Early Permanence Workbook

**Is Early Permanence right for me?**

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

There are also a number of things that you will need to think about in deciding whether Early Permanence is right for you. This includes weighing up the advantages, the uncertainties and the demands of the fostering role.

As we have highlighted, this is a different role, as you would be fostering under the direct supervision of the local authority. There is also the experience of living with the uncertainty of the outcome of the application to court, and whether you will be able to adopt the child. This impacts on people in different ways and you will need to think about how you might deal with this in a helpful and positive way.

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

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

This workbook will provide a number of different scenarios for you to consider, to make you analyses, reflect and examine your own strengths and vulnerabilities when considering **is Early permanence right for me?**

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| Firstly, think about what are the advantages for you and your family to progress through an Early Permanence route? |
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| Then, think about what the advantages for the child? |
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| What do you feel will be the main challenges for you and what worries you the most? |
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| **Scenarios** |
| Below are several different scenarios that you could be faced with as part of an Early Permanence Placement – but bear in mind that this is not an exhaustive list!  Please read through the different scenarios, then and after each one: consider, reflect, and write about:   * How do you think this situation / scenario would make you feel? * What feelings do you think it may provoke? * Is there anything that is surprising? * Is there anything that you disagree with? * What support do you think you may need? * Who would you speak to for support?   These answers will then be explored with your social worker. |

