allocated	LA Fostering team manager
	Local Authority's <b>Fostering Agreement</b> completed by the EP foster carer(s)	LA Fostering team
	<b>Training, Support and Development Standards</b> review commenced.	R&A Social Worker (on behalf of LA Fostering team)
	<b>Paediatric First Aid training</b> to be completed by EP foster carer(s)	LA Fostering team
	<b>Placement planning meeting</b> held	Child's Social Worker
	EP foster carer <b>Support plan</b> drafted	R&A Social Worker
	<b>Placement Plan</b> completed	Child's Social Worker
	<b>Safer Caring</b> documentation completed and saved to the Fostering database	Child's Social Worker



	Fostering Team notified of: <ul style="list-style-type: none"> <li>the EP foster carer details</li> <li>EP foster carer's R&amp;A Social Worker details</li> </ul>	Adoption West Family Finding team	
	Provide the early permanence carer(s) with a copy of the LA's <b>Fostering Handbook</b>	LA Fostering Team Manager	
	<b>Foster carer payments</b> set up	LA Fostering Team Manager	
	Membership of The <b>Fostering Network</b> set up	LA Fostering Team	
	Information on relevant unions provided	LA Fostering Team	
	The <b>child (children) moves</b> to the EP foster carer(s)	Child's Social Worker/R&A Social Worker	
	Child <b>registered with a GP</b> (HV/RM)	R&A Social Worker/Carer(s)	
	Daily and then weekly <a href="#">diary sheets</a> received from EP foster carer & forwarded to Fostering team, for saving on their database	R&A Social Worker	
	Fostering <b>supervision</b> is undertaken	R&A Social Worker, for LA Fostering Social Worker	
	Fostering supervision documentation forwarded to Fostering team, for saving on their database	R&A Social Worker	
	LA makes assessment-led decision on reunification or adoption. If plan is for adoption, <b>CPR/Medical Report/Annex B</b> completed.		
	<b>Adoption</b>	<b>Reunification</b>	
	The child's (children's) permanency report ( <b>CPR</b> ) is completed.	Child's Social Worker	<b>Rehabilitation, supervision and support plan</b> agreed (refer to the <a href="#">reunification framework</a> )
	A <b>permanence plan</b> for adoption is made for the child (or children) and ratified	Child's Social Worker	
	Decision made that the child 'should be placed' for adoption. Decision made at Panel for a relinquished child.	Agency Decision Maker (ADM)	
	A <b>placement order</b> is obtained from the court, or parental consent, for the adoption		
	<b>Medical Advisor meeting</b> with EP foster carer(s) arranged		
	A <b>matching meeting</b> takes place, and the adoption placement report is prepared.	Child's Social Worker	
	The <b>adoption placement (matching) report</b> is submitted to the adoption panel, and a recommendation is made		
	The <b>match is approved</b>	Agency Decision Maker (ADM)	
	The placement formally becomes an <b>adoptive placement</b> and no longer a fostering placement.		
	Fostering <b>payments cease</b>	Fostering Team Manager	

## 4. Early permanence protocol for Social Workers and professionals involved in planning for permanence

### 1. Purpose

- 1.1 To ensure that Social Workers placing Looked After Children (LAC) with early permanence foster carers through Adoption West, do so in a manner consistent with good practice and legislation.
- 1.2 To identify persons responsible for required actions.

### 2. Scope

- 2.1 This protocol applies to all those involved in the placement of looked after children (LAC) in early permanence (EP) placements with Adoption West. By placing with Adoption West, these Local Authorities (LAs) have agreed to work in partnership for the purposes of early permanence for the benefit of the child.
- 2.2 It is accepted that placing LAs may have developed their own early permanence placement procedures and where these follow the principles of best practice in early permanence, these should work together.

### 3. Definitions

- 3.1 All references to the agency in this protocol refer to Adoption West. The other parties are referred to as the placing agency or the LA where applicable.
- 3.2 All documentation referred to in this protocol are available from the Adoption West SharePoint folder.

### 4. General Action

- 4.1 All Team Managers responsible for Family Placement/Recruitment and assessment Social Workers or Children and Families' Social Workers, should have attended training on early permanence. Training resources are available from the Adoption West SharePoint folders.
- 4.2 Early Permanence cases should be closely overseen by experienced practitioners and their line managers.
- 4.3 All Social Workers and managers should be aware of this protocol, the guidance and documents available, as well as those available through CoramBAAF.

### 5. Criteria for selection

- 5.1 Early permanence should be considered for all children that meet the following criteria:
  - The child is assessed as possibly needing an adoptive placement, based on an analysis of the case history, birth parent's history and or current difficulties. With parental mental ill health, learning difficulties etc. the prognosis and outcome is likely to be known and a change in circumstances is assessed as unlikely.
  - Whilst it is unlikely that the birth parents can change their behaviour enough to meet the parenting needs of the child within the child's timescales, they may want to try and there is at least a possibility they could.
- 5.2 The child's Social Worker should, with their team manager, and the RAA Family Finding Manager make the decision that an early permanence care plan is appropriate for the child, or that the child may be suitable for such a placement.
- 5.3 If considering early permanence for an unborn baby, this protocol should be used in conjunction with the Local Authority's Expected Baby or Pre-Birth Protocols.

- 5.4 Any child identified as possibly suitable for an early permanence placement, whether during the mother's pregnancy, or when initially referred to the LA Social Work team, should be notified to the RAA family finding team via an [EP planning referral form](#) (**Appendix 5**).

## **6. Social work tasks that need to be completed prior to the final decision to implement an early permanence plan.**

- 6.1 Any child that the LA is considering early permanence planning for should have:
- An up-to-date chronology.
  - A genogram or family tree showing wider family, both paternal and maternal (and all family members who could possibly care for the child should have been assessed).
  - Their parentage clarified by a DNA test if there is any doubt as to who the parents are. Although an EP placement would still be suitable for a child where the parentage could not be confirmed initially. The Early permanence foster carers would need to be informed of this and that further information could be obtained at a later date, which could also lead to the assessments of identified family members.
  - See checklist at [Appendix 6](#)
- 6.2 LA protocols in relation to pre-birth referrals should be followed. Pre-birth permanency planning meetings (from 30 weeks gestation) should always consider early permanence and the RAA should be included in the discussions where this looks like it might be a viable option for the unborn child. The child's Social Work manager should take a lead strategic role in relation to pre-birth assessments and ensure that active communication with the RAA team(s) takes place.
- 6.3 For young children already born, a full assessment should be completed to facilitate information gathering, analysis of the child's and birth family's circumstances and to inform decision-making about an appropriate match.
- 6.4 Plan a Family Network Meeting (FNM) to identify and approach possible alternative carers.

## **7. Early Permanence planning referral meeting/discussion**

- 7.1 As soon as possible after the decision has been taken that Early Permanence Planning seems the correct plan for the child, a Referral Meeting/Discussion should take place between the child's Social Worker, their manager and the RAA Family Finding team manager, if this has not already happened. The RAA Family Finding Team manager should be aware of any suitable prospective adopters willing to become early permanence foster carers. If there are identified carers, the relevant Recruitment and Assessment Social Worker and the Family Finding manager should also be involved in the discussion.
- 7.2 Any outstanding Social Work tasks should be identified at this stage and timescales set for their completion. Tasks that should have been completed:
- i. Any possible family members who could care for the child should have been identified and assessed, or an assessment planned.
  - ii. A Family Review Meeting or Family Group Conference should have been held, to ensure that any potential resources within the family network have been fully explored. In determining which is the most appropriate placement for a child, the LA must 'give preference' to a placement with a connected person. It is vital, therefore, that at the very least initial viability work has been undertaken. If there is a family member who can provide an appropriate, safe and nurturing home for the child, then early permanence planning would not be appropriate.

- iii. A legal planning meeting should have been held and advice noted (including the view on the early permanence plan).
  - iv. As much medical information as possible should have been gathered on the child and where possible (i.e. with consent) any relevant medical information about both the birth parents (see [Protocol on sharing medical information](#) at **Appendix 11**).
- 7.3 The Children and Families' Team Manager of the child's LA should take responsibility for the completion of tasks i – iv.

## 8. The final decision should be made about initiating care proceedings

- 8.1 Where a decision has been made to initiate care proceedings, there are no appropriate carers within the family network and the other selection criteria have been met (see [Early Permanence Planning Tool](#) at **Appendix 2** and [Early Permanence Planning and Screening Matrix](#) at **Appendix 3**), an early permanence placement should be actively pursued as part of the care planning process.

## 9. Informing birth parents

- 9.1 Both the child's birth parents should be informed of the plan for early permanence, the benefits for the child explained and their views sought. This should take place as soon as possible after early permanence has been identified as a possible plan for the child. The leaflet on Early Permanence ([SWAC leaflet – \[EP\] Information for Parents](#) and [SWAC leaflet – \[EP\] Information for Parents easy read version](#)) should be given to both birth parents. This information should also be provided to the birth parents' lawyer.

## 10. Initial linking and the early permanence placement planning meeting

- 10.1 If a possible early permanence foster carer is identified, the child's Social Worker should liaise directly with the recruitment and assessment Social Worker for the potential carers. As much information about the child, their medical and developmental needs and their circumstances, should be shared with the recruitment and assessment Social Worker (see [Protocol for Sharing Medical Information in Early Permanence planning](#)).
- 10.2 The adopter's prospective adopter report (PAR), and any Addendum to the PAR, should be given to the child's Social Worker. If the initial match looks like it might be possible, an early permanence Placement Planning meeting should be held as soon as possible (follow the [EP Placement Planning Meeting Protocol](#)). The initial match (i.e. both considering whether the carers are suitable to meet the interim needs of the child as well as potentially their long-term ones) should be considered and a robust well-documented decision made and documented in the initial EP matching form.
- 10.3 The matching Panel preparation checklist should be used to work through the suitability of the match and should form the basis for the formal matching presented to panel later in the process, should the plan become one for adoption. This meeting should also identify if there is any further training or preparation needed for the early permanence foster carers, in order to meet the needs of the child.
- 10.4 The child's Social Worker should inform the meeting what contact arrangements are envisaged and the implications should be discussed. They should also inform the meeting if there is any relevant information they are unable to share with the carers. If this is so, the child's Social Worker should prepare a clear statement to inform the early permanence foster carers as to what type of information the LA/RAA can/cannot share. If the recruitment and assessment Social Worker has any concerns about information sharing, they should be discussed at the meeting and agreement reached. Each case will need to be considered separately, but it is important that early permanence foster carers are aware

that it may not be possible to share all the information about the child with them at this stage.

## **11. The mechanics of an early permanence placement in the local area**

11.1 If an initial match is agreed the placing LA will need to arrange for the carers to be approved as a foster carer, through the use of Regulation 25a.

11.2 The allocated fostering Social Worker should liaise closely with the adoption (R&A) Social Worker. Where the LA wishes to combine these tasks and delegate them to the adoption Social Worker, if this is agreed, responsibility for supervision and documentation must be agreed and adhered to. What is important is that the fostering nature of the placement is adequately supervised, and statutory requirements adhered to. The PAR should outline the additional training and preparation the adopters have received to prepare them for the fostering task and how the agency will support them in the role.

## **12. The role of the child's Social Worker**

The Child's social Worker will have responsibility for the following:

- Supporting and assessing both the birth mother and the birth father's capacity to care for the child.
- Actively working on the child's reunification with their family, whilst simultaneously supporting an alternative plan for permanence, which may include adoption.
- Develop the care plan for the child, which:
  - is based on a detailed and informed assessment, is up to date, effective and provides a real and genuine response to the child's needs. The social worker must be able to provide the IRO with the evidence on which the plan was formulated, for example copies of assessments or minutes of meetings.
  - Contains an assessment of the child's needs which can inform the decision as to which placement will be most suited to meeting those needs.
  - Contains information about how the child's current developmental needs will be met.
  - Contains the arrangements for the current and longer-term care for the child.
  - Provide clarity about the outcomes expected from services and other actions identified.
- Helping the child's parent(s) understand the nature of the early permanence placement and benefits for their child. The [SWAC leaflet – \[EP\] Information for parents](#) and [SWAC leaflet – \[EP\] Information for Parents easy read version](#) can be used as a supporting discussion aid.
- Arranging family time/contact at a suitable venue, preferably using trained and consistent contact supervisors.
- Liaising regularly with the early permanence carer's supervising Social Worker, updating them on:
  - on-going assessments
  - court dates
  - family time/contact arrangements
  - significant incidents and developments with regard to the wider family
  - the LA's thinking regarding the permanence plan for the child.

Such significant information as listed should be passed on to the supervising adoption social worker ASAP and in the Social Worker's absence this (as well as the regular updates) are the responsibility of the Child's Social Worker's line manager.

- Appreciating the emotional journey that the early permanence foster carers have taken on and be mindful that whilst acting as foster carers for the child in the initial instance, they have more at stake than traditional foster carers, since they are actively committed to adopting the child should that become the LA's plan and the courts agree. Therefore, it is best if very sensitive information is passed in a timely manner through the supervising Social Worker, so they can support the carers to manage the emotional impact any information may have on them.
- Informing the early permanence foster carers about any changes to family time/contact arrangements as soon as possible.
- Undertaking all the statutory requirements that apply to a traditional foster care placement and a LAC.

