



National
Fostering
Framework
Fframwaith
Maethu
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AFA CYMRU
association for fostering and adoption
cymdeithas ar gyfer maethu a mabwysiadu

**GOOD PRACTICE GUIDE FOR THE
ASSESSMENT AND SUPPORT OF**

Kinship Foster Carers





This guide has been drawn together with the assistance of practitioners across Wales and by family members who have been through the assessment process themselves.

Our thanks go to all who have contributed their expertise and time so generously and in particular to Professor Joan Hunt from Cardiff University.

Please note that during the course of this guide we use the expression 'family members', which encompasses not only family members but also friends and members of the family's social network.

The term 'kinship' is used in same sense as the term 'connected persons'.

Introduction

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The assessment of family members or close friends as a kinship foster carer for a child who cannot, or may not be able to, remain with their birth family is one of the most complex assessments a social worker can undertake.

Phase 1 of the work to develop a National Fostering Framework (NFF) within Wales identified kinship foster care as one of the key issues that was concerning practitioners across the country. In the final report Recommendation 7 states:

‘Ensure greater consistency in the use of kinship foster care for children who are looked after.’

In order to follow this recommendation through, under phase 2 of the NFF, AFA Cymru brought together practitioners, kinship carers, independent reviewing officers and children’s guardians to gather information from across Wales. The content of the guide is informed by the good practice and lessons learned from those events as well as from research, case law, serious case reviews and inspection themes.

This is a guide to the assessment of family members, friends and other members of the family’s social network as kinship foster carers; however there is necessarily reference to special guardianship as the two assessments are often undertaken concurrently when the child is either in the pre proceedings process or the subject of care proceedings. The guide does not purport to be ‘guidance’. Its principles are based in current case law, current research and findings from serious case reviews.

The most recent research, referenced in the guide, considers kinship placements in the context of special guardianship, but the lessons learned in respect of assessment and support are as relevant for fostering as they are for special guardianship.

Applicants for mainstream foster care generally approach fostering agencies after having thought for a long time about becoming a foster carer, prepared the way with their own family and made practical arrangements for a change in their way of life.

In contrast, potential kinship carers are generally asked to consider becoming foster carers at a time of extreme emotional crisis within their family. They are asked to trust the very people who may appear to have created the crisis, discuss every element of their personal lives and expose themselves to the scrutiny of panels, social workers, lawyers and the courts. If they do not engage with this process they run the risk of losing their child relative to another member of the family, adoption or mainstream foster care.

Social workers are charged with the task of engaging and assessing family members who might blame them for the interference in their family, or alternatively the lack of earlier intervention.

This guide aims to help the practitioner to establish good practice in relation to kinship assessments. It is only through the completion of full and robust assessments that recommendations and decisions can properly be made in the child’s best interests, both at foster panel, with the decision maker, and in the family court.

The relationship built up with potential kinship carers needs to be based on mutual respect and honesty. Family members consistently reiterate the importance of being treated with respect and empathy during the process. They also point to the importance of knowing what the problems are in the family from an early stage.



I don't like being "done to"

I'm not a carer, I'm his grandmother

I've brought up a whole family without being assessed

The early identification of kinship carers

Key Points

- Early identification of family members is essential.
 - Family members often indicate that they wish they had been involved at an earlier stage in order to support the parents.
 - It enables time for the kinship assessment to be properly undertaken.
 - It provides time for family members to adjust to the new situation and what is being asked of them, thereby facilitating their engagement with the assessment process.
- A well organised systemic approach to work in the pre proceedings phase, involving operational childcare teams, legal departments and fostering/ kinship teams, helps to create a focus on the identification of family members.
- Family group conferences or family meetings are an effective way of involving family members in the care plan.

2.1 ENGAGING FAMILY MEMBERS IN THE TASK

The early identification of family members in the child's timeframe is crucially important. It enables local authorities to comply with the Public Law Outline timescales (once care proceedings have commenced) whilst also having sufficient time to undertake an assessment.

It also gives potential kinship carers the maximum available time to assimilate what is happening in their family, recover a little from what is often the shocking and painful news that a child in the family has suffered, or is at risk of suffering, significant harm and adjust their thinking on what has happened. This has been termed as:

'a journey from disbelief to an understanding of permanency'.

Jenny Frost, Team Manager, Flintshire

Prospective carers are then in a position to think clearly and objectively about whether they, or other members of their family, are able to provide alternative, permanent care and to make an informed decision.

The early involvement with family members, at the child protection/s47 enquiry phase, or even earlier, has the capacity for facilitating an easier relationship with them if the child's circumstances require an escalation into the pre proceedings protocol.

Family members are consistent in expressing a view that the earlier they know of problems, the better. The shock to family members may be lessened and, if the child's social worker has used the process well, family members concerned may feel more able to see themselves as part of the team supporting the child.

If there is no early involvement, family members who are only identified through the pre-proceedings protocol or even during care proceedings, report feeling rushed and confused, which can lead to an understandable defensiveness. This in turn hinders a full and robust assessment process.

The principle of early involvement has been highlighted in CSSIW's (now CIW) report: The national review of care planning for children and young people subject to PLO pre proceedings, December 2016. Recommendation 3.3 states:

'Arrangements should be in place to ensure that there is engagement with families at an early stage to agree what permanency options are available. This should include ensuring that families fully understand the need to nominate carers within the family'.