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| 1 – These placements can happen very quickly. You may find out about a child on a Monday and they could move in by the following weekend. On a practical level, this could mean giving very short notice at work, having to rush about buying essentials, changing holiday plans, and readjusting your life in a very short time frame. On an emotional level, this may result in a shift of balance of a relationship, in your sense of professional identity, feeling scrutinised and having expectations put on you. |
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| 2 – Professionals will refer to you as a foster carer, they will not refer to you as mam, dad, foster mam, foster dad, foster parent. |
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| 3 – Professionals will refer to birth mother / birth father as X’s mam or X’s dad. You will not be the parent. In meetings the IRO will talk about ‘mam / dad’ and will for example talk about the progress that they are making in parenting assessments, counselling or drug support. |
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| 4 – You will / may be expected to attend meetings with birth parents. This may be virtual or in person. |
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| 5– Birth parents will know your first names. |
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| 6 – In meetings birth parents may say things like “I want my baby back” “I’m going to fight for my baby” “My baby deserves to be with his/her family, not strangers”. |
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| 7 - The placement will be treated like a “traditional” foster placement as the plan for the child has not been agreed. |
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| 8 – You may be required to transport the child to contact with their birth family members. You will physically hand the child to their birth parents, therefore ‘general’ conversations will occur. Birth family will / may have seen your car, know what you look like etc. |
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| 9 – As a foster carer, you cannot dictate the day or length of contact that a child should have. This plan will be made within the Court or by the child’s social worker. This contact could change throughout Care Proceedings, for example in time, the amount of days, with multiple people being included. E.G: birth mother, birth father, birth father’s sister, grandparents. You will have no control over this. |
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| 10 – How does the amount of contact affect your current family lifestyle especially if this is 5 days a week for example. |
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| 11 – On the days that there are no ‘physical’ contact, you will probably be expected to engage in indirect contact with birth parents, for example send a photograph and text or sending an email to keep birth parents updated in respect of the child. |
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| 12- Birth parents may have historical offences E.G sexual offences and the child will still have to go for contact, as the birth parent wants to be assessed as a carer with their new partner. |
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| 13 – Within the first 2 weeks you will have a significant number of meetings, visits and appointments in respect of the child.  E.G LAC Reviews, LAC medical, Placement Planning Meeting, Contacts, Medical appointments (blood test, DNA). Visits: Child’s social worker, Adoption social worker, Supervising social worker, Midwife, Health Visitor, Children’s Guardian. |
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| 14 – Acknowledging that your life will feel full of ‘strangers’ (professionals) – would you feel overwhelmed? Do you like to be in control? |
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| 15 – The Court process is UNCERTAIN. No one can give you any guarantees what this journey may hold. Anything could happen E.G family members being put forward through the Court process (not just at the beginning), birth mother may request a mother and baby placement, specialist assessments may be commissioned, paternity could be established and this opens up other paternal family that may want to be considered to care for the child. |
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| 16 - Think about the feelings it may generate for you in relation to the weeks between Court hearings (to deal / cope with the uncertainty of the plan) |
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| 17 - Think about social media, are your profile’s confidential, are you on Linkedin, are you on your works website – does this need to be made confidential? How does this make you feel – losing your identity? |
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| 18 – Birth mother may want to breast feed; how would this make you feel having to feed the baby the milk that birth mother has provided? |
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| 19 – Other people may not understand Early Permanence, you have prepared your child that this child is not a sibling, however people may ask “how is your baby brother / sister doing” “What a great big brother / sister you are” creating confusion for your child. |
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| 20 – You may be expected to send cards/gifts on behalf of the child to birth parents e.g. Mother’s Day, Father’s Day, Christmas, birthdays etc. How is that going to make you feel? |
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| 21 - As a foster carer you may be expected to participate in some training by the local Authority, how will you complete this requirement? |
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| 22 - Birth parents may want you to use pampers nappies and SMA formula only – how do you feel about this? |
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| 23 - Birth parents will be offered the opportunity to take the child for their immunisations – how will you feel not being there or potentially meeting up with birth parents to do this? |
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| 24 – There may be times that you do not know what is happening in the child’s case, the social worker has no legal requirement to keep you updated as foster carers. |
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| 25 – When the social worker completes the CPR and this is shared with you, there may be information in there that wasn’t shared with you as foster carers. |
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| Other resources to read and watch |
| [https://soundcloud.com/user-614622571/early-permanence-a-route-to-adoption](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsoundcloud.com%2Fuser-614622571%2Fearly-permanence-a-route-to-adoption&data=05%7C01%7Cangela.simmonds%40adoptionteesvalley.org.uk%7C0642ac6510964f0ed2f008db7ecd8512%7Cc947251d81c44c9b995df3d3b7a048c7%7C0%7C0%7C638243193416886475%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=JKVS%2F5UGV18Z1W1F8AMJmsY%2Bjzzw2ICnYKUWnuGgEeE%3D&reserved=0) Johnny’s Story  Two good mums podcast  [https://www.yumpu.com/en/document/read/62772409/our-stories-a-collection-of-early-permanence-carer-experiences](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.yumpu.com%2Fen%2Fdocument%2Fread%2F62772409%2Four-stories-a-collection-of-early-permanence-carer-experiences&data=05%7C01%7CAngela.Simmonds%40adoptionteesvalley.org.uk%7C698910821bc540dfe36408db7ed880ca%7Cc947251d81c44c9b995df3d3b7a048c7%7C0%7C0%7C638243240560797736%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=vnwRF4O7EbV7aTNnIBiSHRj3BVInhloNEFk27qQHnyU%3D&reserved=0)  Our stories a collection of EP Carer experiences – CCS Adoption.  Meet the Adopter webcast – Concurrent Planning – First4Adoption  <https://www.youtube.com/watch?v=WjZDLNykR1U>  Early Permanence Adoption & Loss, Daddy Life London. <https://www.youtube.com/watch?v=XYFUtDWWqEY>  Foster to Adopt – Traditional Adoption – What is the difference – Aimee vlog  <https://www.youtube.com/watch?v=fnj-v2e88yo>  Life with a LAC Child – What Life is Like – UK Adoption & Foster to adopt – Aimee vlog  <https://www.youtube.com/watch?v=QxNp4GD2HBE>  Foster to Adopt – Factual Process – Aimee vlog – nb where Aimee mentions placement order, she means interim care order.  <https://www.youtube.com/watch?v=IyPPz_yTbtY>  Foster to Adopt – True Emotions – Aimee vlog  <https://www.youtube.com/watch?v=OdSgZq2wVZw>  Preparing for foster care – Foster to Adopt – Aimee vlog  <https://www.youtube.com/watch?v=g7_N3mlqP4A>  Foster Contact – Birth parent contact – UK adoption – Aimee vlog  <https://www.youtube.com/watch?v=Fmzhb5H8u8M>  Daddy Life London – Adoption Video Blogs  <https://www.youtube.com/channel/UCTFuB6_e7AEJiYj5YwwWheg/videos>  Aimee vlog – Adoption Video Blogs  <https://www.youtube.com/channel/UCQnAY0RYGHhvQh-A57gZUWw>  Catch – early permanence. |
| Have the video’s impacted upon you thought processes of Early Permanence? Here is a space to reflect on this question.  Please write it here. |