### **13. The role of the Independent Reviewing Officer (IRO)**

- 13.1 The primary task of the IRO is to ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child. The IRO acts as an advocate for the child, ensuring that their best interests are at the forefront of decision-making processes.
- 13.2 They are responsible for reviewing and monitoring the child's care plan, including the early permanence arrangements, to ensure they are meeting the child's needs. The IRO should engage with the child (if appropriate), their birth parents (if appropriate), and all professionals involved in the child's care, to gather relevant information for reviews.
- 13.3 The IRO's focus is to quality assure the care planning and review process for each child and to ensure that their current wishes and feelings are given full consideration and are included in the decision-making process.
- 13.4 The IRO should collaborate closely with the local authority, adoption agency, foster carers, prospective adopters, and other professionals involved in the child's care. An effective IRO service should enable the local authority to achieve improved outcomes for children ([IRO Handbook](#)).
- 13.5 The IRO should actively engage in case conferences, court proceedings, and multidisciplinary meetings to represent the child's best interests.
- 13.6 The regular review of the care plan is one of the key components within the core processes of working with children and families, taking into account the child's development, safety, and emotional well-being.
- 13.7 It is the responsibility of the IRO to chair this review at regular intervals, bringing together key stakeholders to discuss the child's progress, well-being, and permanency plans, to ensure there is a clear plan for the child's future, to which everyone is working, including the child, the team around the child and, where appropriate, the family.
- 13.8 The IRO must ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child.
- 13.9 The IRO should be satisfied that the assessments upon which the care plan is based are comprehensive and adequate, involving the appropriate people and addressing the appropriate issues, that the proposed care plan results logically from the assessments and that it is relevant, viable and achievable. That they identify any concerns or gaps in the child's support network and work with relevant professionals to address them.

- 13.10 The IRO is responsible for monitoring the implementation of the care plan, ensuring that it is being followed appropriately and any necessary adjustments are made. Overseeing the timeliness and quality of assessments and reports related to the child's care.
- 13.11 The IRO has a crucial role to play in ensuring that the local authority fulfils its responsibilities as a 'corporate parent' for all the children that it looks after. The IRO should ensure that the child is provided with stable care that is sensitive and appropriate to their needs so that the child is able to flourish and achieve.

#### **14. The role of the early permanence foster carer's adoption (supervising) Social Worker**

- 14.1 The role of the early permanence carer's supervising Social Worker is to ensure that the early permanence foster carers are provided with appropriate information about the child to enable them to make an informed decision about whether they can provide care for the child in both the short and long term.
- 14.2 If the early permanence foster carers already have children (adopted or birth), the supervising Social Worker will need to help them plan to prepare the children already in the family. Consideration should be given to the ages of the children and how the potential placement may impact on them.
- 14.3 The Social Worker is responsible for ensuring the safer care plan is completed. The [safer care plan](#) requires completing in draft before a child is placed. It must be updated to reflect the child's needs, when the carers become early permanence foster carers. The safer care plan should be reviewed at least annually, while the placement remains an early permanence placement.
- 14.4 It is also the role of the early permanence carer's supervising Social Worker to have assessed and prepared the carers for the task of early permanence as a foster carer. All early permanence foster carers should have attended the early permanence foster carer training offered by Adoption West, in addition to the stage 1 and stage 2 training for prospective adopters. It is essential that the carers:
- Attend the early permanence foster carer information session day as early as possible.
  - Understand the nature of early permanence and that the child may move back home or to another placement. This can be distressing for the child and the carers. The expectation of early permanence foster carers is that they are able to place the child's needs first and continue to care for the child whilst constructively participating in the possible reunification/introduction plans.
  - Have been well assessed as both adopters *and* foster carers able to offer early permanence. They should have been given training on the fostering role and explored in depth with their assessing Social Worker their ability to cope with the uncertainty and potential losses involved in early permanence.
  - Are not given false promises about the outcome of the early permanence plan at any stage, regardless of what the professionals think might happen. It is good practice to stick to facts.
  - Understand that uncertainty is inherent at all levels within early permanence, e.g. building the plan for any individual child, eventual outcome, medical health etc.
  - Are provided with enhanced support during the early permanence process (see [Appendix 22](#)).
  - Are kept informed of relevant court dates, assessment completions, significant incidents, or new contact arrangements etc. as this can help them manage their own emotional journey.

- Are prepared to adopt the child should the LA conclude that reunification is not possible, and the courts grant a Placement Order.
- Are kept aware of and encouraged to use the early permanence support groups, networks, and other mechanisms available to them at the time of the placement, available through Adoption West and CCS Adoption Bristol.

14.5 The R&A Social Worker acts as the supervising Social Worker where this task is delegated to the RAA.

14.6 The Social Worker must keep the plan for the provision of support during the fostering phase under review, to ensure it is reviewed and revised where necessary.

14.7 The Social Work task is to help the carers to manage their emotions, to remain child focussed and support the carers in the task they have taken on. Over-reassurance about an adoption outcome can be very tempting but is not helpful.

14.8 Social Workers undertaking this supervisory role need to be able to manage their emotions in relation to the task and reflect openly on their practice.

## 15. The role of Fostering Social Worker

15.1 The role of the fostering Social Worker is to ensure that the fostered child feels secure and is thriving and verifying that the carer meets the fostering service's requirements. The fostering Social Worker should undertake an initial visit, with the recruitment and assessment Social Worker, to the early permanence foster carers, to advise on the role of the fostering team and the delegated responsibility for supervision to the R&A Social Worker.

15.2 The fostering Social Worker is responsible for:

- Ensuring the early permanence foster carers are recorded on the fostering database, in order to record training completion and receive appropriate payments, and relevant notifications.
- Monitoring the progress of children and families
- Finding and co-ordinating resources
- Setting up the early permanence carers financial arrangements.
- Monitoring the progression of training and development standards
- Receiving and reviewing the weekly and then daily record sheets from the early permanence foster carers, via the R&A Social Worker.
- Reviewing supervision records via the R&A Social Worker.

15.3 At nine months, if the placement has not ended as a fostering placement, visit the early permanence foster carers in preparation for an annual review of the fostering placement.

15.3 Undertake the annual fostering review after one year, if the placement is still a fostering placement.

## 16. The Local Authority legal team

16.1 **Statutory Guidance:** There may be cases where a local authority identifies that, based on the evidence available and on its assessment of the case, the long-term permanence plan for a child is likely to be adoption. The Local Authority 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. Local Authorities **must** assess the appropriateness of placing the child with a local authority foster parent who has been approved as a prospective adopter.

16.2 It is a **cardinal principle** of the Children Act 1989 (the 1989 Act) that once a care order has been made, whether interim or final, it is for the local authority, and not the court, to decide how to meet its parental responsibilities for the child. The decision-making power



as to the care, residence and general welfare of the child is vested in the local authority, not in the court.

- 16.3 Early permanence foster carers are foster carers until they are matched to the child as prospective adopters and notified of the date on which the child will become placed for adoption.
- 16.4 The Local Authority still has a duty to consider any family who come forward and place the child with a family if appropriate (S22C duty to prioritise family placement continues).
- 16.5 In every case of an early permanence placement, there must, from the outset and at every stage thereafter, be complete frankness coupled with a robust appraisal of the realities.
- 16.6 Key point:
- An early permanence placement obviates placement move if adoption later authorised by placement order or consent;
  - An early permanence placement does not confer special status on the carers;
  - An early permanence placement does not change the duty to place with family if possible;
  - If family placement is possible, early permanence foster carers will be treated as any other foster carers and child will be moved, supported by the EP foster carers;
  - Early permanence foster carers must be prepared for possibility that they may have to return the child;
  - An early permanence placement MUST be considered whenever child looked after by local authority and adoption is being considered – including children under section 20;
  - Early permanence is not a one-off decision, the option should be considered throughout proceedings;
  - Courts do not have the power to order that a child be placed in a non-early permanence foster placement.

## 17. The Agency Decision Maker

- 17.1 The agency decision maker (ADM) should be informed of the potential match and an early permanence placement. **Note** that the ADM does not formally agree an adoption match at this stage as:
- a) adoption has not been agreed as the plan for the child, the LA is still working on the final plan;
  - b) the formal match cannot happen until post Placement Order, or it could be seen as pre-empting the court decision. However, it is good practice to inform the ADM of the early permanence placement.

## 18. Initial Court Hearing for an interim care order (ICO)

- 18.1 At the application for an ICO, the court will decide whether the threshold for removal has been reached and only if it feels it has, should it consider the early permanence care plan. However, it is possible to consider an early permanence plan for a child already subject to an ICO whether still living at home or in a temporary foster care placement. Each child should be considered on a case-by-case basis and care taken to try to achieve timely permanence for the child whilst not increasing the possibility of moves and disruptions.

## 19. Placement and planning

- 19.1 The geographical location of the proposed placement should ideally be one where family time can be facilitated without subjecting the child to the unnecessary stress caused by long journeys. Each case must be assessed individually, and professionals must consider

the need to maintain the confidentiality of the placement whilst balancing this against the distance to the family time venue.

- 19.2 The Agency's medical advisor, or other suitably qualified professional, should be available to answer any questions regarding known health information and the inherent uncertainty in relation to the child's longer-term health. This can assist the early permanence foster carers to make an informed decision as to whether they can undertake to meet this child's life long needs if necessary. Each Agency's Medical Advisor should be prepared to meet with early permanence foster carers at short notice, to discuss the medical uncertainties/needs of a potential match (see [Protocol on Sharing Medical Information in EP planning](#)).
- 19.3 If the ICO and care plan are agreed, transition meetings between the birth parents and the early permanence foster carers can be set up, if it is assessed as appropriate to do so. Ideally, such a meeting should be prior to the first contact meeting, but Social Workers may have to be creative and flexible depending on whether assessments allow for any face-to-face contact between the birth parents and early permanence foster carers and the speed at which the placement has been set up.
- 19.4 In preparing for the placement of the child with the early permanence foster carers, placement planning guidance ([good practice guidance - setting up a placement](#)) must be considered, which outlines the minimum requirements to be arranged before an early permanence placement is commenced.
- 19.5 The legal status is that the child is placed with the early permanence foster carers under fostering regulations, and they act as foster carers for the child.
- 19.6 It is important that early on in the arrangements, a [foster carer agreement](#) is completed that will set out expectations of the early permanence foster carers in their role, including the following areas:
- Legal status;
  - finance arrangements;
  - provision of equipment;
  - expectation of having household insurance;
  - arrangements for supervision and support;
  - expectations and provision of training tailored to the early permanence carer role;
  - expectations of record keeping;
  - annual review and completion of Training and Development Standards (TDS)

## **20. After Placement**

- 20.1 After placement, the early permanence foster carer's supervising Social Worker must ensure that the early permanence foster carers receive regular updating information about the child and the progress in the care planning. For this to happen there must be regular and clear communication set up between the child's Social Worker and the early permanence foster carers' supervising Social Worker (See above paragraph 12 on The Role of the early permanence foster carer's adoption (supervising) Social Worker.
- 20.2 The child's Social Worker continues/commences the assessment and support work for the birth parents. Every effort must be put into assisting the birth parents (both the mother and father) to manage to care for the child appropriately, if possible. The stakes for both birth parents could not be higher, so it is essential that they are given clear information about the plan for their child, expectations of them and intensive support to try to help them make the changes that are required of them. For an early permanence placement to have been made, the possibility of the child being cared for by other family members

(paternal and maternal) should already have been explored in principle and no one assessed as suitable. However, as proceedings continue these possibilities might change and the LA should be open to reassessing any viable possibilities.

- 20.3 On-going communication and information sharing between the social work teams (family placement and children and families), the CAFCASS Guardian and the IRO is essential at this stage.
- 20.4 All professionals should also consider their use of language (such as at LAC Reviews), where it may be difficult for the early permanence foster carers to hear themselves referred to as 'foster carers', when they are also approved adopters undertaking a fostering task. It can help if the IRO acknowledges the nature of the placement at the beginning of review meetings and if all professionals understand the multi-layered nature of the role and how emotionally charged these meetings can be for the early permanence foster carers.
- 20.5 The placing LA must appoint a supervising foster care Social Worker at placement, to work with the adoption supervising Social Worker, to oversee that the fostering regulations are adhered to during the fostering phase of the placement (see paragraph on: The mechanics of an early permanence placement).
- 120.6 In general, the expectation is that the adoption supervising Social Worker will undertake most of the support work, but that joint visits will also take place. The fostering Social Worker must be confident that the fostering task (daily/weekly reporting etc.) is being completed to a high standard and they are responsible for this supervision oversight.
- 20.7 The fostering Social Worker must give the early permanence foster carers a copy of the LA's Fostering Handbook and ensure payments are made in line with the [LA policy](#).
- 19.8 In undertaking the support work, the adoption Social Worker needs to be aware of the carer's expectations of caring for a child and the associated anxieties they may experience when struggling with taking on a child through early permanence (see [Early Support guide - Supporting carers and adopters with emotive conversations](#)).