Good Practice

Local authorities across Wales have different ways of involving family members at this early stage. Some convene formal family group conferences; others use 'family meetings' arranged by the child's social worker or team manager. Local authorities using 'Signs of Safety' use 'family network' meetings at an early stage.

North Wales has a policy which facilitates a family group conference or meeting at a very early point, preferably prior to the child being made subject to a child protection plan and no later than eighteen months after a child protection plan has been made, but there is no plan as yet to seek to remove the child. All formal family group conferences held in Wales involve a social worker from the statutory sector.

2.2 FAMILY MEETINGS

The form of the meeting matters less than the intention to make connections with family and close friends. A family group conference or meeting provides family members with the opportunity to know, at an early stage, that there are difficulties with parenting the child and for the child's social worker to raise the profile of safeguarding concerns, amongst extended family, at the earliest opportunity.

It is at this stage that family members may be able to provide support to the parent(s). It also provides the local authority with a clearer picture of who may be available to care at a later date and up to date information for a genogram.

Whilst 66% of local authorities surveyed in 2016 (NFF, Phase 2 AFA Kinship report) indicated that they held some form of family meeting often or occasionally, a small number indicated that they had no mechanism for getting family members together to discuss the protection plan for a child, and their involvement with that plan.

Research in Practice (2015c) found that the use of family group conferences was variable and that potential carers may not come forward/be identified until care proceedings are well underway (RIP, 2016).



Good Practice

CONSIDERATIONS FOR A FAMILY MEETING – A BRIEF CHECKLIST

Why have a family meeting?

- For family members to be able to learn about and focus on the child's needs
- For family members to be able to begin to think whether they can meet this child's particular needs
- For family members to feel more of an integral part of the planning process for their child relative
- For the child's social worker to get a sense of who is in the family and begin to assess family dynamics

When should a family meeting take place?

- Where possible a family meeting should take place at the s47 Children Act/child protection enquiry stage, where the meeting is primarily to look at support in maintaining the child at home under a child protection plan. Family members are, therefore, aware from an early stage that the local authority has concerns about the care of the child. This makes the transition from child protection to pre proceedings protocol or the commencement of proceedings less of a shock or surprise
- Where no earlier meeting has taken place, one should be convened as soon as the decision is made to go into the pre proceedings protocol, in order to identify possible alternative carers, whether they have the support of the family or whether there are competing prospective carers
- When proceedings have commenced if there has been no opportunity to have a meeting before, or if family members or close friends have made themselves known to the local authority at a late date, a family meeting should be arranged

Once one family meeting has taken place and the extended family is used to the structure and process, it may be reconvened at later dates to address different issues, for example contact arrangements.

Matters for consideration at a family meeting

- How to identify the people to invite
- Venue for the meeting
- Child care
- Who to chair the meeting
- Preparation of participants for the meeting
- Ensuring that the meeting focuses on the needs of the child
- Being clear with family members what you are seeking to achieve in having the meeting
- Some practitioners have urged caution with a system which is wholly family led in identifying possible alternative carers. Family dynamics may be such that the most able carers in the family have been excluded from family discussions and may not be informed of the family meeting. This is where a genogram which has been completed in less stressful times may come in useful.

2.3 CONFIDENTIALITY

One of the factors which may hinder early engagement is the lack of clarity on whether birth parents' confidentiality may be breached if local authorities contact and involve family members in planning or assessments.

Best practice and the data protection principles dictate that consent is sought and obtained from the birth parents during the course of work with them. However, where that consent is not forthcoming, in some cases it may still be in the child's interest to contact family members.

When the matter is in care proceedings, then a direction from the judge may be requested and granted. However, that option is not readily available in any pre proceedings work.

Current local authority practice varies, with some regarding the contacting of family members against the express wish of birth parents as being unlawful. Others have regarded the information as the child's rather than the parent's and have therefore felt able to contact possible kinship carers.

Practitioners need to be aware of the data protection principles determining practice in this area and each decision must be made taking into account the individual circumstances of each child and family. It is important to seek legal advice before contacting family members or friends without the consent of the parents.

The temporary approval of a relative friend or other connected person

3.1 REGULATIONS 26 & 27 CARE PLANNING, PLACEMENT AND CASE REVIEW (WALES) REGULATIONS 2015

The above regulations came into force in April 2016 along with the implementation of the Social Services and Well-being (Wales) Act 2014. It repeals and replaces regulation 38(2) Fostering Services (Wales) Regulations 2003.

Schedule 5 of the regulations sets out the matters that must be taken into consideration when assessing the suitability of a 'connected person', under regulation 26, to care for a child. Paragraphs 156 to 165 of the Part 6 Code of Practice provide further guidance.

In some cases, where there has been pre proceedings work undertaken and a family group conference or meeting has taken place, the local authority will have some pre existing knowledge of and relationship with the family member(s) concerned.

However, many of these placements are made in an emergency, where a child needs to be looked after by the local authority and the alternative would be to place with approved foster carers with no connection with the child.

Schedule 5 provides a long list for consideration. The following three domains capture the principal strands of Schedule 5 and set out the most important matters for consideration when this section is being used as a matter of urgency.

Good Practice

MATTERS FOR IMMEDIATE ASSESSMENT

1. The existing relationship with the child

- How well does this person know the child?
- Is the child familiar with the home and other members of the household?