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| Who are the professionals that will be involved and what is their role? |
| * Child’s Social Worker – CSW   Social workers work with the whole family, not just the child/ren, and although their primary concern is for the child's welfare they do have to balance this with the wishes and needs of the parents. They should keep you informed about the progress of the plan for the child and any changes of plan or direction.  Their role is to:  • Assess the needs of a child;  • Develop a relationship with the child;  • Plan for the child and regularly review that plan;  • Work with you, the child and the child's family;  • Share information with you;  • Identify and obtain resources so that the child's needs are met;  • Visit the child at the foster home within one week of the placement and then at least every six weeks for the first year or visit in line with the Care Plan. Thereafter, where the placement is intended to last until the child is aged 18, at intervals of not more than three months, and in any other case, at intervals of not more than six weeks.   * Adoption Social Worker – ASW   Your ASW will be able to offer emotional support and practical advice. They can support you in meetings and advocate on your behalf.   * Supervising Social Worker – SSW   They will provide you with support from a foster perspective, you will have monthly supervision with them, and they will guide you through the fostering expectations and responsibilities   * Independent Reviewing Officer – IRO   They will conduct regular reviews of a child in your care. An IROs main duties are to monitor the Local Authority's performance, to participate in the child's review and to ensure that the child's wishes and feelings are fully considered.   * Children’s Guardian – CG   The Guardian is independent of the social worker, parents, courts and everyone else involved in the case. Children's Guardians usually work for CAFCASS. Their role is to make sure children are kept safe and to consider what is best for the child at all times during a case.   * Midwife   The midwife will visit the baby at home and complete the physical checks for the baby, assist with feeding and also provide emotional support. She will also check: whether your baby's umbilical cord stump has fallen off, and how the area's healing, monitor jaundice and any other slight medical concerns.   * Health Visitor   Health visitors visit all families who are expecting or have had a baby, to offer support and answer any questions you may have. What does a health visitor do?  A health visitor’s role is to support the health and development of babies and children until they are 5 years old and start going to school as well as carer’s health and wellbeing. They can offer:   * Advice on your child’s growth and development * Advice about safe sleep and sudden infant death syndrome * Information on local support networks such as antenatal classes, father’s groups * Information and advice on minor illnesses, seeking further medical support and preventing accidents * Support with you and your family’s emotional wellbeing * Communicating with your baby * Supporting your child’s development. |