## **21. Family time (contact)**

- 21.1 Everyone who might be involved in making decisions around family time - including social workers, Cafcass workers, barristers, solicitors, judges, foster carers, adopters and birth family members - is required by law to put the welfare of the child first. Across placement and permanency arrangements, the meaningful involvement of key adults is associated with improved child behaviour, better family functioning and greater satisfaction with contact.
- 21.2 Family time plans and agreements, as agreed by the court and in the child's best interest, will be implemented.
- 21.3 Assessing the family time arrangements should be undertaken prior to it commencing, and be continuously monitored and assessments updated regularly, to determine whether it is safe for the early permanence foster carers to meet either of or both birth parents at the family sessions. Where it is not considered safe or not in the child's best interests, then arrangements should be made taking this into account.
- "I would encourage all those involved in adoption planning and decision making to focus more on the issue of contact and to ask, in each case, whether the model of life -story work and letterbox contact is in fact the best for the individual child in the years that lie ahead for her, or whether a more flexible and open arrangement, developed with confidence and over time, may provide more beneficial support as the young person moves on towards adolescence and then adulthood." Lord Justice McFarlane, President of the Family Division (2018).
- 21.4 Wherever possible, contact between the early permanence foster carers and the birth family should be encouraged, since this can lay the foundations for a good working

relationship and the basis of positive and enduring post adoption contact arrangements. Decisions about frequency need to be considered in relation to the purpose of family time, and to account for children and young people's perspectives, potential risk of harm and the quality of underlying relationships.

- 21.5 Family time with siblings is important for looked after children. Family time with the wider birth family, for example, with grandparents, can be a source of stability and continuity and may help counteract difficult relationships with parents. Positive connections with siblings and extended networks may have particular importance in cases where time with birth parents is not possible.
- 21.6 To realise the potential long-term benefits of good quality family time and contact, the children need to be supported to manage any short-term challenges experienced. Birth family members need to be supported to manage the complex experiences of loss associated with child placement.
- 21.7 It is crucial to facilitate open and respectful communication between birth family members and carers. Support for carers is important, to promote understanding and empathy for the parents' difficulties, and to understand and respond to children's complex emotional responses to family time, and Social Workers may need to provide an increased level of support to early permanence foster carers struggling with the family's time with the child.
- 21.8 Social workers need to manage the complex emotional needs of children, birth families and carers when planning family time. Early permanence foster carers have a crucial role to play in supporting family time and they need to be supported to do this by their Social Worker.
- 21.9 All contact (family time) staff should be trained in early permanence and understand the key differences between an early permanence placement and a general fostering one, in order to be able to respond appropriately to the child and the adults involved. Family time/Contact supervisors should be sensitive to the heightened emotions around handovers and the increased potential for breaches in confidentiality in early permanence placements (See [SWAC leaflet – \[EP\] Information for Contact Workers](#)).
- 21.10 Recording should be kept in compliance with the placing LA's normal procedures and a contact book should be used to facilitate communication between the parents and the early permanence foster carers, in the best interests of the child.



An example of one of the Wiltshire contact centre rooms.

The following is an extract from the Contact: Making good decisions for children in public law, contact planning tool ([www.rip.org.uk/frontline](http://www.rip.org.uk/frontline)) and evidence shows that the strengths and risks identified in the document apply equally to the consideration and success of family time in early permanence placements, which in turn influence the contact arrangements if adoption becomes the plan for the child.

STRENGTHS	RISKS
<p><b>Factors in the carers associated with positive contact:</b></p> <ul style="list-style-type: none"> <li>&gt; Not afraid or at risk from birth relatives.</li> <li>&gt; Recognise benefits of contact.</li> <li>&gt; Involved in contact planning.</li> <li>&gt; Trained and prepared to support contact.</li> <li>&gt; Positive attitude to birth family, acknowledge reasons for placement.</li> <li>&gt; Resolved states of mind in relation to own loss/abuse.</li> <li>&gt; Constructive, collaborative approach.</li> <li>&gt; Sensitivity, empathy, reflective capacity.</li> <li>&gt; Communicative openness.</li> </ul>	<p><b>Factors in the carers associated with difficult or disruptive contact:</b></p> <ul style="list-style-type: none"> <li>&gt; Afraid/at risk from birth relatives.</li> <li>&gt; Does not want or is anxious about contact.</li> <li>&gt; Excluded from planning and from contact.</li> <li>&gt; Unsupported, unprepared, untrained.</li> <li>&gt; Critical/unaccepting of birth family.</li> <li>&gt; Unresolved states of mind regarding own loss/attachment/abuse.</li> <li>&gt; Unwilling to work collaboratively.</li> <li>&gt; Lack of sensitivity, empathy, reflective capacity.</li> </ul>

## 22. The Assessment Decision

22.1 There should be no surprises regarding the LA’s decision-making, and with good communication, the view of the LA, in regard to what is the right plan for the child, should become clear during the assessment process. The adoption Social Worker should have been working with the early permanence foster carers throughout the placement, to help them manage the feelings and tasks associated with the emerging outcome.

## 23. Managing a plan for reunification

23.1 If the plan is for reunification with the birth family, the early permanence foster carers’ Social Workers (both adoption and fostering) must support and prepare the carers to help the child to return to the birth family (See **Appendix 24, [reunification framework](#)**). The adoption supervising Social Worker should reinforce the carers understanding of their role in doing what is best for the child and help them to remain child-centred throughout. The adoption supervising Social Worker can also help them to draw on the strengths and resources identified in the PAR that will help them to manage this loss and the resulting emotions.

23.2 The fostering Social Worker will have experience in preparing and assisting foster carers to help children move to another placements/permanent homes and their experience here can be drawn upon.



23.3 The child’s Social Worker should work sensitively with the early permanence foster carers on the plan for reunification and the transition, appreciating that the task is more nuanced than if the placement had been set up as a temporary foster care arrangement.

23.4 If a child is no longer placed, the prospective adopter continues to be eligible for up to a further eight weeks of statutory adoption leave and pay (unless leave/pay has already been

used up), after which they would be expected to return to work. They should be advised to keep their employer(s) informed if this should happen ([first4adoption advice on adoption leave and pay](#)).

- 23.5 Early Permanence foster carers should be advised that, unfortunately, there is no right to compassionate leave/time off work when a child returns to their family or an alternative carer. This is entirely up to the discretion of the employers, and they should be advised to liaise with their employer as soon as possible. Some employers operate a Family and Friends Policy, but the only formal process available is the right to request flexible working.

## 24. Managing a plan for adoption

- 24.1 If the court agrees with the LA's plan for adoption and grants a Placement Order at the final hearing, the LA will proceed to Matching Panel and once the Agency Decision Maker approves the match the placement automatically becomes an adoptive one.
- 24.2 The fostering allowance will cease on the day of the ADM decision on the match.
- 24.3 Adoption leave and pay entitlements (if the early permanence foster carers are eligible) can commence from the date the placement commences (see the [Adoption Leave and Pay Entitlements](#) for further information).
- 24.4 Note that not all early permanence foster carers will be entitled to adoption leave/pay. All carers should clarify their own circumstances.
- 24.5 An application for an Adoption Order can be lodged at any time after a child has been in the adoptive placement for over 10 weeks. Note that this does not have to be 10 weeks from the date of the Placement Order being granted but could be 10 weeks from the date of initial placement with the carers.
- 24.6 The early permanence foster carers' supervising adoption Social Worker should support the carers in the transition to this new status of placement. Some adopters may find that it is hard for them to make the shift from 'temporarily' caring for the child to 'claiming' the child after the early permanence fostering journey, and sensitive, thoughtful Social Work support should be offered.

## 25. Financial arrangements

- 25.1 **Fostering Allowance:** All early permanence foster carers are entitled to receive the fostering allowance for the period of time that they are fostering the child, and this is set out in statutory guidance. The local authority who has initially registered the early permanence foster carers as approved foster carers, will pay the foster care rate to the early permanence foster carers during the fostering phase of the care plan ([Adoption leave pay and entitlements](#)).
- 25.2 **Setting up the Placement:** The placing local authority can pay an allowance for the set-up of the placement, but this needs to be agreed by all parties in advance. Receipts will be required to trigger payments and discussion of what equipment is needed should happen, in advance, between the child's and the early permanence foster carer's Social Workers. Should the child move from the placement, any equipment should move with the child.

## 26. Essential Points

- 26.1 Every child that is being considered for early permanence must be reviewed on a case-by-case basis, but the essential key points are relevant to all cases where an early permanence placement is used:
- All professionals, birth parents and wider family should know that an early permanence placement is being considered and know if the child is placed in one.

- There must be regular, detailed communication between all professionals and the early permanence foster carers (following the protocol outlined above).
- Regular meetings (every six weeks at least) should be held and chaired by a manager (or someone delegated by them) in the child's LA. Minutes should be taken and distributed, follow the framework outlined in the [EP Placement Planning Meeting Protocol](#).

## **27 Review of Practice**

- 27.1 Every early permanence placement, regardless of the final outcome (i.e. return to their family, other carer or adoption) should be reviewed internally and across agencies, to ensure that lessons from practice are understood, shared and any learning impacts upon and improves practice.

## Appendix 1: National early permanence practice standards

The purpose of the National Early Permanence Practice Standards is to promote and shape effective early permanence practice systems across the region, in order to:

- Achieve child centred practice in Early Permanence
- Enable more children to benefit from early permanence
- Promote effective working partnerships across agencies
- Help standardise practice guidance and outcomes in delivery across agencies
- Promote confident and informed delivery of early permanence
- Be used as a dynamic tool to organise and strengthen local arrangements

### **Standard 1: Principles underpinning effective delivery of early permanence to children who may be adopted**

<b>S1</b>	<b>All professionals, including practitioners, managers and leaders across organisations take active responsibility to ensure the effective delivery of early permanence in their area</b>
<b>1.</b>	The child's welfare throughout their life will be the paramount consideration in care planning, and their wishes and feelings, needs and best interests kept at the centre of all decision making.
<b>2.</b>	Early permanence is considered for all children as early as possible in the care planning process where adoption is believed to be a potential outcome in line with statutory duty (s22c (9B) (c) Care Planning and Placement Review Regulations 2010).
<b>3.</b>	A child is placed with EP carers who can meet their immediate needs and who also have the potential to adopt them as early as possible in their care journey, giving them the opportunity to form secure attachments and achieve their best long-term outcomes
<b>4.</b>	All children, including Black, Asian and Minority Ethnic Children, brothers and sisters and children with specific developmental needs and of different ages are given the opportunity to benefit from, and are supported through early permanence.
<b>5.</b>	LAs/RAAs/VAAAs draw on the knowledge of people closest to the child including family and carers to gain a full picture of their early life experience, support and cultural needs and ensure this is shared to assist care planning for the child.
<b>6.</b>	All agencies (LAs, RAAS, VAAAs, CAFCASS, Courts, and IROs) work in partnership to secure the best interests of the child in accordance with their roles and responsibilities.
<b>7.</b>	The legal and human rights status of the child's family is recognised and respected throughout the early permanence process and they are given information and support to enable the child to be returned to their care wherever possible.
<b>8.</b>	Opportunities for the child to keep in touch with family members and significant people is promoted wherever possible and recognised as key to the life-long wellbeing of the child.
<b>9.</b>	The child is protected from the emotional uncertainty around placement decisions and potential court outcomes. The uncertainty is managed by the adults involved in caring for the child, with robust support for early permanence carers.



**Standard 2: Effective early care planning and use of legal processes is achieved in early permanence**

<b>S2</b>	<b>All professionals, including practitioners, managers and leaders across organisations actively work together to secure best outcomes for the child.</b>
<b>1</b>	LAs work in partnership with their RAAs/VAs to ensure they have clear pathways for early permanence and that these are communicated effectively throughout the LA and all relevant agencies.
<b>2</b>	LAs ensure that timely viability assessments of suitable people within the family network are carried out with full regard to the needs of the child, and where paternity is unclear or disputed there should be prompt access to paternity testing services.
<b>3</b>	All organisations and individuals empowered by statutory duty, work together to ensure early permanence placements are available and supported; including Adoption Agencies, approval panels, children's SWs and Contact Workers, IROs, Legal advisers, LA Agency Decision Makers, CAFCASS and Court Professionals.
<b>4</b>	The Local Authority and RAA have clear planning mechanisms and information sharing procedures in place to identify children who will benefit from early permanence from the early stages of the PLO process.
<b>5</b>	Information about early permanence is provided to the child's parents and family members in a timely, clear and accessible format tailored to individual family needs.
<b>6</b>	The potential for different outcomes for the child as part of twin tracking (a return to family or adoption) and the primacy of the final court decision is communicated effectively to and understood by all.
<b>7</b>	Tailored intervention plans including emotional and practical support for all parties are in place to enable reunification home if identified as a safe and secure outcome for the child.
<b>8</b>	Where early permanence is considered for an unborn child, pre-birth conferencing sets out a clear multiagency plan leading up to and after birth, including information and support to the parents and, by consent, other family members
<b>9</b>	Where the LA is approached to facilitate a consensual adoption, an early permanence placement is considered. Consent from all holding parental responsibility is sought in line with legal provisions and use of Section 19 is considered as early as possible if clarity is needed.
<b>10</b>	LAs/RAAs/VAs work together to provide multiagency training, and have information sharing mechanisms in place to promote best practice in early permanence.