2. The ability to protect the child from harm

- This will necessarily include an understanding of what the child has experienced, and the proposed carer's proximity to and relationship with birth parents. This family member may be in a state of shock when realising what has taken place within the context of their own family and the assessment at this stage will need to focus on their ability to work with the local authority's care plan and agree to any restrictions on and arrangements for contact.
- The proposed carers' and members of the household's own experiences of physical or mental health problems, domestic violence, drug and alcohol problems or learning disabilities. Do these experiences prevent the proposed carer from providing safe and nurturing care at this stage?
- PNC checks
- Suitability of living environment
- Proximity to those who may harm/undermine the placement
- Ability to work with professionals/engage with the assessment

3. The practicalities of the proposed placement

- Sleeping arrangements
- Availability of prospective carers to meet the needs of the child (work/other family commitments)
- Arrangements for getting to and from school/nursery
- Contact arrangements
- GP/existing medication/health care needs
- Proper written information for the carer to have which sets out the status of the placement with them/delegated authority
- Information on the assessed needs of the child (if available)
- All other CLA considerations (visits etc)
- A 'script' for the carer to explain to the child, in age appropriate terms, why s/he is living with them

Viability assessments of prospective kinship foster carers

4.1 THE PURPOSE OF VIABILITY ASSESSMENTS

Current case law (Re R (A Child) [2014] EWCA Civ 1625) has held that, in completing its welfare analysis at the end of care proceedings, the local authority does not have to take every single possible assessment and show its 'workings out' at the final hearing.

In Re R the Court of Appeal held:

'The (PLO) process of identifying options which can be discarded at an early stage in the proceedings itself demands an appropriate degree of rigour ... but re B-S does not require that every stone has to be uncovered and the ground exhaustively examined ... nor is there any basis for assuming that more than one negative assessment is required before a potential carer can be eliminated.'

We know, therefore, that in identifying options there has to be 'rigour', but having identified an option as being unrealistic through a rigorous process, then there should be no need to complete a full assessment

Although within care proceedings it is for the court to decide which options should go forward, if the viability assessment is robust and properly evidenced as being unrealistic, it is less likely that a full assessment will be directed, so saving both the local authority and the court time and money and the prospective carer time and possibly greater disappointment at a later stage.

4.2 INITIAL FILTERING

In some instances it may be abundantly clear at a very early stage that a family member who puts themselves forward to care is unsuitable and that even a viability assessment is not required. Such circumstances may include:

- An offence against a child (depending on context/time lapse/nature of the offence)
- A proven (and recent) inability to work with the local authority
- Where there has been significant involvement with the local authority and there is evidence that no work can be done to improve parenting capacity or lessen risk
- A family member whose age will probably preclude them from caring for the child for their minority (and where a 'legacy' carer is not identified or appropriate)

Where there is a large number of family members putting themselves forward in respect of one child or group of siblings, the local authority should attempt, through family group conferences, family meetings or discussions, to identify who would be the best (and most realistic) options to put forward to the court for viability assessments.

With good quality work, the applicant may be helped to rule themselves out, and may be relieved to be able to do this.

It is for the court to decide whether to rule a prospective carer out at this first filtering stage if there are current care proceedings, but if a robust argument can be made and adequate information provided on the particular grave concern for suitability, then that should be sufficient evidence to demonstrate that they are not a 'realistic option'.

This form of filtering assessment should only be used in circumstances where the evidence is very clear. Where there is any doubt as to whether they are a realistic option, a viability assessment should be undertaken.

4.3 HOW LONG SHOULD A VIABILITY ASSESSMENT TAKE?

It is recommended that viability assessments are undertaken in 2 – 4 weeks. This is in line with current policy and practice in Wales.

4.4 WHO SHOULD UNDERTAKE VIABILITY ASSESSMENTS?

It is good practice to involve both the child's social worker and the family placement/fostering social worker. This is to:

- Combine their knowledge of the family in order to gain a different perspective and insight in the family situation.
- Ensure that the family are not placed in the position of having to give information that is already known to the department.
- Bring an additional element of expertise in assessment which the child's social worker may not have, i.e. the assessment of suitability of carers/ knowledge of the Fostering Services (Wales) Regulations 2003.
- Introduce an element of independence for the family.
- Provide an analysis which focuses on the child's needs and whether these family members appear to be able to meet those needs sufficiently to proceed to a full assessment.



Where there are two assessors involved, clear lines of accountability need to be developed to ensure that there is no overlap of work and prospective carers do not have to go over the same ground twice (unless that is deemed necessary). Time should therefore be taken to plan the work if it spans the two teams, ensuring that there is good communication and that joint reviews are integrated into the work.

Good Practice

- In North Wales, both the child's social worker and fostering social worker undertake the assessment.
- In Neath Port Talbot, the child's social worker undertakes the first visit. An audit of strengths and weaknesses then takes place, followed by a possible joint visit with the fostering social worker to focus on particular issues.

4.5 HOW TO APPROACH A VIABILITY ASSESSMENT

It is important for the practitioner, when embarking upon a viability assessment, to bear in mind:

- There should be an acknowledgement of the shock and distress a family may be experiencing.
- The assessment should be conducted in a spirit of openness, positivity and honesty in exploring whether these family members may be able to care for the child/ren concerned.
- This is the start of an educative, two way process. Providing information, which has parallels with the "Skills to Foster" pre-assessment training for mainstream foster carers has been highlighted as a critical factor in establishing a stable placement (Wade, 2014). Because of the unplanned nature of the majority of kinship placements, this educative process needs to start early and continue throughout the whole of the assessment process. This factor was also noted as important in the CSSIW report, 2016.