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| Practical advice, paperwork and what are these meetings for?! |
| Advice  You will need a day per page diary for recording purposes,  You will need an exercise book for communicating with birth parents for contact,  You will need a second nappy bag for contact that must be kept topped up with everything including bottle and milk etc,  To build a relationship with birth parents – would you consider sending hand / footprint paintings?  Send a photograph of the baby in a frame.  Meetings and paperwork  There should be a planning meeting and a Placement Plan within 5 days of the start of the placement. This plan is drawn up by the child’s social worker, with you and your Supervising Social Worker, and birth family members. This plan details the expectations and routines of the child, as well as how their needs will be met in the foster placement.  The Placement Plan covers the following areas:   * Objectives and purpose of the placement; * The child’s personal/cultural history; * The child’s likes/dislikes; * Arrangements for the child’s health (physical, emotional and mental) * Agreements for contact between the child and their family; * Frequency of social work visits to the child and yourself, and any review meetings; * Delegated Authority where appropriate; * The Placement Plan must show who can make decisions about situations such as:   + Medical and dental treatment;   + Overnight stays;   + Leisure and home life;   + Faith and religious observance;   + Any other matters which the local authority/person with Parental Responsibility consider appropriate.   A Child’s [Care Plan](http://trixresources.proceduresonline.com/nat_key/keywords/care_plan.html) must be completed before the child’s first placement or within 10 working days of them coming into care. This is a document that must be drawn up where a child/family is receiving a service from a local authority. It will provide information relating to the child and their family and will what work must be done to meet the needs of the child or young person in relation to future plans for them.  One of the main jobs of the Care Plan is to ensure that each child has a [Permanence Plan](http://trixresources.proceduresonline.com/nat_key/keywords/permanence_plan.html) by the time of the second [Child in Care Review](http://kentchildcare.proceduresonline.com/local_keywords/child_in_care.html).  The child’s overarching Care Plan should include:   * Placement Plan (setting out why the placement was chosen and how the placement (carers) will contribute to meeting the child’s needs); * Permanence Plan (long-term plans for the child’s upbringing including timescales). It describes how security and stability is going to be achieved for the child; * [Health Plan](http://trixresources.proceduresonline.com/nat_key/keywords/health_care_plan.html) (describes what support or treatment is being provided to help the child keep healthy and well);     A [Child in Care Review](http://kentchildcare.proceduresonline.com/local_keywords/child_in_care.html) (Looked After Review or Statutory Review as it is sometimes known) is a meeting that covers the arrangements for making sure the plans put in place for a child in care happen.  Child in Care Reviews are held at specific intervals. They are chaired by an [Independent Reviewing Officer (IRO)](http://trixresources.proceduresonline.com/nat_key/keywords/indep_reviewing_officer.html). They will discuss with all those involved with the child’s life including the child/young person how they are progressing and how their needs will continue to be met. The Independent Reviewing Officer has a monitoring role for the child overall so is a good source of support if needed.  Child in Care Reviews happen at the following intervals:   * Within twenty working days of the child becoming [Looked After](http://trixresources.proceduresonline.com/nat_key/keywords/looked_after.html); * Then within three months of an initial Child in Care Review; * Then subsequent Child in Care Reviews should be conducted not more than six months after any previous review.   You should attend the reviews of the child/young person you are caring for.  Also, at the meeting may be the child’s birth family, the child’s social worker and any other professionals working with the family.  You may need to prepare a report for the Child in Care Review, and this should cover the child’s progress while they have been living with you, along with any significant information and events.  You should also report on how you have supported the child/young person in achieving the outcomes as detailed in the child’s/young person’s [Care Plan](http://trixresources.proceduresonline.com/nat_key/keywords/care_plan.html)/[Pathway Plan](http://trixresources.proceduresonline.com/nat_key/keywords/pathway_plan.html).  This report should be shared with the IRO before the meeting. |

