**EARLY PERMANENCE PLACEMENTS: INFORMATION FOR HEALTH CARE PROFESSIONALS**

Early Permanence placements explained

If it is identified that the child will be at risk in being cared for by their birth parents or other family members, then the local authority will make the decision to place the child with foster carers at the earliest opportunity, which can be from birth. Early permanence placements are where the child is placed with approved adopters who are also approved as foster carers. The aim of such placements is to prevent moves for the child during the temporary period of foster care and between foster carers and adopters, should the courts agree the plan for adoption.

The carers will have been temporarily approved as foster carers for a named child under Reg. 25A of the Care Planning, Placement and Case Review (England) Regulations 2010 (“2010 Regulations”). The foster carers are aware that their role is part of a process. They and all professionals will need to remain child- focused, remembering that they are working towards the best outcome for the child, whether this is rehabilitation with the birth family or adoption.

If the court decides that the child should be returned to live with their birth parents or should be placed with family members, the carers will support the child’s move. If the court decides that the plan is for adoption, then the child will remain permanently with these foster carers who will go on to adopt the child. This minimises the negative impact of separation for the adopted child.

Health professional involvement in pre-birth planning

Early identification of possible appropriate placements is crucial to the service in providing the best opportunities for the child and local authorities have practice guidance on undertaking pre- birth assessments. A multi-disciplinary pre-birth intervention and assessment should start as early as possible to avoid delays. It is important that birth parents feel that they are part of a fair process and that they are supported and enabled to be part of the child’s plan to achieve this.

In early permanence placements, it is likely that the full health information about the child has not been collated or yet known. All health professionals need to gather and share information that would be relevant to the well-being and health of the child in the future. Information such as family history of genetic illness, antenatal substance and alcohol misuse or blood-borne viral infection are risk factors that should be shared with the medical adviser for the adoption agency. The role of the medical adviser is crucial in being able to share what health information is available. A key aspect is to help foster carers and birth parents understand the uncertainties of the future prognosis and present a balanced picture of the known risks.

Health professional involvement in the perinatal period

Interdisciplinary and interagency working and input is crucial in early permanency in helping to identify any issues related to the parents before and at the time of the child’s birth. Health professionals who may be involved include GPs, midwives, obstetricians, neonatology doctors, FNPs and other staff who may be involved in providing specialist services. These issues would be shared when invited to attend a care team/core group meeting, a pre-birth assessment meeting or a LAC review. At these times, it is important that the health professional is aware of these issues in relation to the implications of early permanency for the birth parents, carers and child.

The foster carers and birth parents will have their own support systems through Children’s Services but the additional, unbiased support from health professionals will be paramount to them.

Health professionals involvement post-placement

When a placement is made with the foster carers, it is possible that they will not have fostered or parented before, and while they will have received specialist training and a rigorous assessment, it can be an anxious time for them. It is also an uncertain time for them and the birth parents while the courts make the decision about the child’s future. The ethos behind early permanence placements is that the adults involved, i.e. the carers and birth parents, take on the strain and stress of this uncertainty, and not the child. The foster carers will be very aware that their role is part of a process that is working towards the best outcome for the child, which will cause additional pressure or worry for them. They are trying to make a bond with a child whom they hope to care for in the future whilst still being expected to take and collect the child from family time to maintain attachment to the birth parents and any other family member, should the child return to their care.

The early permanence carers will be carefully prepared and supported to undertake this emotionally challenging role. However, it is important that all professionals involved in the case are aware that while they are foster carers and are expected to fulfil all the obligations of foster carers, their need for support, confidentiality and training will differ from other foster carers as there are aspects to their role that are very different. Thus, for example, these carers are being asked to make a long-term emotional commitment to the child while at the same time not only managing the uncertainty of the outcome, but also actively supporting the planning for the possible rehabilitation to the birth family.

In order for the carers to build strong attachments to the child, they will need support from health and Children’s Services. The carers will be expected to meet the child’s health and social needs whilst providing a nurturing and secure placement under the frequent oversight of professionals. This oversight relates to the child in care, who will potentially have a higher level of uncertainty of health needs due to the past medical history. Therefore, in addition to routine health visitor and medical checks plus immunisations, there will be additional statutory assessments provided by health professionals providing looked after children’s initial and review health assessments.

When the process works well, one carer was able to comment about her health visitor: ‘She was my rock; she was so reassuring and gave me confidence in my parenting as well as understanding how I was feeling’.

**Confidentiality is a real concern for carers in early permanence placements as these carers are possibly going to go on to adopt the child in their care. It is essential that the carers’ full details, including surname and address, are kept confidential at all times. Birth family members must not be given any details. Extra care should be taken when sending any written correspondence, and reports to the birth family are not to include the carers’ confidential details.**