4.6 WHAT SHOULD VIABILITY ASSESSMENTS CONTAIN?

Across Wales local authorities have developed their own formats for viability assessments, some of which are approved by the relevant local family justice board. Benchmarking across the country has shown that these formats cover broadly the same areas to be analysed. The Family Rights Group has also produced a guide for viability assessments, 'Initial Family and Friends Care Assessment: A Good Practice Guide, 2017', which has been endorsed by the President of the Family Division, Lord Justice Munby. The domains covered in the guide do not differ greatly from the domains covered in the Welsh formats, but it provides useful guidance on particular areas, particularly for those practitioners inexperienced in undertaking viability assessments. The good practice guide is available on the FRG website.

Each family setting and child are unique so this list is not, and can never be, exhaustive. Practitioners will have to use their skills in assessment to identify whether there are other areas which may be relevant to each individual assessment. As is always the case in social work, the gathering of information alone is not sufficient for an assessment; it is the analysis of this information in the context of the applicant's wish to be considered as prospective carers for the specific child/ren that is critical.

Good Practice

Matters to be covered in viability assessments

- Reason for proposed placement
- Motivation
- Accommodation, including proposed sleeping arrangements for the child
- Health of prospective carer and members of family/household
- Smoking
- Any history of domestic violence
- Any substance/alcohol dependency
- Consensus on part of all family/household members to engage with the full assessment process/care for the child(ren)
- Prospective carer's experience of caring for children. Any local authority concerns about this
- How well do child and prospective carer(s) know each other/quality of relationship
- Prospective carers' understanding of what is being asked (in terms of permanency and protection)
- Analysis of family dynamics, insight of family members into possible problems, family members' support of the idea of reunification
- Impact of placement upon prospective carer and household
- Working relationship with LA and other agencies and ability to engage with the LA's care plan and to keep information confidential
- Compatibility of child(ren) with any pets in the prospective placement
- A list of positive and risk factors

4.7 VIABILITY ASSESSMENTS AND THE SOCIAL WORKER'S EVIDENCE TEMPLATE

The most recent version of the Social Workers Evidence Template, Ministry of Justice, February 2016, usefully outlines areas to be considered in a viability assessment. Although it has not been formally adopted by some Welsh local authorities, it provides useful guidance:

'Section 6: Analysis of the evidence of wider family and friends capability

6.1 Analysis of the evidence of wider family and friends capability to meet each child's needs, including analysis of the evidence of any capability gap and whether/how this can be bridged in the child's timescale.

Key considerations for a viability assessment

1. The genogram and ecomap should routinely identify those relatives who are already protective contacts for the child. Both the genogram and the ecomap should be comprehensive and inclusive.
2. Risky contacts should be excluded from consideration through a robust filtering process. This prima facie viability – for being a permanent carer – should be extended by three further tests – before a full assessment is carried out.
3. The three additional viability tests are:
 - a) That the carer understands in broad terms the needs of the child subject to proceedings
 - b) That the carer understands the level and type of care the child will need throughout their childhood as a consequence of their experiences
 - c) That the carer expresses an authentic willingness to be part of the team around the child until matters are fully resolved.'

4.8 THE ANALYSIS OF VIABILITY ASSESSMENTS

The following domains are considered as being the most important to consider within the final analysis at the end of the viability assessment process:

- 1) The risk posed to the child if placed with prospective carers, both in respect of the carer's capacity to protect the child from any harm posed by parents and any harm arising from the care provided by the prospective carers themselves
- 2) An ability to work with the local authority to deliver the care plan for the child
- 3) An ability to start to see the child's needs separately from the needs of the parents
- 4) Can any gap in capacity be addressed by the provision of training and/or support, within the timeframe for the child?

Full assessments of prospective kinship foster carers



Professor Joan Hunt goes on to quote:

'A further challenge is conducting a robust assessment which is also a more positive, supportive, and less alienating experience for carers than has often been reported (Doolan et al, 2004; Farmer and Moyers, 2008; Hunt et al, 2008; Wade et al, 2014). To this end it is argued that assessments should be conducted collaboratively, in a spirit of enquiry, treating carers with respect and sensitivity, valuing their unique insights and knowledge and focusing on family strengths and the assistance needed to address any deficits (Doolan et al, 2004; Hunt, 2009; Pitcher, 2001; Simmonds, 2011). It cannot be over-emphasised that assessment needs to be grounded in an understanding that it is not a matter of taking a snapshot picture of the carers' current abilities but an interactive, dynamic, process during which change may occur in the carer, the social worker's perspective on the carer, or both. Making preparation an integral part of assessment assists this process and is likely to lead to better outcomes for children and reduced strain on carers (Wade et al, 2014). If handled sensitively it may also allow some carers to take the difficult decision not to proceed.'

When researching special guardianship assessments, Wade (2014) reported that while most special guardians felt that the assessment was sufficiently thorough in terms of assessing their suitability, some suggested that the process had been a bit one-way and that social workers hadn't given them the opportunity to consider the implications of the order for them.