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| Could you care for a baby withdrawing from drugs and/or alcohol? |
| To promote the attachment that is vital for their healthy development a drug or alcohol addicted baby will need an exceptionally loving, warm carer to help them. However, while it may be clear that these babies will need special care and special foster carers to help them develop a secure attachment to a carer they can trust what may be less apparent is some of the challenges they are likely to present to carers.  To help you decide whether you could be that special person it might help to know what addicted babies experience in the first few days and weeks and what to expect?  What a drug or alcohol addicted baby might have experienced:  If mother is using large amounts of narcotics and/or alcohol during pregnancy the baby:  •Will have been exposed to the highs and lows of mother’s substance use while in the womb.  •Will receive enough narcotics or alcohol, over a prolonged period, for its immature nervous system to become affected.  •May become addicted to narcotics or alcohol or both.  •May have been aware of angry voices and possibly fights. This would expose the baby to an excess of stress hormones generated by a highly agitated mother.  •If so, at birth, the baby’s nervous system will be easily triggered into a stress response.  What this means for those caring for a drug or alcohol addicted baby:  At birth these babies are carefully monitored by doctors and nurses. How the baby responds and behaves tells medical personnel whether or not the baby is drug or alcohol addicted and withdrawing. You may also experience these symptoms when the baby is placed with you.  If they are, some or all of the following symptoms will be noticeable:  •High-pitched, agitated, distressed crying  •Itching skin, wanting to scratch  •Jerky movements  •Shuddering  •Sneezing  •Difficulty feeding, and/or being very hungry  •Upset digestion and diarrhoea  •Hiccups  •Poor sleep patterns  •Easily startled into agitation, and crying  •Some babies, when not agitated, are floppy and unresponsive  •Difficulty with eye contact  To reduce their symptoms to a manageable level, withdrawing babies are given, orally, a reducing dose of morphine.  What do these babies need from you?  •Love and delight in them – they need lots of loving attention  •Lots of help with calming their nervous system so they can start to develop an attachment that helps them to feel safe.  •Holding. Holding in mind but also physical holding. Touch is an incredibly important way of transferring your calmness to the baby, so his nervous system can learn to relax.  •Rocking, particularly while being physically held, is reassuring to many babies. Also being held while you walk. Gentle movement is soothing.  •Feeding on demand. Being agitated, in pain and not sleeping well is exhausting. These babies often need more food than other babies.  •To hear your voice, soothing, calming, reassuring, letting the baby know you understand or are trying to understand.  •Many babies enjoy being held and being sung to.  •Being close to you. Most babies love to be in a simple, cloth sling, so they share your rhythms, know your smell and see the world from a safe place. Many foster carers enjoy that closeness too.  •Some babies learn to love massage. This form of touch seems to be extremely helpful in providing the gentle sensory stimulation that these agitated babies need. It is also a great way for you and the baby to spend quiet, calming time together.  •To be coaxed to make as much eye contact as they can cope with. We communicate a great deal that’s important with our eyes and  •For you to spend time getting to know the baby, to ‘read’ them and let them know what you understand from their body language.  •To notice that sometimes babies withdraw in order to try to hold themselves together. Gently letting them know that you understand, while not making any demands on them is reassuring.  •You to talk to the baby, long before they ‘understand’ speech. The baby will understand the sense of a conversation in your tone of voice and will develop their non-verbal language in response.  •You to be sensitive to their needs. An over-excited baby (showing agitation, being sick, jerky, or suddenly going quiet) needs stimulation reduced. An under-stimulated (showing little expression, ‘switched off’) baby needs gently coaxing into a relationship with you.  •Consistency of care and all your skill to encourage them to trust you and develop a secure attachment.  •You to stay curious, playful and interested in them and teach them that their world is safe and interesting.  What do foster carers need?  •Information, particularly about how these babies are different from the other babies they may have fostered.  •To love babies and to know that this baby is going to be more difficult to soothe and calm, more difficult to feel they are doing a good job, so they will need more support.  •To know that this baby is going to be more time consuming. Foster carers will need lots of time and patience.  •Information about babies’ withdrawal symptoms and what to expect.  •Good communication with the hospital, health visitor, and link worker, so they have a sense of being well supported.  •We suggest that foster carers ask if they need advice, help or support. It would help everyone to learn from each other what works well.  •To know that if the baby is in great distress, it is quite normal to feel angry with the birth mother who caused the distress. However, this baby was carried by this mother – and is used to her smell, voice, rhythms and touch – and probably her stress. This baby will be withdrawing from her and will need reassurance. So anger needs to be expressed to a friend or colleague, not the baby.  •Babies are interactive and these babies are too. They need foster carers to be responsive and to enjoy them.  If a baby forms a secure attachment to me, won’t they have difficulty leaving me if the plan is for them to move on?  •If a baby learns to trust you and forms a secure attachment to you, you have done an exceptionally good job.  •As you hand the baby on to the next placement, he or she will take with them the capacity to form a secure attachment again.  •Sadness at losing a good attachment figure is an emotionally healthy response. If handled with understanding, help with dealing with that sadness will help the baby to seek out and form another secure attachment.  •Again, you will have done a good job you can be proud of.  *The greatest gift we can give these babies is our time, attention, and physical presence. They need to enjoy us enjoying them.* |
| Video to watch - Life in utero and beyond - Jo Butler  <https://www.youtube.com/watch?v=E-gubzgPgQI>  This webinar takes a closer look at pregnancy and the early postpartum period, where this may be complicated by drug and alcohol misuse. What does this look like for the unborn baby? What may they experience and how can carers, adopters and prospective adopters gain a better understanding of this part of the journey for babies and children that go on to be in care or adopted? The webinar will also seek to address some of the issues around maternity care for this vulnerable group of women, including the legal and ethical frameworks. |
| Use this space to reflect on how you would feel being considered for a baby that may withdraw from substances.  What support would you need?  Do you have the resilience to manage this scenario?  What would worry you? |
| Many children placed in Early permanence placements are very young babies and children with a range of developmental and health uncertainties, where the long-term impact may only be known several years later: e.g., they have genetic risk factors because of parental mental health history or parental learning difficulties/possible viral infections (e.g. HIV, Hepatitis C) that cannot be positively identified or ruled out at this stage. Early permanence is a protective influence for development but does not negate the potential impact of such risk factors. |
| Use this space to reflect on how you would feel being considered for a child that may have health and developmental uncertainties.  What support would you need?  Do you have the resilience to manage this scenario?  What would worry you? |