**Standard 3: Preparing and enabling early permanence carers to undertake the caring duties involved in early permanence**

<b>S3</b>	<b>Agencies recognise the challenges of early permanence for EP carers and robustly support them to undertake this role.</b>
<b>1.</b>	Early permanence is integrated into RAA and VAA adopter recruitment strategies from initial enquiry onwards.
<b>2.</b>	All prospective adopters are encouraged to learn about and be open to early permanence, whilst understanding that if during assessment it becomes clear this is not the most appropriate route for them, they can opt out at any time.
<b>3.</b>	The RAA takes responsibility for ensuring local sufficiency of early permanence carers to meet the needs of the children likely to require early permanence placements.
<b>4.</b>	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.
5.	EP carers are supported to understand and respect the legal and human rights involved in early permanence and to have empathy with the parents and family's circumstances throughout the process whatever the final permanence outcome.
6.	EP carers are informed and supported to see the benefits for the child of meeting and maintaining a relationship with their parents, family and friends, wherever this is safe and possible to do so.
7.	EP carers are helped to understand the complex nature of their role and that during proceedings they act as foster carers for the child with no additional rights accorded to their approved adopter status.
8.	EP carer's supervision, support and advice needs are fully recognised by the LA and RAA/VAA and responded to in a timely and sensitive manner throughout the early permanence process. EP carers have access to named social workers, as well as mentoring, peer support groups/ networks.
9.	Where the court decides the outcome for the child is reunification to their family, EP carers are kept informed and are supported and enabled to contribute to a successful transition home.
10.	Where a Placement Order is granted, and a formal match agreed at panel, the changed status of the EP carers to an adoptive family with parental responsibility is supported by social workers sensitive to this transition.

**Standard 4: Children are matched with suitable early permanence carers**

<b>S4</b>	<b>Effective systems operate to place children with early permanence carers who can meet their immediate needs and also have the potential to adopt should this be the final outcome of proceedings.</b>
	<b>INITIAL MATCH (placing with EP carers as foster carers)</b>
1	An early permanence placement is sought that reflects the child's current and anticipated future needs (including permanency), based on the information available at that time.
2	The LA's Nominated Officer is fully trained and supported to work with the legal responsibilities and care duties involved in early permanence. When considering individual children, they are fully briefed on the immediate and perceived longer-term needs of the child and have all the information relating to the early permanence carer to authorise a suitable match.
3	Procedures are in place for timely decisions to be made in regard to Reg. 25a approvals as temporary foster carers (Reg. 25A Care Planning, Placement and Case Review (England) Regs. 2010).
4	Race, culture, religion and language of the child are considered in relation to the child's needs to belong and for continued identity development when choosing EP carers
5	The health and development needs of the child both in the immediate term and in the future are taken into account when placing the child in an EP placement.
6	A child is placed with EP carers who work in partnership with the LA to fully implement the care plan, including reunification should this be the final outcome.
	<b>FORMAL ADOPTION MATCH (Panel &amp; ADM decision)</b>
7	Adoption Panel Members have access to training on early permanence and understand that the decision to recommend a match of the child with their EP carers must be considered as robustly as all other matching decisions.
8	Evidence of the quality of care to the child in the early permanence fostering phase must be weighed alongside the EP carers capacity to provide a secure and loving home throughout the child's life into adulthood. The merits of placing a child with the EP carers they are currently living with are actively balanced against any identified shortfalls and their significance to the long-term wellbeing of the child

9	The Adoption Support Plan should include information on the child's current and anticipated development needs and how these will be met in the future. It should be recognised that whilst EP can improve a child's journey through care it cannot reverse harmful experiences and all adopted children face significant developmental challenges.
10	The matching decision fully takes into account the child's on-going need to understand their own life story and their needs to maintain significant relationships.
11	The formal adoption matching process rigorously explores that the child's early permanence carers may or may not be the best adoption permanency match, balancing the child's need for stability and continuing relationships.

**Standard 5: The engagement of family members important to the child.**

<b>S5</b>	<b>All services ensure that the child's family is actively supported to engage with the early permanence plan</b>
1	The changes required of the child's family to promote reunification are clearly communicated and set out in an agreed plan including timeframes, assessment, and review procedures.
2	The child's family is actively supported to make the changes to their parenting set out in the care plan, and tailored interventions are put in place to enable potential reunification with their child.
3	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 others professionals involved are clearly explained to the child's parents and family.
4	The child's parents/family are supported to take part in family time/contact. Family time supervision arrangements are facilitated by professionals who have an understanding of early permanence.
5	Practitioners communicate openly and respectfully with parents and others with parental responsibility, giving clear and honest progress information about the placement and the legal position in a clear and timely manner, and family rights to legal representation are explained.
6	All agencies and individuals working with the family support them to understand that the court makes the final decision on what is best for the child and helps prepare them for either outcome (reunification or adoption).
7	Family members are informed and consulted appropriately at all stages of the care process and supported to access independent counselling and advocacy.
8	Where the court outcome is an adoption plan the child's family is helped to cope with their grief and loss, and fully supported to contribute to their child's life story and fulfil post adoption arrangements to maintain relationships.

**Standard 6: Maintaining significant relationships to support continuity for the child**

<b>S6</b>	<b>Practitioners, managers and leaders actively enable the child to maintain significant relationships throughout the care journey and into the future.</b>
1.	The value to the child of maintaining significant relationships throughout an evolving life story is acknowledged by all involved in EP care planning and given due recognition in working practices.
2.	Early Permanence carers are trained and helped to understand their role in supporting family time visits including meeting the parents when safe and possible to do so, and know who to contact should any issues arise.
3.	Family time arrangements should be in the child's best interests and communicated clearly to EP carers and the family. Everyone should be clear of expectations on them including basic care responsibilities around family time, present giving, confidentiality etc.
4.	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.
5.	When considering the use of digital technology (for example platforms for virtual meetings) for family time LAs take into account emerging evidence as to best working practices.
6.	Where an EP carer goes on to adopt the child, they are supported to consider the benefits of, and promote significant relationships for the child.

**Standard 7: Court outcomes result in the child's reunification with family**

<b>S7</b>	<b>Reunification of the child with their parent, family member or connected person.</b>
1	Where the court (or LA) decides reunification should be the plan for the child the change of focus should guide all practice.
2	Multiagency working continues to inform the process of care planning for the child's return home. This will include consideration of transitions for the child from EP carers to parents/family member, and support needs of all, with the child's given primacy.
3	The LA and the RAA/VAA work in partnership to create a reunification plan which complies with the requirements of court, best interests of the child and works in partnership with the EP Carers and parents.
4	Where reunification plans prior to final hearing is agreed, the child's parents and family understand that on-going assessment of their parenting will be used to inform final evidence at court.
5	The LA, RAA/VAA have a duty and responsibility to keep all parties informed of the process of the child's transition out of the early permanence placement and family members are actively consulted and supported during the reunification planning process.
6	The reunification process enables early permanence carers to support the child's transition and to contribute to the child's life story.
7	The emotional impact on EP carers of supporting a child through the reunification process should be recognised and opportunity provided to process their feelings of loss. The EP carers should have access to a named support worker, and opportunity for independent counselling where required.
8	Where there are other children in either the child's family or the EP carer's family active consideration is given to their support needs in relation to reunification and any future contact arrangements.

**Standard 8: Delivering an effective organisational strategy for early permanence**

<b>S8</b>	<b>Senior and Operational leaders influence and drive change for effective delivery of early permanence for children</b>
1	LA/RAA leaders ensure all professionals in their services understand the legal duty to consider early permanence for any child where adoption is being considered. (S1(2)).
2	LA/RAA/VAA Leaders and managers show drive and commitment to providing quality early permanence placements for all children identified as benefitting from one. They ensure systems are in place to achieve this.
3	LAs include a clear vision for early permanence within their overall permanence strategy which includes multiagency working and the roles that key partners will play. This EP strategy vision should be reviewed annually as part of the wider permanence plan and communicated to all stakeholders.
4	Organisational strategies recognise the need for effective multiagency arrangements across legal, health, frontline, court, and specialist services to deliver early permanence and leaders promote networking and effective communications between partners.

5	Leaders and managers across the LA/RAA/VAA ensure that comprehensive data gathering and impact evaluation systems are in place and used to inform and promote effective early permanence practice.
6	Leaders promote a learning culture within their own organisations and partnerships. This culture should be committed to on-going improvement across and within all the services involved in delivering early permanence to consistently provide the best outcomes for children.
7	LA/RAA/VAA Leaders should nominate a network of Early Permanence Champions who hold the knowledge and experience to advise, support, and forge positive working practice and training across teams and in collaboration with partnership organisations.
8	Leaders promote best practice and consider the use of the National Early Permanence Quality Mark process to audit and drive early permanence development.

## Appendix 2: Early permanence planning tool



<b>Child's name:</b>	
<b>ID No.:</b>	
<b>Date:</b>	

<b>Completed by:</b>	
<b>Local Authority:</b>	
<b>Team:</b>	

This tool is for use in identifying children in need of early permanence placement planning. The Guide should be completed early in the pre-proceedings stage. This tool seeks to balance a child's need for permanency with recognition that the parents have the capacity for growth and change, and that reunification efforts continue in earnest. It is expected that some children involved with early permanence planning will be reunified with their family. The tool can be used for team decision-making. For the purpose of this tool, parents are defined as the birth and/or legal parents.

### SECTION I – EARLY REUNIFICATION PROGNOSIS INDICATORS

#### **Prognosis indicators for early reunification – early permanence planning not needed**

<b>Parent-Child relationship - The parent/s demonstrate</b>	
Ability to meet the child's needs (medical, educational, social, cognitive, etc.)	
Ability to respond to the child's cues.	
Empathy for the child and a balance between their own needs and the needs of child.	
Ability to accept appropriate responsibility for the problems that lead to abuse/neglect.	
Ability and willingness to modify parenting.	
Having raised the child for a significant period of time.	
Evidence of previous effective parenting observed through the child's (or another child's) development (age appropriate cognitive & social skills, conscience development; minimal behaviour issues)	
<b>Parental History and Functioning - The parent/s demonstrate</b>	
Stable physical health.	
Stable emotional/mental health; any mental illness well-controlled.	
Economic stability (employment, housing, and/or ability to live independently).	
Freedom from addition/s (substances, gambling, violence, etc.).	
Consistent contact with the child.	

Historical ability to meet the child's needs despite impaired mental function.	
Problems leading to placement are of recent origin and situational rather than chronic in nature.	
<b>Support Systems - The parents demonstrate</b>	
Positive relationships supportive of safe parenting.	
Wider family system providing mutual caretaking and shared parenting.	
Proximity of support system practical to family needs.	
A support system that recognizes strengths and limitations of parents/family.	

## SECTION II – POOR PROGNOSIS INDICATORS

### **Need to develop an alternative plan (alternative placement as appropriate).**

<b>Parent &amp; Child relationship - Factors related to abuse or neglect</b>	
Serious physical abuse, such as burns, fractures, poisoning.	
Non third-party sexual abuse of child; prognosis likely to require lengthy foster care.	
Diagnosed failure to thrive as an infant.	
Child drug exposed at time of birth (Cocaine, crack, heroin, alcohol, etc.).	
Child has been victim of more than one form of abuse.	
Significant neglect.	
<b>Factors Related To Ambivalence</b>	
Previous placement of this child or other children.	
Previous consideration of relinquishing this child; previous relinquishments of a child.	
Repeated pattern of uncertainty as to desire to parent.	
Inconsistent contacts with child.	
Lack of emotional commitment to child; parent dislikes child due to child's paternity.	
Parental mental illness not historically and/or currently well controlled.	
Parent/s consistently acknowledge ongoing problems with parenting.	
<b>Parental History and Functioning</b>	
Parent continues to reside with someone dangerous to the child.	
Parent/s raised in foster care.	
Recent or perpetual history of parental criminal involvement.	
Documented history of domestic violence.	

Parent has degenerative or terminal illness.	
Previous reunification has disrupted.	
Intergenerational abuse with lack of historical change in family dynamics.	
Parent/s engage in high-risk relationships (drugs, criminal activity, alcohol).	
Progressive signs of family deterioration due to personality disorder/s.	
Previous interventions and/or treatment unsuccessful; uncooperative with treatment plan.	
Parent/s restricted in ability to parent due to developmental disabilities.	
Lifestyle and support system choices place child at risk through inappropriate caregivers.	
Visible means of financial support derived from prostitution, drugs, or other crime.	
Failure to respond to multiple forms of treatment/intervention despite acceptable participation levels.	