A good assessment needs to:

- evaluate, evidence and balance the strengths, vulnerabilities and risks of a placement and its appropriateness for the child/ren in question;
 - inform, educate and prepare carers for the task which lies ahead, both immediately and in the longer term;
 - develop viable plans for contact with parents, siblings, both sides of the extended family and significant others;
 - identify the support needs of both child and carer and how those could be met.
- The following points are taken from a Practice Tool prepared by Professor Joan Hunt (Hunt, J. (2015) *Assessing and Supporting Family and Friends Care*, Research in Practice. The challenges for a kinship assessment are:
- establishing trust and rapport with carers who may have negative views of social workers or are defensive and fear losing the child;
 - gaining an in depth understanding of the background/life story of the prospective carers;
 - working with carers who may understand the need for assessment but not for such extensive investigation;
 - assessing the capacity to protect of carers who may not have been fully aware of the extent of the family's problems and need time and help to come to terms with what has happened and deal with their own feelings of guilt, shame, anger and loss;
 - assessing complex dynamics across the whole family system;
 - helping carers achieve a realistic understanding of the potential challenges and impact on their lives;
 - identifying both immediate and longer term support needs;
 - completing the assessment within short, and in care proceedings, often truncated time-scale.

5.1 ASSESSING A PROPOSED CARER'S CAPACITY TO MEET THE CHILD'S NEEDS AND THEIR CAPACITY TO CHANGE

The following domains are regarded as the most critical.

1. The prospective carer's history, personal attributes and attitudes

- Their own background and experience of being a child/ attachment patterns. Their capacity to reflect on this
- Current and past relationships
- Their own experience of being a parent to their own children. An ability to accept where things may have gone wrong in their own parenting (if it did)
- Any local authority's worries for those children/evidence of change
- Their relationship with any children of their own – do they intend to have more? If single might they enter into a new relationship?
- Their capacity to put the child(ren) first in their thoughts and identify the child(ren)'s current and future needs
- Their resilience /stickability during challenges in the past
- Are they aspirational for their family members? Will they be for this child?
- Look to evidence and not just self reporting; a range of sources needs to be used to triangulate the evidence

2. The child/carer relationship

- Take account of research showing that placements with grandparents create more placement stability (Farmer and Moyers, 2008 and Hunt et al, 2008) and that a pre-existing relationship is a protective factor (Wade et al, 2014)
- Observe the relationship (if there is one). Spend time with carer and child together
- Undertake direct work with the child – what is his or her understanding of and feelings toward the proposed placement (age appropriate)?
- If there is no relationship consider introducing the child to the carer
- Is there enough capacity on their behalf to build on the relationship/love the child?

- Plan introductions before any final order is made and consider using the menu of orders available to the court (ie under interim care order or short term child arrangements order before care order or special guardianship order made) to move the child to the placement before the final order is made.

3. The carer's understanding of the task and impact upon their life

- It may take time to gain an understanding of what has happened and what is required
- Recognise strengths and work on those
- An acceptance of what has happened and the effect upon the child
- Being able to agree and work with a 'script' in relation to life story telling
- Being able to work with the local authority in telling difficult information and help the child make sense of their own life
- What is their understanding of the nature of permanence? Being able to accept the implications for their life course (ie this two year old will be with you when they are 7,12, 17 etc)
- Being able to see another's perspective
- Will they become a 'parent' – how do they see their role in relation to birth parents
- Managing contact and any potential conflict connected with relationships with the birth family
- Ability to accept support and ask for it when needed
- A proper understanding of the differences between being a foster carer and a special guardian or having a child arrangements order
- If they are to be a foster carer, an understanding of the expectation of the local authority (reviews/delegated authority/recordings etc)

4. Motivation and commitment

- The carer needs to understand why they are motivated to put themselves forward. Is it obligation, guilt or pressure from parents? If so, that will have implications for the child. The motivation needs to be, or become, free standing, unconditional and in relation to the child him or herself. Do they love this child/have the capacity to love?
- Carer needs to understand the concept of permanence for this child (as above)
- Carer needs to understand that the child's experience will have an impact on the child's behaviour and/or development
- How the carer's age and/or health affects their ability to provide care both now and in the future – linked to the concept of permanency
- Contingency plans

5. Family dynamics

If it is a joint assessment, ensure that both prospective carers are assessed, as one may prove to be a more, or less, protective factor than the other

- Look at the family history
- An understanding that there will be a shift in priorities and, in the short term at least, other family members' needs, including children, will need to come second to the child placed.
- Observe the whole family together/hold a family meeting. Observe whole family system and, where necessary, look at how the family could be helped to work better
- There needs to be an acceptance, by all significant family members, of the history leading to the child being cared for by the wider family. This should not be critical, but be honest and non judgemental
- What family support will the carers be able to rely on?
- Need to triangulate the evidence/test out the information provided

6. Relationships with birth parent(s)

The text in italics below is taken from *Cheshire East Borough Council v PN & Ors* (Flawed Local Authority Assessment) [2017] EWFC 20

'One of the key issues (if not the key issue) to be addressed when assessing the viability of family members is the ability of each of those adults to protect the child against the identified risk of harm'.

An assessment of risk/ability to protect is not about "road safety, stairgates and a loud Jack Russell" but about "the central question of the ability of the (prospective carers) to protect the child against the clearly identified risk of harm presented by (parent(s))"

Prospective carers must know the "precise nature of the risk of harm" and "each of those being addressed must be the subject of a comprehensive evaluation of their understanding of and attitude towards that risk in order to establish the extent to which they have, or do not have, that capacity."

- The child needs to know that the carer is able to protect him or her from the birth parents
- Is the carer able to resist a collusive relationship with birth parents?
- Is everyone clear about the benefits/ disadvantages of continued contact with birth parents?
- Will they be able to place restrictions on/facilitate contact?
- Will birth parents accept them becoming a 'parent' to the child?