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| Support from the Adoption Agency and the Local Authority |
| * Have the opportunity to attend the Early Permanence Training programme facilitated by the adoption agency (this will be an expectation) * Access to a Peer Support Group, where there are other Early Permanence carers experiencing a similar process. This will take place approximately every 6 weeks. * You will be allocated a Supervising Social Worker from the Fostering Team. * You may be able to ‘buddy up’ with an experienced foster carer. * Family and friends could attend the ‘Family and Friends Training’ facilitated by NAME RAA or VAA to gain more information regarding adoption and Early Permanence. * Ongoing support from your Adoption Social Worker. * Access to The Adopter Hub / Catch. * Given the opportunity to speak to health specialists. |

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| Motivation to progress through an Early Permanence route |
| Write a piece about your motivation to adopt via Early Permanence, looking at what has led you to this route and why you feel it is right for you. This will be copied and included in your PAR. |
| Please write it here. |

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| Self-care |
| Early Permanence can cause a huge emotional strain on a carer and their family, mainly due to the complexities and uncertainties in relation to the process.  We acknowledge that this process has different stressors, responsibilities, and tasks that you have to manage as an EP carer.  Sometimes the reality of Early Permanence can be overwhelming, as well as emotionally challenging. Some carers can find themselves feeling anxious and experiencing periods of low mood and stress, this is common. We are aware of this and want to support you and your family.  Being aware of your own levels of stress is essential as well as certain ‘stressors’ within your life. It is important to develop your own ‘self-care’ plan in order to know where to access help and support if you are feeling emotionally overwhelmed. |
| Activity:   1. What are your signs of stress? 2. What can trigger stress for you? 3. What strategies do you currently use to manage your stress levels? 4. Are those listed in no3 achievable whilst caring for a child under fostering regulations? 5. What else could you do? 6. Who could you share your thoughts and feelings with? |
| Within your assessment you will have been asked to reflect upon your own personal previous experiences of grief and loss and to have an understanding of the child’s experiences of loss. Re-unification could be the care plan that as an Early Permanence Carer you would be working towards. This can evoke many different feelings. |
| Consider :  How might your own experiences of loss be triggered by the loss of a child if reunification became the plan ?  Do you think that the fear of loss might make you less inclined to fully engage with the child during the time that you will be fostering them? |
| Activity – think about your Self care plan   1. I need to make self-care a priority in my life because 2. Not taking care of me, has the following impact on my life 3. When I take care of myself, I notice 4. The following places/activities bring me joy and comfort 5. My strategies and plans for self-care are   Weekly  Monthly |