## Appendix 3: Early permanence Screening matrix



<b>Name of child</b>	
<b>Local Authority</b>	

CRITERIA to be considered in conjunction with core assessment	YES	NO	If yes, name of parent(s).
Parent has killed or seriously harmed another child through abuse or neglect and no significant change has occurred since.	<input type="checkbox"/>	<input type="checkbox"/>	
Child has experienced extreme physical or sexual abuse by the parent(s) [or parents have allowed someone else to abuse the child] and must be removed from the home.	<input type="checkbox"/>	<input type="checkbox"/>	
Parental rights to another child have been involuntarily terminated (e.g. Adoption Order or Court Order) following a period of service delivery to the parents and no significant change has occurred since.	<input type="checkbox"/>	<input type="checkbox"/>	
Child or sibling(s) have been in care on at least one other occasion for a period of 3 months or more with child protection involvement.	<input type="checkbox"/>	<input type="checkbox"/>	
Parent(s) have been diagnosed with severe mental illness and have not responded to previously delivered mental health services. Symptoms continue which prevent parent(s) from being able to physically and emotionally meet the needs of the child.	<input type="checkbox"/>	<input type="checkbox"/>	
There have been two separate incidents of child protection involvement or there is a chronic/historical pattern of abuse or severe neglect.	<input type="checkbox"/>	<input type="checkbox"/>	
Parent(s) have a history of substance abuse or are chemically dependent on non-prescription substances and/or have a history of treatment failures.	<input type="checkbox"/>	<input type="checkbox"/>	
Child had been abandoned with friend, relatives, foster care or hospital, or, after being placed in care, parent(s) disappear or visit/attend contact rarely, erratically or not at all.	<input type="checkbox"/>	<input type="checkbox"/>	
Parents have shown significant deficits in caring for child, or previous children and have poor or non-existent support system of relatives/friends to share parenting.	<input type="checkbox"/>	<input type="checkbox"/>	
There is a pattern of documented domestic violence between the parents (or partners) and they refuse to separate.	<input type="checkbox"/>	<input type="checkbox"/>	
Parent is under the age of 16 with no parenting support systems, and placement of the child and parent together has failed (or is likely to fail) due to the parent's behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	
Parent has asked to relinquish the child on more than one occasion following initial intervention.	<input type="checkbox"/>	<input type="checkbox"/>	
Family members have been considered/assessed and ruled out as a potential carers for the child.	<input type="checkbox"/>	<input type="checkbox"/>	
Other parent has been assessed and ruled out as a potential carer for the child.	<input type="checkbox"/>	<input type="checkbox"/>	
Adopters of siblings(s) have been approached and do not wish to be considered to adopt the child.	<input type="checkbox"/>	<input type="checkbox"/>	

**This is an appropriate case to be considered for an early permanence care plan.**

<b>Social Worker</b>		
<b>Name</b>	<b>Signature</b>	<b>Date</b>

<b>Practice Manager</b>		
<b>Name</b>	<b>Signature</b>	<b>Date</b>

<b>Team Manager</b>		
<b>Name</b>	<b>Signature</b>	<b>Date</b>

## Appendix 4: Family Network Meeting (FNM) Practice Guidance

### Introduction

Family Network Meetings are a way to work with families and their networks to ensure that all those connected to the child who can be a source of emotional, physical, mental, spiritual or cultural support are able to engage with workers and those caring for the child. This will provide opportunities to make a positive difference to the child's everyday life and give support where required, and to have a relationship with the child where this would be in the child's long term best interests.

### Principles

1. Every child/parent has a family and/or network and they can be found if we try.
2. A meaningful connection to their family or network helps a child develop and/or maintain a sense of belonging.
3. The single factor most strongly connected with positive outcomes for children is meaningful, lifelong connection to their family and/or network.

### Purpose

Family Network Meetings are a key part of safeguarding; they provide the opportunity to explore the family and friends' network that already provide safety and support and those who could become part of the safety or care plan for each child. The meetings enable the family and friends' network and professionals to develop and agree outcomes that they want to achieve.

### When to hold family network meetings

Network meetings can be helpful at any point in our involvement with the child and family and where possible should be convened at the earliest opportunity as part of robust safety planning and throughout our intervention with a child (from the front door through to permanency arrangements). However, some key stages where a FNM could/should be convened for the first time (if not already happening):

- Before an Initial Child Protection Case Conference
- Prior to Public Law Outline
- As part of any reunification plan

Where a FNM cannot be held as suggested above, this needs to be discussed with the manager and the rationale included on the child's file and a clear plan as to when the FNM will take place.

The family's consent to taking part in a FNM will be a crucial element in ensuring these take place, and if consent is not given, workers should revisit this with the family to promote the benefits of a FNM for the child.

### Establishing a working relationship with the family

Building plans that are meaningful and sustainable will require a robust working relationship between professionals and the parents/family. The simplest way to create a good working relationship with parents is for the professionals to continually identify and honour the parents for everything that is positive in their everyday care of their children. In this way, parents will be much more likely to listen to the workers' views about the problems and more likely to work with them through the challenges involved in building a lasting plan.

### **A straightforward, understandable description of the concerns**

Beginning the process depends on professionals being able to articulate the concerns they see for the children in clear, simple language that the parents (even if they do not agree) can understand and can hopefully work on with the professionals. Clear, commonly understood concerns are essential, since they define the fundamental issues that the plan must address.

### **Agreeing Goals**

It's important for families to set goals for themselves. For families, the act of choosing their own direction can contribute greatly to their sense of ownership and motivation for reaching the goal. Professionals may need to help the family in ensuring the goals support addressing the concern identified. The identified concerns should form the basis to articulate straightforward goals to help families and networks understand what is needed to be satisfied that the children will be safe.

### **Involve an extensive, informed friend and family safety network**

Every traditional culture knows the wisdom of the African saying 'It takes a village to raise a child'. A child who is connected to many people who care for him/her will almost always have a better life experience and be safer than an isolated child. So, planning work almost always involves requiring that the parents get as many people as they can involve in helping them create a plan. One of the most important aspects of involving an informed and naturally occurring network around the family is that this breaks the secrecy and shame that typically surrounds situations of child abuse or concerning behaviours.

### **Negotiating the how: developing the details of the plan**

When developing the details of any given plan, it is important to give parents and everyone else involved (both layperson and professional) a vision of the sort of detailed safety plan that will satisfy the statutory authorities. With this done, the professionals' role is then to ask the parents and network to come up with their best thinking about how to show everybody, including the child protection agency, that the children will be safe and looked after well. This is an evolving conversation as the professionals constantly deepen the parents' and networks' thinking about all the issues the professionals see, while at the same time exploring the challenges then parents and network foresee. The trick here is for professionals to break the habit of trying to solve issues themselves and instead explain their concerns openly and see what the parents and the network can suggest and do.

### **Process**

1. Workers working with the child will set up a network meeting.
2. The child (depending on age and understanding) and the parents (all those with parental responsibilities) will be invited at the earliest stage to involve their wider networks in the meeting to help them put a plan together that will keep the child safer/promote their wellbeing.
3. The worker, working directly with the child and parents will identify members of the network that could be involved in planning and support. Guidance to assist family members in finding networks may be required when families may be struggling to identify their network.
4. Once the members of the network are identified, the worker should encourage the parent to lead on contacting the network members to see if they would be interested in attending a meeting to help the child and family (this contact can be made by the parent themselves). The meeting should happen at the earliest point possible, while respecting network members caring or work responsibilities

5. At the first meeting ground rules suggested by the members will be established. The first meeting should be used to see if anyone from the network has been missed out who could helpfully be included. There will be discussions why the network is there and the support they can offer to the family.
6. The worker may wish to present 'bottom lines' to the family. These can be used to highlight the fundamental or important issues that must be adhered to, in order to keep the child safe.
7. It may be helpful for professionals to step out of the meeting for an agreed amount of time so that the family can freely communicate together and develop the (safety) plan.
8. The (safety) plan is written up and shared with all those attending, and any professionals involved with the family.
9. All family network plans must be regularly reviewed to check on progress. This could take place during formal reviews that are already in place.

### Suggested agenda

- Introductions & Welcome
- Purpose of the meeting
- Ground Rules
- Worker provides overview of why here/bottom lines
- Strengths & Safety
- What are we worried about
- Putting the plan into place
- Pulling it together
- Safety rules for the children
- Approving the plan

### Practice Tips

#### Identifying the network

- Is there anyone else supporting you at the moment?
- Can I talk to them as part of your support network?
- Have you told anyone about this before? If so has this helped?
- Could they help again now?
- Is there anyone in your network who could or already does help to look after the children? (this can be a few hours, weekends, babysitting etc.)
- Who would you go to if you were poorly and needed someone to help with the children?
- Do you have people you can talk to about your worries? If so, who are these people?
- Who cares about the child/these children? (even if you don't get on with them!)
- Who would the children want involved?

#### Safety planning tips

- Identify key safety people who the children can contact if they have any concerns
- Identify people to assist the parents and who will monitor children's safety
- Identify people who will help out particularly if/when the primary carer is ill, under stress, or unavailable
- People the family/parents need to avoid
- Arrangements for stressful situations such as anniversaries, parties, celebrations or when parents wish to use alcohol and/or drugs.

- Signs that parents/carers are not coping and what the safety network will do in these circumstances
- Child development and how the plan needs to change as the child grows
- What does the child need to know and how can the plan be shared with them?

**Remember**

- Remind and encourage the network to attack the issue, not the person.

## Appendix 5: Early Permanence Planning Referral Form

### PART ONE

- **To be completed by child's Social Worker when requesting an Early Permanence Placement**

Please return form to [epreferrals@adoptionwest.co.uk](mailto:epreferrals@adoptionwest.co.uk)

<b>Date of referral:</b>	
<b>Name of social worker making referral, Team name/location and contact details</b>	

<b>Name of Team Manager:</b>	
<b>Has this referral been discussed with Team Manager?</b>	
<b>Name of allocated Permanence Social Worker (if applicable)</b>	

<b>Name(s) of child or children and gender being referred:</b>	<b>Name</b>	<b>Gender</b>
<b>DOBs (or estimated EDD):</b>		
<b>Geographical location of immediate birth family:</b>		
<b>Geographical location of extended birth family:</b>		
<b>Geographical location of significant others:</b>		
<b>Name of prospective EP foster carers:</b>	[To be completed by R&A Team]	
<b>Location of prospective EP foster carers:</b>	[To be completed by R&A Team]	

<b>Reason for accommodation:</b>	
<b>Why is an Early Permanence care plan appropriate in this case?</b>	

<b>Legal Position (including proposed plans).</b>	
Please provide dates of any Court Hearings or Legal Planning meetings known at current time.	
<b>What is the Guardian's view of this proposed Early Permanence Placement?</b>	



## PART TWO

- **Child's needs to be completed by child's Social Worker**
- **Proposed carer's ability to meet these needs to be completed in conjunction with Adoption Team Social Worker**

	Child's needs:	Carer's ability to meet needs:
<p>Are there any known or expected disabilities?</p> <p>If yes, please provide details</p>		
<p>Are there any additional health needs?</p> <p>If yes, please provide details</p>		
<p>Provide details of any medical or genetic issues known about birth parents</p>		
<p>Are there any specific needs for this child in relation to:</p> <p>Ethnicity, culture, language or religion?</p> <p>If so, please specify</p>		
<p>Brief physical description of parents</p>		
<p>Brief physical description of child or children</p>		
<p>Pre-birth/pre-placement experiences (including description of birth family lifestyle).</p>		

<p><b>Safeguarding needs – are there any identified risk factors?</b></p> <p><b>If yes - please outline risks and contingency plans.</b></p>		
<p><b>Does this child/children have any other siblings?</b></p> <p><b>Have any siblings on maternal or paternal side been adopted?</b></p> <p><b>If so, please provide further details.</b></p>		
<p><b>Are there any specific birth family wishes regarding the Early Permanence family?</b></p>		
<p><b>Do the birth parents wish to meet the FFA carers prior to placement?</b></p> <p><b>If yes, has this been risk assessed?</b></p>		
<p><b>Any views of significant others that should be known?</b></p>		
<p><b>Are there any identified connected persons who could potentially care for the child?</b></p> <p><b>If yes, please provide full details.</b></p>		

<p>Have all viability assessments been completed?</p> <p>If no - what is the timescale for these and who is still being considered?</p>		
<p>Are there any special skills required of the FFA carers?</p>		
<p>What are the contact arrangements for birth parents and any siblings?</p> <p>If not know, what is being proposed?</p> <p>Where will contact take place?</p> <p>Will arrangements be made for contact handovers to be completed by contact centre workers?</p>		

	Name	Signature
Child's Social Worker		
R&A Social Worker		
Child care practice manager		
Fostering team manager		
Family Finding team Manager		

Match agreed and verified on (date):	
--------------------------------------	--

Please return completed form to: [epreferrals@adoptionwest.co.uk](mailto:epreferrals@adoptionwest.co.uk)

## Appendix 6: SW checklist of tasks to be completed prior to the final decision to implement an EP placement

The legal and human rights status of the child's family should be recognised and respected throughout the early permanence process and they must be given information and support to enable the child to be returned to their care wherever possible.

SW checklist of tasks to be completed prior to the final decision to implement an EP placement	
As soon as a child becomes Looked After, notify the relevant team by telephone and/or email.	
Assessed the child's physical wellbeing	
Undertake an assessment of the parent & child relationship, including any diagnosed severe mental illness and factors related to abuse, neglect or ambivalence	
Fully assess the parent's ability to meet the child's needs (medical, educational, social, cognitive, etc.)	
Document an up-to-date chronology.	
Clarify, or plan to obtain, where necessary and possible, parental DNA.	
Provide the child's parents/family with information on potential placement options	
Undertaken an initial assessment, or have a good understanding of the proximity of support system for the parent(s) and the wider family system providing mutual caretaking and any shared parenting.	
Arranged a <a href="#">Family Network Meeting</a> (FNM) to identify and approach possible alternative carers	
Create a genogram/family tree showing the wider family, both paternal and maternal (and all family members who could possibly care for the child), to be assessed.	
Confirm initial CLA Review planned to take place within 20 days of child becoming 'looked after'; convened by the nominated IRO.	