5.2 OBTAINING ENOUGH TIME, WITHIN PROCEEDINGS, TO BE ABLE TO UNDERTAKE A ROBUST KINSHIP ASSESSMENT

A number of serious case reviews have highlighted the problems in undertaking assessments that are lacking in robustness. Although these are all SCR's related to children who were killed or seriously assaulted by their special guardians, the same principles apply to the assessment of kinship foster carers:

Keegan Downer (Birmingham), Child A and Child B (Oxfordshire) and Child J (Nottinghamshire), have highlighted the following dangers in relation to the shortness and inadequacy of a kinship assessment:

- No pre existing relationship with the child(ren) (all three SCR's). The carers identified were remotely related to the children and did not know them
- The need for a robust assessment where risk factors are not underplayed and lack of child care experience is not underestimated, when the children concerned have specific and additional needs (ie the question needs to be asked 'can this person meet this child's needs?') (all three SCR's)
- The need for an enhanced DBS check (with Keegan and J there was no DBS check on file and both would have contained relevant information)
- The need for robust references from more than one source and the referees interviewed (J)
- Too much reliance on self reporting in the assessment (Keegan and J). Not enough triangulation of evidence/ reflection in the assessment
- Underestimating the impact of carer's past experiences as a child (all three SCR's)

Of course a fostering assessment requires an enhanced DBS check (and this is now also the case with the Special Guardianship (Wales) (Amendment) Regulations 2018, where an enhanced DBS check is required). However, the points made in relation to the referees, relying on self reporting and consideration of past childhood experiences are very relevant to a fostering assessment.

TIMESCALES

The current regulatory framework acknowledges that assessments for the suitability to become foster carers require a reasonable period of time.

Regulation 26 Care Planning, Placement and Case Review (Wales) Regulations 2015 allows for the responsible authority to approve a relative, friend or other person connected with the child as a local authority foster carer for a temporary period not exceeding 16 weeks.

However, the pursuit of the 26 week timetable imposed by the Public Law Outline, and, in some cases, the pursuit of the completion of a set of care proceedings in an even shorter period, has led to practitioners reporting that they are being directed by the courts to undertake assessments in very short periods of time.

How can practitioners avoid, if possible, being provided with a timescale that does not allow for a full and robust assessment?

The case for obtaining sufficient time for an assessment

If early identification has been a priority, with family group conferences or meetings taking place, that may prevent the sudden appearance of an unexpected family member or friend. However, even with the best practice and early intervention, possible kinship carers can, and do, 'emerge' late in proceedings.

In *Re S (A Child)* [2014] EWCC B44 (Fam), the President held that a context in which an extension of the 26 week timetable may be necessary is where 'a realistic alternative family carer emerges late in the day'. The court, therefore, has the capacity to weigh the disadvantages for the child of delay against the need for a robust assessment of a realistic family carer.

In the more recent case of *Re P-S (Children)* [2018] EWCA Civ 1407, the President, again in the context of a special guardianship assessment, held

‘ There can be – there must be – no question of abbreviating what is necessary in terms of fair process, and necessary to achieve the proper evaluation and furthering of the child’s welfare, by concern about the possible impact of such necessary delay upon the court’s performance statistics.’

What to consider?

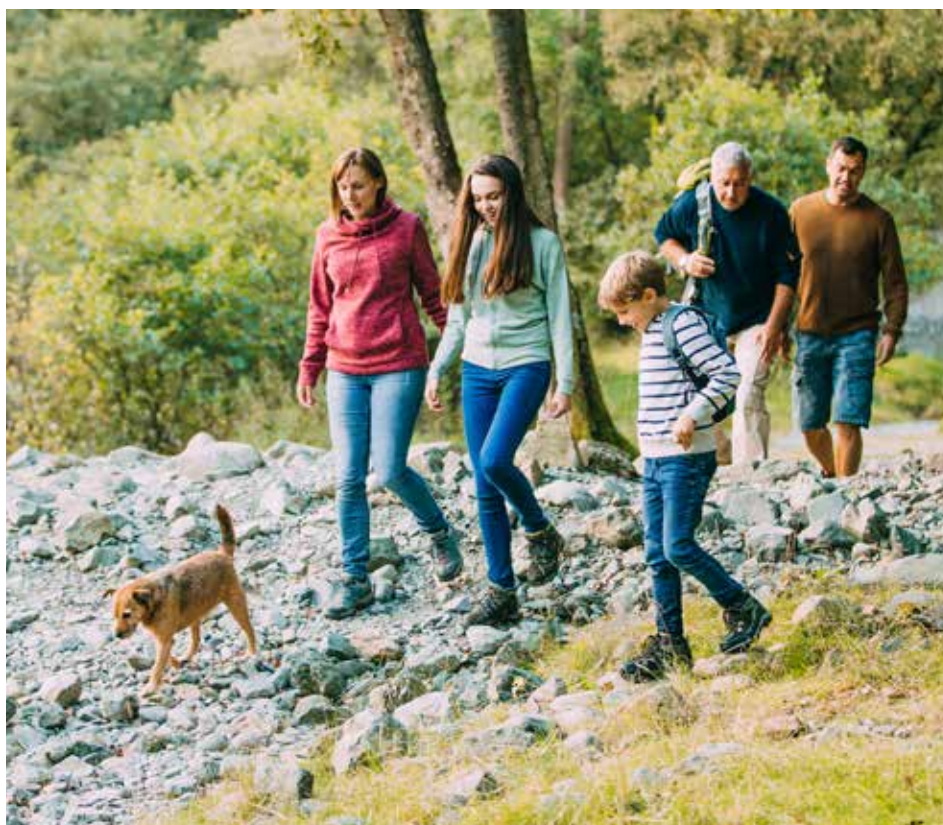
Practitioners need to be mindful of the following possible implications for short assessment periods and bring these factors to the attention of the court where appropriate:

- 1) An assessment of a proposed family member’s capacity to care for a young relative for the rest of their minority is one of the most complex of all assessments – far more complex than mainstream fostering and adoption assessments, which are rarely completed in less than six months.
- 2) There is little or no time for family members to assimilate information and reflect on it if timescales are too short.
- 3) The relationship the assessor necessarily has to build with the carer cannot be created within a short and pressurised time frame. In a good reflective assessment process the work is based on the trusting relationship developed between the assessor and the assessed so that the carer can explore their feelings of doubt, anger and anxiety over the proposed placement, as well as look forward to the positives. A shortened assessment that does not have time for both support and challenge will be a weak assessment.

4) Checks and references are compromised by a short assessment. Practitioners tend to wait to interview referees later in the process where vulnerabilities may have emerged and they can be tested out with the referees. If interviews have to take place as soon as the assessment is started or shortly after, this is another safeguard lost.

5) Family members who put themselves forward as carers are sometimes involved with the reasons for and circumstances surrounding the child’s removal. This does not mean that they are unable to provide good enough care, but there needs to be the opportunity to demonstrate a capacity to change. A short assessment denies some prospective carers with that opportunity to make the necessary adjustments to lifestyle or parenting pattern.

If a practitioner has not had the opportunity to undertake a full and robust an assessment in the circumstances and in the time provided, then they should identify in their evidence where the shortfalls lie and the possible implications for making an order for the placement of a child under these circumstances. Detailed reasons should be given to the court as to why a full assessment cannot be undertaken in the timescale, what needs to be completed and a reasonable timeframe given for the completion. It is then for the court to decide whether to grant the extra time requested.



The role of foster panel and decision maker

6



Under the Fostering Services (Wales) Regulations 2003, as amended, it is for the panel and decision maker to make a recommendation and decision respectively as to whether a prospective kinship carer is suitable to be a foster carer for a particular child or sibling group. This recommendation and decision is based upon all the checks, including an enhanced DBS check and references required by the regulations and a detailed assessment from the medical adviser, based on information from the applicants themselves and their GP.

The process of making a decision whether to approve an applicant as a foster carer is subject to the guidance set out in the case *Hofstetter v LB Barnet and IRM* [2009] EWHC 328 (Admin).

The regulations do not differentiate between mainstream and kinship foster carer approval. The terms of approval remain the same – that under regulation 28 there has to be a completed assessment of suitability and the foster panel has to consider the application.

The difference for kinship foster carers lies in the terms of that approval. Under reg 28 the fostering service provider must decide on terms of approval and specify, in writing, those terms of approval, which will be that they are approved as suitable to be a foster carer for a named child/sibling group.

A concession is given to a kinship foster carer under reg 27 where a foster carer who is a relative of the child may not be deemed as automatically unsuitable if they have been found guilty of a number of offences.

Panels and decision makers struggle with applying the full force of the regulations and scrutiny of 'suitability' for a kinship placement, particularly where the child has already been placed under reg 26 CPPCR(W)R 2015.

Panels and decision makers are helped with this process if they concentrate on the individual needs of the child(ren) concerned, for these carers are only being assessed and approved to care for this particular child. The strengths of the existing relationship, knowledge of and contact with family members and remaining within the wider family, may be balanced against the vulnerabilities of the carers compared with mainstream applicants.

It is possible to apply an amended set of competencies for a kinship foster assessment, which take into account the individual needs of this child as opposed to the needs of a hypothetical looked after child in a particular age range. Competencies are not set down in regulation or guidance and local authorities may devise their own in order to assist

assessors, panels and decision makers as to whether this particular carer is suitable as a foster carer for this child/ sibling group.

The approval of a kinship carer as a foster carer is an administrative decision – it lies with the local authority, not the family court. However, the case of *re T (A Child)* [2018] EWCA Civ 650 held that, although the court cannot dictate to the local authority what its care plan should be, the court can expect a high level of respect (by the local authority) for the court's assessment of risk and welfare, leading in almost every case to those assessments being put into effect (that is approval of an applicant kinship foster carer if the court assesses favourably). Also the local authority cannot refuse to provide lawful and reasonable services that would be necessary to support the court's decision (that the applicant is suitable) if by doing so it would either breach the article 8 rights of the family concerned or its decision making process was unlawful on public law grounds (i.e. if it was unreasonable not to provide a particular level of service).

Preparation, training and support

7

7.1 PRE-APPROVAL TRAINING

One of the major challenges in assessing family members as kinship carers is providing the level of training required to equip them to become suitable to be approved as foster carers under the Fostering Services (Wales) Regulations 2003, within far shorter timescales than those approved as mainstream foster carers. Practitioners need to be creative in thinking how the rudiments of a preparation course can be shared with prospective kinship carers. Assessment tools already used by practitioners in assessing mainstream carers may easily be adapted for use with prospective kinship carers.

7.2 POST-APPROVAL TRAINING

Should post approval training be undertaken along with mainstream foster carers? Some kinship carers' experience of integrated training is positive, with mainstream carers embracing the family circumstances and providing positive reinforcement. Other experiences have not been so positive, with carers feeling judged as family members rather than accepted as foster carers. Some carers experience meeting together with mainstream foster carers as 'overwhelming'.