## Appendix 7: Notification of early permanence placement (EP1 form)

### Part I – for completion by Adoption Social Worker

	First Name	Surname
Adopter 1		
Adopter 2		
Address		
Telephone		
Email		

Child 1		
Child 2		
Child 3		

Agency responsible for carers as adopters	
Agency responsible for carers as EP foster carers	
Allocated Social Worker in Adoption West	
Contact telephone number for allocated SW	
Contact email for allocated SW	

Date child(ren) placed	
------------------------	--

Authorisation attached? NB. this can be HOS e-mail or Reg. 25a paperwork	
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Please forward completed form to the LA Fostering team with the subject heading **EP PLACEMENT**

### Part II – for completion by admin.

#### **Fostering admin.**

ACTION	DATE COMPLETED
Add Carers to Fostering database records (if necessary)	
Add a case summary note to Fostering database records as follows: Early Permanence Carer. Case held by Adoption West. Allocated Adoption Social Worker is ..... Contact details .....	
Create Foster Carer Agreement	
Add to Performance Data spreadsheet	
Sent Early Permanence Cover Letter	
Send bank form to carers if necessary	
Send <b>FC45</b> to set up foster care payments	
Request early permanence foster carers are added to Adoption Bubble	
Forward this form to Foster care payments team when above tasks actioned	
<b>Name of admin staff completing section:</b>	
<b>Date:</b>	

*Finance admin.*

<b>ACTION FOR WILTSHIRE APPROVED FOSTER CARERS</b>		<b>DATE COMPLETED</b>
Placement Plan received in Fostering database from child's social worker		
Check Fostering database and update as necessary as FFA placement		
Create Vendor		
Add to FC payment run spreadsheet		
<b>Name of admin staff completing section:</b>		
<b>Date:</b>		

<b>ACTION FOR OTHER LOCAL AUTHORITY APPROVED FOSTER CARERS</b>		<b>DATE COMPLETED</b>
Placement Plan received from child's social worker		
Update as necessary as OOC FFA placement		
<b>Name of admin staff completing section:</b>		
<b>Date:</b>		

## Appendix 8 Linking meeting record

<b>Date of meeting:</b>			
<b>Attendees:</b>			
<b>Chair of Meeting</b>			
<b>Child:</b>		<b>Dob:</b>	
<b>Reason for meeting:</b>	Linking Meeting		
<b>Adopters Interviewed</b>			
<b>Strengths &amp; Vulnerabilities</b>			
<b>Strengths</b>			
<b>Vulnerabilities</b> (as part of this the chair needs to ensure vulnerabilities noted in the PAR have been verbally discussed and the impact for the child/children have been explored)			
<b>Decision</b>			
<b>Plan and actions required</b> (to include timescales)			
<b>Signature of Chair</b>			
<b>Date</b>			

## Appendix 9: Early Permanence Placement Planning Meeting Protocol

The Adoption Team Manager for Adoption West should ensure that the early permanence planning review meeting is convened prior to the child being placed.

The meeting should be convened **after the legal planning meeting** (where a decision would have been taken that the threshold for removal had been reached) and **after preliminary discussions have already identified a possible initial match with an early permanence placement.**

The meeting should aim to agree whether the initial match is suitable for the child, and share information about, discuss and document the areas usually covered by the Placement Planning Meeting and Adoption Placement Report. The meeting should include the following people:

- Child's social worker and if appropriate their Team Manager.
- The RAA supervising social worker and if appropriate their Team Manager.
- The VAA supervising SW (if appropriate).
- If the child is already subject to an ICO, the Guardian and IRO should be invited.
- It may be helpful in some cases to have a legal services representative present, but this should be decided on a case-by-case basis.

The meeting should cover issues around the match, introductions, family time/contact and communication.

If a meeting between the agency's medical advisor, or other suitably qualified professional and the early permanence foster carers has not yet taken place, this should be offered (or a telephone consultation) urgently, to ensure that the early permanence foster carers have all the medical information that can be shared with them at this stage (see [Protocol on Sharing Medical Information in EP](#)) so they can make an informed decision and for the placement planning to proceed.

### Checklist for the meeting:

- How the early permanence foster carers will meet the child's needs in both the interim (fostering phase) and longer term (adoption) if the child is not reunified with family.
- The agencies planned contact arrangements for the child and how any changes to these will be communicated to the early permanence foster carers.
- The agencies proposals for the provision of support during the fostering phase and adoption phase should the child remain with the early permanence foster carers.
- What has been done and what still needs to be done to prepare the child for this placement and who is responsible for carrying this out?
- What has been done and what still needs to be done to prepare the early permanence foster carers for the arrival of the child?
- What has been done and what still needs to be done to prepare any children already living in the early permanence foster carer's home?



- What are the early permanence foster carer's views on providing a placement/home for this child?
- Do the early permanence foster carers have any concerns about providing a home for the child?
- Name of the IRO
- Name of Guardian
- Any other information the agency considers relevant to the recommendation and decision to agree this proposed placement.

The minutes of the meeting (including actions) should be circulated within **two weeks** of the meeting, to all present, the IRO and the child's Guardian.

## Appendix 10: Minutes of placement planning meeting (Template)

<b>Meeting title</b>	<b>Placement planning meeting</b>
<b>Date</b>	
<b>Venue</b>	
<b>Present</b>	
<b>Apologies</b>	
<b>Distribution</b>	

<b>Name/Address of placement</b>	
<b>Date of placement</b>	
<b>Purpose of placement</b>	
<b>Discussion points</b> <ul style="list-style-type: none"> <li>• <b>Background Information:</b> (ensure carer is provided with relevant paperwork)</li> <li>• <b>Education:</b></li> <li>• <b>Activities:</b></li> <li>• <b>Pocket money:</b></li> <li>• <b>Behaviour management:</b></li> <li>• <b>Health:</b></li> <li>• <b>Personal Care:</b></li> <li>• <b>Contact:</b></li> </ul>	
<b>Actions</b>	

## Appendix 11: Protocol for sharing medical information in early permanence planning

Early Permanence foster carers in Adoption West will have been recruited, assessed and well prepared to take on the task of caring for a child under early permanence. They will have been assessed as resilient and able to cope well with uncertainty and loss. Whilst they will be motivated by wishing to create a family through adoption, they must also have been able to demonstrate that they are able to put the best interests of the child above their own and actively support the local authority's work with and assessment of the birth parents and reunification, if this is what is decided.

In the initial stages of a placement, the child is placed with the early permanence carers under fostering regulations and their task is to work alongside the local authority as it works on developing the plan for the child's permanence. While the LA may have an anticipation of adoption for the child, it is recognised this can change and all early permanence foster carers are prepared for uncertainty. However, in order for any early permanence placement to fulfil its potentially longer-term role of adoption (if this is in the best interests of the child) the planning, linking and initial matching need to be robust enough to prove suitable to fulfil both roles. Thus, the importance of sharing any medical information pertinent to this at the pre-placement stage should be recognised.

Medical advisers have expressed concern that sharing relevant important parental and birth family health history late in the placement, by which time early permanence foster carers have become attached to the child, doesn't allow carers to proceed with informed consent. It is important that, with consent from birth parents, as much medical information about the birth family is shared as is possible. If consent is refused by the birth family, or is unobtainable, a decision should be made by the medical advisor based on the best interests of the child, proportionality and relevance of the information to long term care and planning.

The following guidance aims to help medical advisors decide what medical information is appropriate to share at what stages of early permanence planning.

### Guidance on sharing for medical advisors

- Any information that is known to the child's Social Work team that relates to the health of the child can and should be shared with the early permanence foster carers and their supervising Social Worker prior to the placement being agreed. Since early permanence foster carers take on both a commitment to foster the child initially *and* adopt the child if they cannot live with their birth family, they must be in a position to make an informed decision in regard to whether or not they can meet the needs of the child in both the short and long term.
- Every effort should be made by the child's Social Worker, to obtain the birth parents' consent to share, with early permanence foster carers, any of their health history that is relevant to their child. It is important to help birth parents to understand that it is in the child's best interests for the carers to have a comprehensive picture of the child's health history and needs, in order to provide the best current care and also for the placement to potentially fulfil its dual role.

- It will be important for the child to have as much information about their birth family health history as possible, to inform their long-term health and wellbeing.
- At the Early Permanence Placement Planning Meeting, all the available medical information about the child (as collated by the medical advisor) that the early permanence foster carers need, in order to be able to care for the child at placement, should be shared with the Recruitment and Assessment (adoption) Social Worker.
- Medical advisors should meet or have a phone conversation with early permanence foster carers to share relevant and available health information. Where possible, information about what is shared during this meeting/discussion should be documented in the child's notes. A key aspect of this discussion would be to help the carers understand the uncertainties of future prognosis and to present a balanced picture of the health needs of the child that have been identified and what is unknown at this stage.
- It is in the child's best interests for both immediate care and possible long-term prognosis for the birth family's health and medical history to be shared with the early permanence foster carers. It is the child's Social Worker's role to gain signed, informed consent from the parents to enable this to happen and this could include documenting any questions that the parents have.
  - For example, if the child was born with drug withdrawal symptoms, the carer will need to know about that as it is fact about the child's health that is relevant to their future health needs. However, the carer does not necessarily need to know the detail of the history of the mother's drug use. Proportionality is key; it becomes a professional judgement and in promoting transparency in practice, birth parents need to know what will be shared with the child's carers.

## Appendix 12: Good practice guide for setting up an early permanence placement

Process for notifying LA and recording on their system; what they need:

- Regulation 25a document completed and saved on file
- Safer caring document completed and saved on file
- H&S document completed and saved on file
- Carer details confirmed
- Carer SW details confirmed
  - Is annual leave cover required?
- Child's SW confirmed
  - Is annual leave cover required?
- Child care equipment needs identified.
- Paediatric resuscitation training completed or scheduled
- Childcare training needs identified and plan created to address gaps
- Plan for child pick-up/handover confirmed
  - who
  - when (date & time)
  - where
  - how
- Parent support
  - who
  - how
  - when
- Early permanence foster carer support
  - Who
  - How
  - when
- All documentation completed and saved on file
- Database(s) updated





## Appendix 13: Information leaflet for parents

[SWAC Leaflet - Information for Parents](#)

## Appendix 14: Information leaflet for parents (easy read)

[SWAC leaflet - information for parents - easy read](#)

## Appendix 15: Information leaflet for people considering relinquishing a child

[SWAC Leaflet - Information for Parents Thinking About Relinquishing a child](#)

## Appendix 16: Information leaflet for people considering relinquishing a child (easy read)

[SWAC Leaflet - Information for Parents Thinking About Relinquishing a child - easy read](#)

## Appendix 17: Information leaflet or contact workers

[SWAC Leaflet - Information for Contact Workers](#)

## Appendix 18: Information leaflet for Medical Professionals & Administrators

[SWAC leaflet – Information for medical professionals and administrators](#)

## Appendix 19: Matching meeting checklist

For children where adoption then becomes the sole plan, a matching meeting should take place, chaired by a manager or deputy team manager. The meeting should seek everyone's views about the proposed match and a decision reached about whether to proceed.

For use once a placement order is made and for consideration of the adoption match.

The following points need to be covered and clearly documented:

Issue	Responsibility	Y/N
Ensuring the CPR has been amended in relation to any previous advice given, and brought up to date	Child's social worker	
Ensuring the prospective adopters are provided with a copy of the latest version of the CPR	Child's social worker	
The plan for the Adoption Placement Report to be completed with the adopters' views included.  To include: <ul style="list-style-type: none"> <li>• EP carers support provision</li> <li>• post adoption contact arrangements</li> <li>• delegation of parental responsibility</li> </ul>	R&A Social Worker  R&A Social Worker Child's social worker Child's social worker	
Plans for convening a meeting between the EP carers and the parents	Child's social worker	
Plans for convening a child Information Meeting	Child's social worker	
Referral to Birth Links for support for the parents and/or other relatives	Child's social worker	
Booking the match into the Panel schedule (To be planned for four weeks after the Placement Order is expected to be made. Documentation to be submitted two weeks before the panel date)	R&A Social Worker	
Confirm child's adoption medical has taken place or been booked (to be current, one month prior to the final hearing)	Child's social worker	
Plans for convening the appointment for the Medical Adviser meeting with the early permanence foster carers (to take place before panel, and before the documentation is submitted to panel)	R&A Social Worker	

**NB.** Use the linking meeting template to record the discussions and outcome of the meeting.

## Appendix 20: Matching Panel preparation checklist

Checklist for the child care Social Worker, adoption Social Worker and their respective managers, when reports are to be presented to the Adoption West panel recommending that the child should be placed for adoption with prospective adopters.

Summary content required in the CPR From the child care Social Worker		Provided
<b>Social Worker name:</b>		
<b>Record of the Agency Decision</b> confirming that the child should be placed for adoption		
<b>Updated Child Permanence Report (CPR)</b> including photos of the child and birth parents/family in relevant sections. <ul style="list-style-type: none"> <li>Signed by the Social Worker</li> <li>Counter-signed by the relevant Manager</li> <li>signed by the child's parent(s) (if possible)</li> </ul>		
1 <sup>st</sup> & most recent <b>Adoption Medical Report(s)</b> for the child		
<b>Family Tree</b>		
Most recent <b>School or Nursery Report</b>		
Most recent/up to date <b>personal education plan (PEP)</b>		
<b>Most recent Foster Carer's report</b> from the child's foster carer(s)		

Documents required from the Adopter's Social Worker		Provided
<b>Social Worker name:</b>		
<b>PAR Part I and II</b> <ul style="list-style-type: none"> <li>family tree</li> <li>eco-map</li> <li>adoption medical reports</li> <li>references</li> <li>checks</li> <li>photograph(s)</li> </ul>		
<b>Adoption Panel minutes</b> of adopter's approval		
<b>Record of Agency Decision</b>		
<b>Fully signed Adoption Placement Report</b> , including the Adoption Support Plan		



## Appendix 21: Adoption Leave and Pay Entitlements in Early Permanence

Since April 2015, early permanence foster carers have been entitled to claim adoption leave and pay (if they are eligible for them) from the point of a child being placed with them under such arrangements (EP placement made prior to a placement order being made). They are **also** entitled to the LA fostering allowance as they are, at this stage, acting as foster carers for the child.