This does not mean that it is either desirable (or indeed feasible) to provide completely separate and discrete training and support for kinship carers, but integration needs to be managed carefully, with support at the start built in, and perhaps some education provided to mainstream carers in preparation for mixed groups.

What doesn't work:

- The word 'training' itself can be off putting – can another name be identified?
- Attending a training event can be very intimidating, particularly if a carer feels anxious about being judged
- A misunderstanding of what training is for – 'I have brought up my children and didn't need training for that'
- Lack of time/other commitments/geographical distance from the training venue

What does work:

- support events
- Peer mentoring
- Informal one to one training
- Some training needs to be for kinship carers only (If training is to be shared with mainstream carers, kinship carers need to be teamed up together for the training)
- Online training specifically for kinship foster carers would be an excellent component of a training package and could be used to provide audio as well as written information



Good Practice

THE TOP SIX TRAINING TOPICS FOR KINSHIP CARERS

Kinship carers need to be clear that the following training (plus other areas not identified here) are relevant to them, will be time well spent and will provide useful information, as well as the opportunity to meet socially with other carers.

1 Attachment and trauma and the rudiments of PACE.

Understanding why children behave in a particular way and strategies for dealing with the behaviour (this would probably be best undertaken for kinship carers in a discrete session as discussion will inevitably turn to the trauma that the child has suffered). This is a topic, not just a day's training – the subject needs to be looked at in different stages of development and consider secondary trauma

2 Life journey work – narrative/answering difficult questions, particularly when you as a carer may be part of that family narrative

3 Understanding the system:

- The legal framework for fostering
- Attending meetings
- The respective roles of the child's social worker and the fostering support worker
- Delegated authority
- Safe care/allegations/disclosures+ safeguarding
- Recording

4 Understanding family dynamics – this was a topic that the grandparents group felt to be most important. To include:

- Managing contact
- The importance of recording in this context

5 The way forward – looking at the pros and cons of an SGO compared with remaining as a foster carer for a looked after child

6 Understanding adolescence – Confidence in Care (to share with mainstream carers but to have more than one kinship carer)

7.3 TRAINING ON A REGIONAL BASIS

Through the auspices of the NFF, local authorities may decide to provide kinship carer training on a regional basis.

The benefits are:

- Greater /more timely availability
- Greater attendance and so better value
- Better use of expertise/expensive external trainers

The disadvantages are:

- Geography/travel time
- Not building up local networks (for informal support)

Support (and some training) for kinship foster carers alongside special guardians can also be very positive – there may be a different legal framework but the task is very similar.

7.4 SUPPORT FOR CARERS

The single most important factor highlighted by carers is the attitude of workers. One carer said of her support worker 'it was the way she put across the requirement for assessment and DBS checks to care for the family ... she understood my dynamics ... she was a shoulder to cry on.'

In order to be able to support family placements, child care social workers need specific training and support in working collaboratively and empathically with kinship carers. Family placement social workers can often take the lead with this

This attitude of collaboration, empathy and transparency needs to start at an early stage, with clear information being given at any family group meeting/family meeting and for a member of the family placement team to be available at the meeting to answer questions.

The provision of easy to read and appropriate written information, from an early stage. A series of leaflets could provide the right information at the right time. These leaflets could include a section on 'frequently asked questions'. Conwy has a leaflet for kinship carers.

Good Practice

Neath Port Talbot has a specialist support worker for kinship carers. They also provide, where appropriate, a separate social worker providing support for kinship carers who have a current placement under reg 26 CPPCR(W)R and who is separate from the fostering assessment social worker.

Once into placement:

- The provision of informal support groups carers. Again these could be separate or combined with mainstream carers or provided with special guardians
- Out of hours emergency support (should be provided already?)
- Consideration given to practical support to be able to attend (travel/child care/timing of groups)
- Activities (parties/picnics/pantomime trips) are popular support activities
- The provision of psychological advice and assistance apart from CAMHS
- The provision of support groups for children looked after by family members
- A recognition that adolescence brings its challenges to all families and that support needs to be accessible throughout the child's minority
- Help to access counselling services for carers themselves
- Access to advocacy services

7.5 SUPPORT ON A REGIONAL BASIS

Benefits:

- Enables a greater 'menu' of activities by sharing expertise across the region
- Avoid duplication/provide critical numbers for running schemes with very small authorities
- Provides links with wider community (eg other BME carers/LGBT carers)
- A greater opportunity for sharing best practice





National
Fostering
Framework
Fframwaith
Maethu
Cenedlaethol

NATIONAL FOSTERING FRAMEWORK

The Phase Two Report 2016-17 was presented to Welsh Government at the end of March 2017 and a work programme for Phase Three 2017-18 has been agreed.

Funding for this work is coming from the £8million investment in Children's Services recently announced by WG, £400k has been identified for the NFF Phase Three work programme. At the end of September the Welsh Local Government Association agreed that £400k will be ring-fenced for the NFF in next financial year 2018-19.



AFA CYMRU
association for fostering and adoption
cymdeithas ar gyfer maethu a mabwysiadu

AFA CYMRU

The Association for Fostering and Adoption Cymru (AFA Cymru) is a Welsh charity that promotes good practice across the breadth of permanency planning for children and young people. It also offers advice, training and consultancy to professionals and members of the public to support best practice.

AFA Cymru is employed under the umbrella of St David's Children Society and is part funded by a Welsh Government grant.