All early permanence foster carers will have their own particular circumstances and they should look into their entitlements and what their employer offers individually. However, the legal premise is that any entitlement they have to adoption leave and pay can start from the point of the placement and does not have to wait until a child has a placement order and a matching certificate has been issued to be triggered. The decision of the fostering/permanence panel to place the child in such a placement and their subsequent placement triggers the entitlement to statutory adoption leave and pay if they are eligible.

Early permanence foster carers do not have to start taking adoption leave or pay at the point of initial placement. They may alternatively choose to take adoption leave at the point when the child is matched for adoption. If choosing to take adoption leave at the later matching stage, prospective adopters should be aware that statutory adoption pay is based on earnings in the eight weeks immediately preceding their statutory adoption leave, and if they have reduced or no earnings while fostering, this will impact their statutory adoption pay.

Only one set of statutory adoption leave/statutory adoption pay/paternity leave can be taken per placement, which means that adopters cannot take paternity leave at the time of placement and again when matched.

The April 2015 changes to entitlement to adoption leave and pay made no amendments to the regulations and law governing fostering placements and allowances. From the point of placement (in an early permanence arrangement) the carers are acting as foster carers for the child until the courts agree the child's final plan. The carers are therefore entitled to the fostering allowance rate paid by the placing LA. Some LAs pay additional sums for certain carers (often based on experience or skills) and it is within their discretion to do so; payments to foster carers should be equitable regardless of the nature of the placement.

If the placement becomes an adoptive placement, due to the issuing of a PO, then the fostering allowance stops at the point when the placement converts to a placement for adoption (i.e. once formally matched and placed for adoption).

If the placement ends, due to the child returning to their birth family, adoption leave can continue for eight weeks after the child is moved (or earlier, if fewer than eight weeks of adoption leave remains). Adoption pay can also continue for eight weeks, unless the full amount of adoption pay ceases earlier than this.

If the adopters had another child placed with them through early permanence in the future, the same entitlements would apply, i.e. they could get adoption leave and pay (if eligible) and the LA fostering allowance.

## Appendix 22: Support framework for Early Permanence foster carers

While a prospective adopter is undertaking the role of a foster carer in an early permanence placement, on-going support is essential and should be assessed and reviewed regularly by the Recruitment and Assessment Social worker, in partnership with the Local Authority Fostering Social Worker, until the placement becomes an adoption placement or the child returns to their parents/new carer.

The support is provided through the following:

- **Informal**
  - The carer's family and friends
  - Local networks
  - Buddying
  
- **Formal**
  - Support plan
  - Supervision
  - Training
  - STEP groups
  - Mental health wellbeing assessment
  - Counselling sessions

### **Buddying**

An Early Permanence support network list is facilitated by CCS adoption Bristol. The process for early permanence foster carers to join the network and connect with other carers is given in **Appendix ?**. Being able to connect with others who share the same or similar lived experience is identified by early permanence foster carers as very important.

### **Support plan**

As part of the placement planning, the agencies proposals for the provision of support during the fostering phase will have been identified and the adoption Social Worker will be responsible for ensuring this is undertaken and that it is reviewed and updated/revised where necessary.

### **Supervision**

Supervision of Foster Carers is a formal arrangement for meetings between carers and their allocated Social Worker from the fostering service. Within Adoption West, for Early Permanence carers in a fostering role, the supervision is delegated to the Adoption (Recruitment and Assessment) Social Worker.

Supervision should be seen as a supportive and two-way process to:

- Help carers cope with the stresses their work may entail;
- Support carers and their families by providing advice and consultation from the Supervisor and other specialist sources;
- Provide appropriate monitoring and feedback on their role;
- Ensure carers have opportunities to develop through appropriate training and that this is recorded in the [supervision](#) meeting;

## Training

Training is provided to all foster carers, including early permanence foster carers, to increase their knowledge and skills in caring for children. Mandatory training is accessed through the Local Authority fostering (and kinship) teams, with additional optional training designed to complement the mandatory training and provide the carer with support to develop their skills as a carer and/or to support the child, following an assessment of need. This may include training on PACE and therapeutic parenting, particularly where older children are placed.

## Support Through Early Permanence (STEP) groups

The virtual support group and Facebook support network is open to all early permanence foster carers and those approved prospective adopters interested in exploring early permanence with those living it. It is a service commissioned from and facilitated by CCS adoption Bristol. Access to the groups are through CCS Adoption (see [STEP Leaflet V1.1.pdf](#)).

## Mental wellbeing assessment

Good mental wellbeing is about feeling good and functioning well, but it can be hard to recognise or admit that we're not feeling good. Our mood goes both up and down and encouraging carers to measure their wellbeing over time, through a measuring tool such as one that uses the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) can help to recognise times when they're struggling.

The [mental wellbeing assessment guide](#) has been developed to assist carers to be aware of their mental wellbeing, and to recognise and seek support if necessary. It should be discussed with the early permanence foster carers at the beginning of the early permanence placement, so they are aware of how it can be used as part of their support framework. It should be used alongside the guide for having difficult conversations. These can be found at [Wellbeing assessment Guide \(V1.0\).pdf](#) and [early Support guide \(Supporting emotive conversations\) \(V1.0\).pdf](#) and [Early Support Guide \(V1.0\)](#).

The use of the assessment tool is not intended to replace a consultation with a GP if someone is struggling.

## Talking therapy

If necessary, and following an assessment, it may be decided that the early permanence foster carer(s) would benefit from counselling, to assist them to manage complex feelings and emotions they are experiencing through the early permanence care process. The need will be assessed by the R&A Social Worker and information on the needs assessment discussed with the responsible Local Authority fostering team.

## Appendix 23: Wellbeing assessment guide for professionals

### Introduction

What affects one person's mental wellbeing won't necessarily affect others in the same way. Key life events, such as loss (including infertility and miscarriage) or bereavement, issues at work, financial worries, starting a new job, college or university and relationship problems can all impact on our mental wellbeing. Sometimes there is no clear reason why we feel the way we do and sometimes, when it comes to the way we feel emotionally, it can be hard to recognise or admit that we're not feeling good.

We all have issues that affect our mental health in one way or another, but that doesn't mean we need to struggle. There are steps you can take to improve and maintain your mental wellbeing, and these can be seen [here](#).



This guide has been created as a starting point for a routine discussion with the prospective adopter(s) about mental health and wellbeing. It is designed to assist prospective adopters to take stock of their mental, as well as physical wellbeing.

### Key principles:

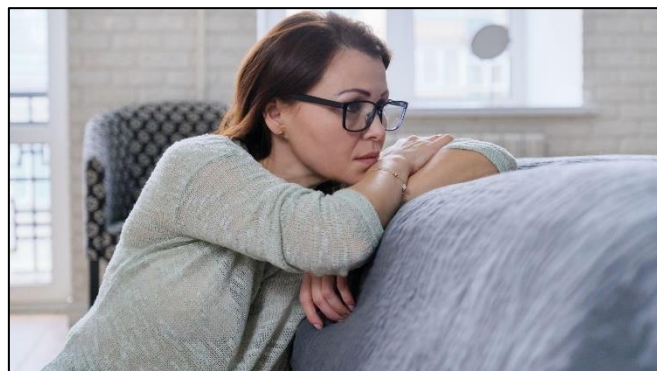
- It recognises the adoption process can be stressful and intrusive and it may have an impact on the individual's mental wellbeing.
- It recognises that issues discussed within the assessment and preparation process could trigger emotions that the individual may need support to deal with.
- It is designed to provide pointers for review and assistance in identifying means of supporting the prospective adopter(s) and to work with them to source appropriate support to address identified issues.
- It is not designed to be a 'one off' discussion, but a regular review incorporated into the assessment, preparation and adoption support processes.
- The guide and the mental health wellbeing assessment tool is not intended to replace a consultation with a GP if the person is struggling.
- This guide seeks to make the regular, but not onerously frequent, assessment of the prospective adopter's mental wellbeing a routine part of the assessment and support mechanisms and is not for use only when the individual expresses that they are feeling 'down' or struggling.
- Information shared that may be of concern for a safeguarding reason will be shared as per the organisation's safeguarding policy.
- This guide should be used in conjunction with the Early Support guide (guide to having emotive conversations).

### The guide makes the following assumptions:

- That the prospective adopter(s) will discuss their mental wellbeing with their R&A Social Worker in an open and honest way.
- That the R&A Social Worker will enter into any discussion with the prospective adopter(s) about their wellbeing and document these in an open and honest way.
- That the R&A Social Worker will provide support and signposting for further sources for support to the prospective adopter(s).
- That the R&A Social Worker will review the wellbeing of prospective adopters in a relationship (cohabiting or not/civil partnership/marriage etc.) as a unit.

### Process

- The prospective adopter will be introduced to the Scottish Association for Mental Health (SAMH) [wellbeing assessment tool](#) as part of the R&A discussions at Stage 1 of the process and again at the beginning of stage 2 and regularly thereafter.
- The prospective adopter is **not** expected to share their results from the SAMH wellbeing tool, it is a tool for them to proactively assess their current wellbeing and respond accordingly.
- As part of the assessment and preparation process, the R&A Social Worker will discuss with the prospective adopter, their mental wellbeing, with reference to the assessment tool in a supportive manner.
- The R&A Social Worker should not ask the prospective adopter what their SAMH assessment score was, but prospective adopter may wish to share this.
- The R&A Social Worker should not try to persuade the prospective adopter(s) that sharing their SAMH assessment score is part of the assessment process.
- Whether the assessment tool has been used or not, if a discussion identifies that the prospective adopter is struggling or experiencing difficulties, the R&A Social Worker will assist the prospective adopter to make a plan to address the identified areas of stress/concern (See Appendix 1) this may include:
  - Recommending they make use of their current support network
  - Recommending they develop a support network
  - Recommending they seek a consultation with their GP
  - Recommending they discuss the issue identified with an existing support provider (mentor/counsellor/support group/support organisation etc.)
  - Recommending they seek professional support
  - Signposting relevant support groups/organisations



### Using the guide with Early permanence (Foster) carers

- SW to discuss at the beginning of the placement and thereafter.
- The supervision of the EP carer, while a Foster carer, will usually be delegated to the R&A Social Worker and it is anticipated that the discussion of the mental health wellbeing is incorporated into the supervision discussion and documented.
- The fostering Social Worker will be aware, through shared visits and scrutiny of the supervision records, of discussions regarding the mental wellbeing of the EP carers.
- The fostering Social Worker must be included in discussions regarding any identified provision of support.
- The Child's Social Worker retains responsibility for the looked after child and should be involved in any discussions regarding mental wellbeing that may impact upon the EP carer's ability to care for the child.

### Using the guide in Recruitment & assessment of prospective adopters

- SW to discuss at the beginning of the assessment process and thereafter.

### Using the guide and the adoption support plan

- To incorporate identified issues into the adoption support plan, with regular review.

### Social Worker/professional use of the assessment tool

- The wellbeing assessment tool is not just for prospective adopters, it is for anyone. Recognising or assessing your own wellbeing is just as important.
- If you feel you are struggling and/or the assessment tool provides support to indicate that you are, please discuss this with your supervising manager at the earliest opportunity, to obtain the necessary support.

### Further resources

[Mind, the mental health support charity](#)

[NHS 5 steps to mental wellbeing](#)

[Five ways to wellbeing: New applications, new ways of thinking | New Economics Foundation](#)



## Steps to support mental wellbeing

YouGov research shows that around one quarter of us never take the time to look after our mental health.

Evidence suggests there are 5 steps you can take to improve your mental health and wellbeing. Trying these things could help you feel more positive and able to get the most out of life.

### Connect

Staying in touch with loved ones can make us feel happier and more secure; and often just having a chat can help to lift our mood.

- Put five minutes aside to ask someone how they are
- Arrange to meet up with friends that you haven't seen in a while
- Join a local group or club and meet new people in your community



### Be Active

Being active isn't just good for our physical health; it's also proven to have a positive effect on our mental health and wellbeing.



- Go for a short walk at lunchtime
- Discover a physical activity you enjoy and one that suits you
- Try the NHS's [couch to 5K](#)

### Take Notice

Whether you're spending time with friends or taking a moment for yourself, try to stop to take notice and be aware of the present.

- Set aside time to practise mindfulness or take up yoga
- Take notice of how your friends or colleagues are feeling
- Spend time outdoors, enjoy the fresh air and notice what's around you



### Learn

Learning enhances your self-esteem and confidence, and can be a great way to meet new people.



- Sign up for a class and learn something new
- Rediscover an old interest,
- Take on a new challenge to make or fix something

### Give

Giving can be very rewarding; in fact those who report a greater interest in helping others are more likely to rate themselves as happy.

- Volunteer your time for a cause you are passionate about
- Spend time with someone who you know has been having a difficult time
- Fundraise for a charity





## Appendix 24: Supporting carers and adopters with emotive conversations

The aim of this framework is to provide a psychology perspective to naming and normalising feelings of self-criticism and fear of judgement, in order to reduce the feelings of shame carers may experience when struggling with taking on a child through either early permanence and/or adoption and which then may inhibit them from seeking help.

It is hoped that with the guide in mind, professionals and adopters will be able to start having conversations around some of these difficult feelings and Social workers will be able to have meaningful conversations with carers and understand their anxieties and provide appropriate support.

The early permanence foster carer/prospective adopter's journey to adoption may have been difficult and with obstacles in the journey. The process to becoming an adoptive parent is stressful, overwhelming and intrusive; adopters have been asked to be vulnerable, meet multiple professionals and sometimes dealing with a number of setbacks and disappointments.

They have been waiting for this moment with this child/children for such a long time and possibly have held expectations that it would all be OK as soon as they had the child/children with them. Then, because the experience doesn't match their expectations, they don't feel as connected as they should and the child doesn't seem to trust them or is not easy to bond with and they might notice some of the following feelings:

- Deflation
- low mood
- sadness
- anxiety
- guilt and shame.



Although complex and varied feelings are normal, it may be that some of them have taken people by surprise. Having held expectations that this time of their life should feel joyous and happy and, as a result, may feel confused or judge themselves harshly for not feeling this way.

This can lead to a cycle of self-criticism, guilt and shame and can make it feel difficult to share their experiences or seek support, particularly if they fear that others might judge them for feeling this way. The excitement and joy of other people, such as family and friends, can further exacerbate this cycle of guilt/shame.

There may be fear around what their Social Worker might think and make them reluctant to share their feelings, based on a fear that it may lead to the Social Workers making decision to remove children against the adopter's wishes.

### What you might notice

Some of the things carers/adopters might not notice when they are in this difficult space. You will be able to normalise and help them to tune into the range of areas that can be affected, such as:

- **physical changes** - e.g. sleeping issues, weight loss
- **cognitive** - thoughts of being a failure
- **behavioural** - avoiding aspects of child's routine
- **emotional** - low mood, guilt/shame



### What can the Social Worker do?

Normalising and validating these feelings is key. The Dyadic developmental psychotherapy (DDP) approach of first connecting and empathising before attempting problem solving should be used. Offer reassurance that Social Workers are aware of the feelings that come up and will want to hear about them.

Also names that sometimes a placement doesn't feel right and it is ok to say this as well.

### Things that can help

- Knowing that feelings are normal and understandable
- They do not reflect on the carer/adopter's capacity to continue on the journey with the child
- Giving time and space to adjust
- Reframing expectations of self with compassion
- Being flexible with routine and expectation
- Thinking about distancing from difficult thoughts

This guide for professionals can be found at [Supporting EP carers and adopters with difficult conversations \(V1.0\).pdf](#)

The full guide for carers/adopters can be found at [Early Support Guide - SWAC version \(V1.0\).pdf](#).



**SWAC RESOURCE:  
REUNIFICATION FRAMEWORK**

## Introduction

If an early permanence placement is terminated because the Local Authority or the court make a decision that the child should return to the birth parents or an alternative placement is in the child's best interests, it will be essential that this is properly planned and that the carers and the child receive support on an on-going basis to help them recover from the loss and grief that they will inevitably experience.

Prospective adopters entering into an early permanence placement will inevitably be hoping that the child remains with them, and adoption is the final outcome, but experience tells us that there will be a number of cases where the child will be returned to the care of either a birth parent or family member. Early permanence foster carers may have been told that the Local Authority has reached the view that adoption should be the plan for the child, but must also be aware that there can be changes or challenges that emerge during the placement. Where circumstances then change following the early permanence placement being made, early permanence foster carers will need significant support to manage changing contact arrangements where further assessments are then ordered by the court for birth parents or family members, and particularly if the care plan then changes to support the child's return to their birth family. In particular, there should be an awareness of the need to support the early permanence foster carers in enabling a positive transition for the child whilst managing their own feelings.

**Objective 1:** Social Workers will feel supported and be able to support Early Permanence foster carers when a child is reunified with their birth family or other identified carer.

**Objective 2:** Early Permanence foster carers will be supported when a child is reunified with their birth family or other identified carer.

The framework is in three phases:

- Stage 1: Preparing for the move
- Stage 2: Making the move
- Stage 3: Supporting relationships after the move

When a parent is determined to be reunited with their child as soon as possible, there may be limited time to plan and prepare comprehensively. Therefore, an outline of the minimum necessary to support the transition is provided, and all parties must be mindful of the need to progress the transition at the child's pace, in order to minimise trauma to the child.

## Stage 1: Preparing for the move

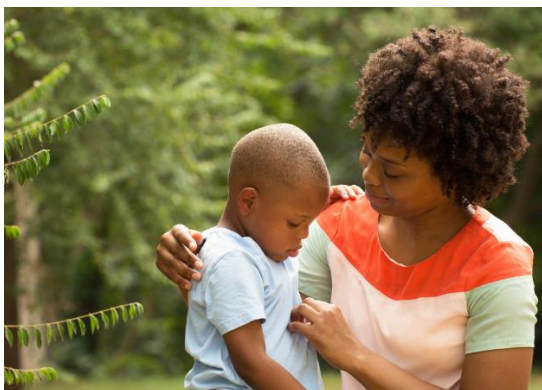
Stage 1 refers to a period of time after the decision has been made, by the local authority or the court, that the child should return to the parents, or an alternative placement match, and the permanence placement is terminated.

### Key principles:

- Opportunities for the early permanence foster carers and the parents/identified new carer to build a positive relationship should be promoted at an early stage in the moving process, since this can help the success of the move.
- Supporting the early permanence foster carers, in order to achieve as smooth a transition for the child as possible, should be initiated as soon as reunification is identified as the plan for the child.

The plan should be individualised to take into account the specific needs of the child. The age of the child is one factor, but each child will be different. For example, some babies will take longer than others to comfortably accept all caregiving routines from a different care giver, even if the main carer is their parent or known family member. An older child who has been with an early permanence/foster family for some time may need several months to process their losses and adjust to the realities of the new family life, or be ready to move more quickly in some cases.

Planning some face-to-face contact between the early permanence /foster carers and the parents/new carer and providing opportunities for them to try to develop trust in each other and begin the process of working together to support the child through the move, will be beneficial for all parties longer term.



Planning must be sensitive to the needs and circumstances of the early permanence foster carers and parents/new carer. Geography, personal characteristics, additional responsibilities and the needs of other family members are all important considerations. Adoption, fostering and Children's Social Workers can ensure that important issues are taken into account for their respective families, but they may also need to promote co-operation and help the two families to understand each other's needs and perspectives.

Local Authority agreement on funding for and provision of counselling for the early permanence foster carers should be obtained at an early stage and needs to be available from the time a decision for reunification is made.

Allowing time, within the plan, for rest and reflection can be important for the adults to process emotionally charged events.

## Checklist

To do	Rationale	Responsibility
Transition planning meeting	To ensure all stakeholders have input into the plan and that it meets the needs of the three key stakeholders (child/parents/EP foster carers)	Child's Social Worker
Communicate transition plan		Child's Social Worker
Confirm contact arrangements as part of plan		Child's Social Worker
Plan face-to-face contact between the EP foster carers and the parent(s)/new carer	To provide opportunities to try to develop trust in each other and begin the process of working together to support the child through the move	Child's Social Worker/R&A Social Worker
Draft the EP carer support plan		R&A Social Worker

## Stage 2: Making the move

Stage 2 covers the period of more intensive visits and contacts that culminate in the child's official move back to their parents or new carer.

### Key principles:

- All arrangements and timescales should focus on the needs of the child.
- The child's feelings about the move should be held in mind and responded to sensitively.
- There should be flexibility in the planning, in consultation with the child, the families and the Social Workers, to allow for emerging circumstances and needs.

It is important to ensure that early permanence foster carers, parents and professionals are observing and thinking about the child's emotional state and taking note of how they are expressing or not expressing their feelings. Hold in mind that children do not always show their feelings directly. Ensure that there are opportunities to communicate the full range of children's feelings within the professional network.

Help early permanence foster carers to expect and manage signs of anxiety and uncertainty in the child. Encourage them to work together. Initially, the early permanence foster carer might need to step forward to comfort the child. Further on in the plan, the early permanence foster carer might remain available but support the parents or new carer to provide comfort.

Be prepared to slow the pace of the visits if there are signs of the child's distress. The child may need time to have their feelings acknowledged and understood by their trusted adults, before being able to progress towards the move. In some cases, the plan may be monitored on a daily basis, with inbuilt flexibility according to the child's emotional progress.



The early permanence foster carers or child may be having concerns about the plan or the move. Good teamwork in the professional network is essential to ensure that these are responded to appropriately and sensitively. The Social Workers should ensure that they can have separate conversations with the early permanence foster carers and parents at key points during Stage 2. Difficult issues can be hard to discuss in the presence of others.

An interim planning review is an important element of the process in Stage 2. This should draw together the perspectives of all members of the team around the child (and the child themselves as appropriate). There should be a clear focus on the emotional wellbeing of the child.

### Checklist

To do	Rationale	Responsibility
Review child's response to changes and amend plan accordingly (if required)	To achieve the first key principle of focusing on the needs of the child.	Child's Social Worker
Review transition plan	To achieve the third key principle of allowing flexibility and allowing for emerging needs.	Child's Social Worker
Drafting the EP carer support plan	Meeting objective 2	R&A Social Worker
An interim planning review		

### Stage 3: Supporting relationships after the move

Stage 3 of the framework covers the period from the return day through to the first statutory review.

#### Key principles:

- Some continuity of early permanence (foster) family relationship will support the child in managing the loss of the foster family and building trust in the birth family.
- The child's feelings about the move should be held in mind and responded to sensitively.
- There should be flexibility in the planning, in consultation with the child, the families and the Social Workers, to allow for emerging circumstances and need.
- The early permanence foster carers will need to be supported, at the right time for them, to manage the transition and life beyond the child's return to their family/an alternative carer.

For early permanence foster carers, Stage 3 involves letting go of their role of providing secure base caregiving for the child, whilst also supporting the child's growing trust in their family/new carer. This process is likely to create mixed feelings for early permanence foster carers and their family members. There will be pleasure and satisfaction in seeing the child settle in their original family, but at the same time, a sense of grief and a need to mourn the loss of the child.

Reunification from an early permanence placement can be isolating for the carers, who may feel set apart from other carers who have gone on to adopt their children. The carers may feel they have to pull away from other early permanence carers, who can find the situation too anxiety-provoking. The carers can lose not only the child but their support network of other early permanence carers. Early permanence foster carers will need sensitive support from their Social Worker, including encouragement for all family members to acknowledge their feelings, and find ways of talking about them.

The early permanence foster carers will also need to be supported, at the right time for them, in thinking about their future plans to adopt. Some carers have chosen to take a second early permanence 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. However, there may be a strong desire for another placement very quickly, and while this might be helpful in some cases, it is important for the Social Worker to feel confident that all family members are ready to provide physical and emotional availability and respond sensitively to a new child in the family.

### Checklist

To do	Rationale	Responsibility
Review child's response to changes and amend plan accordingly (if required)	To achieve the first key principle of focusing on the needs of the child.	Child's Social Worker
Reviewing the EP carer support plan	Meeting objective 2	R&A Social Worker
EP carer feedback survey link provided		R&A Social Worker
EP carer support initiated.		R&A Social Worker
Discussing future adoption plans		R&A Social Worker

### Case review

After the placement has ended, a multi-agency professionals' review meeting should be held, to review what has taken place from start to end, so learning from what has taken place, both good practice and where this may not have been the case can be included in guidance and practice going forward.

### Reunification plan minimum requirements

When a parent is determined to be reunited with their child as soon as possible, or where a parent request the return of a previously relinquished child\*, there may be limited time to plan and prepare. Therefore, an outline of the minimum necessary to support the transition is provided, and all parties must be mindful of the need to progress the transition at the child's pace, in order to minimise, as far as possible, trauma for the child.

\* If the parent(s) request the child's return from an early permanence placement, then the LA is expected to return the child within **seven** days. If the child has been 'placed for adoption' following Section 19 consent, the child must be returned to their birth parents within **14** days.



### Key principles:

- Opportunities for the early permanence foster carers and the parent(s)/identified new carer to build a positive relationship should be promoted where possible, since this can help the success of the move.
- Some continuity of early permanence (foster) family relationship will support the child in managing the loss of the foster family and building trust in the birth family.
- All arrangements and timescales should focus on the needs of the child.
- The child's feelings about the move should be held in mind and responded to sensitively.
- There should be flexibility in the planning, in consultation with the child, the families and the Social Workers, to allow for emerging circumstances and need.

The focus will be on stage two of the framework and the period of intensive visits and contacts that culminate in the child's official move back to their parent(s). There should be a clear focus on the emotional wellbeing of the child.

Early permanence foster carers will need sensitive support from their Social Worker and all family members to acknowledge their feelings, and to find ways of coping.

To do	Rationale	Responsibility
Transition planning meeting	To ensure all stakeholders have input into the plan and that it meets the needs of the three key stakeholders (child/parents/EP carers)	Child's Social Worker
Communicate transition plan to all parties	For the EP carers and the parents/identified new carer to build a positive relationship	Child's Social Worker/R&A Social Worker
Confirm contact arrangements to all parties, as part of plan		Child's Social Worker
Review child's response to changes and amend plan accordingly (if required)	To achieve the first key principle of focusing on the needs of the child.	Child's Social Worker
Draft the EP carer support plan		R&A Social Worker
Commence EP carer support	To enable feelings of both satisfaction and grief to be expressed and supported.	R&A Social Worker
Case review	To learn from what has taken place, both good and any suboptimal practice.	Child's Social Worker/R&A Social Worker/Family Finding team lead

This framework was created with reference to best practice identified in the **UEA Moving to Adoption** model.