research in practice

Assessing and supporting family and friends care

The aim of this Practice Tool is to assist practitioners in the processes of assessing the strengths and weaknesses of prospective placements with family and friends (kinship care) and identifying the assistance families might need to provide a safe and effective long-term home for a child.

Background

Since the *Children Act 1989* there has been increasing emphasis in UK law and policy on placing children requiring substitute care with family and friends. The *Children and Young Persons Act 2008* states this should be the first option, a requirement reiterated in statutory guidance on family and friends care (Department for Education, 2011) and on court orders and the pre-proceedings process (Department for Education, 2014a). Court decisions (notably Re B, Re B-S) have highlighted the need for thorough evaluation of all realistic placement options, including kinship care.

UK, as well as international, research has established that kinship care is a good placement option for many children:

> Placements last longer than in unrelated foster care and children experience fewer moves; disruption rates are similar or better.
> Most children feel secure, settled, safe, happy, loved and enjoy close and positive relationships with their carer/s.
> In terms of child wellbeing, outcomes are as good as, or better, than in unrelated foster care.

(Aldgate and McIntosh, 2006; Broad et al, 2001; Farmer and Moyers, 2008; Hunt, 2009, Hunt and Waterhouse, 2012; Selwyn et al, 2013; Wade et al, 2014).

Kinship in itself, however, does not guarantee that a placement will last, or promote children's wellbeing. Good assessment, preparation and support are therefore crucial.

Assessing and supporting family and friends care

Developing skills and confidence is key to individual and organisational professional development. These tools will help you identify strengths and gaps that need addressing.

Tool 1 sets out the factors found to be statistically associated with better or poorer outcomes.

Tool 2 sets out key elements in carer assessment.

Tool 3 identifies the support needs families might require in order to provide a safe and effective long-term home for a child.

Tool 1: Risk and protective factors identified in UK research

Assessment
Risk and protective factors

Tool 1 sets out the factors found to be statistically associated with better or poorer outcomes. It should be noted that the research is not as extensive as that on other forms of substitute care and caution should be exercised when a factor has only been identified in one study. Two of the studies cited (Wade et al, 2014 and Selwyn et al, 2013) relate only to special guardianship and include a small proportion of orders to non-kin carers.

In using this tool it is vital to note that the factors are only associated with a heightened or reduced *risk* of a poor outcome, they cannot reliably predict outcomes in a particular case. Professional judgement will always be required. It should also be emphasised that while there will be some instances where the constellation of factors suggest the placement may not be sustainable, in general the factors should not be seen as reasons for rejecting particular placements but as indicators of those more likely to need support. The child-related risk factors in particular echo the findings of research on adoption and fostering, indicating that such children are vulnerable wherever they are placed and they and their carers will need support.

Risk and protective factors identified in UK research

Child-related risk factors	Outcome measure	Key findings
Being older	Placement stability[1 2 3 4 5]	> Being 10+ at placement one of four factors best predicting disruption[1]. > In disrupted placements children on average aged 8 at end of care proceedings compared with 4 in stable placements[2]. > Age at Special Guardianship Order (SGO) most significant predictor. Children aged 12+ at greatest risk[5]. > Age at entry to care and at SGO related to disruption[4].
	Child wellbeing[2 5]	> Age at end of care proceedings one of two predictive factors. > Child older at SGO one of 3 predictive factors[5].
	Child-carer relationship[2]	> Mean age 8 at end of care proceedings where difficulties compared with 4 where no difficulties.
Emotional/behavioural difficulties	Child wellbeing[2 3]	> Level of prior difficulties correlated with levels of difficulties in placement[2]. > One of three factors associated with poorer progress[5].
	Placement stability [1 3]	> Children with prior history of behavioural difficulties more vulnerable. > Child being beyond control in placement one of four factors best predicting disruption[1]. > One of three predictive factors[5].
	Placement quality[1]	> Risk of poor quality placement rises with number of pre-placement behavioural difficulties.
	Integration into family[5]	> Less likely to be perceived as integrated by SG.
Male	Child wellbeing[5]	> One of three factors predicting poorer wellbeing.
Placement changes	Placement stability[3 5]	> Risk of disruption increased with number of previous placements[3 5]; if placement made at SGO[5].
Birth parent-related risk factors		
Parental drug misuse	Placement quality[1]	> 55 per cent of such placements satisfactory compared with 74 per cent where factor not present.
Domestic violence	Child wellbeing[3]	> Pre-placement exposure linked to behavioural difficulties in placement.
Placement-related protective factors		
Grandparent carer	Placement stability[1 2]	> 8 per cent GP placements disrupted compared with 27 per cent aunts/uncles; 30 per cent others[1]. > 16 per cent GP placements disrupted compared with 54 per cent aunt/uncle[2].

Risk and protective factors identified in UK research

Pre-existing relationship	Placement stability[2][5]	> If carer previously cared for child 87 per cent lasted compared with 60 per cent other placements[2]. > Strength of child-carer bond at SGO predictive[5].
	Child wellbeing[5]	> Where bond 'very strong' at SGO, 76 per cent of children did 'very well', compared with 32 per cent 'quite strong'; 15 per cent 'quite weak'.
Carer instigated placement	Child-carer relationship[2]	> Difficulties in 11 per cent of placements instigated by carer compared with 39 per cent instigated by Children's Services.
Carer commitment	Placement stability[1]	> One of 4 predictive factors. 11 per cent disruption where highly committed carers compared with 35 per cent others.
	Placement quality[1]	> Carer commitment significantly related to placement quality.
Lone carer	Child-carer relationship[2]	> 93 per cent problem-free compared with 69 per cent couple carers. > Another study[1] found no association.
Child placed with sibling	Placement stability[1]	> Another study[2] found no association
No non-sibling children in household	Placement quality[2]	> 50 per cent of such placements problem-free compared with 21 per cent others.
Family in support of placement	Integration into family[5]	
Supervised contact	Placement stability[1]	> Contact not supervised by professionals or carers one of 4 factors best predicting disruption.
Carer felt well prepared	Placement progress[5]	> Outcomes better where special guardian felt well prepared for the task ahead.
	Integration into family[5]	

(1) Farmer and Moyers, 2008; (2) Hunt et al, 2008; (3) Hunt and Waterhouse, 2012; (4) Selwyn et al, 2015 (5) Wade et al, 2014

The predictive value of local authority concerns

Placements are more stable where the carers have been approved as foster carers (Farmer and Moyers, 2008) and pre-placement assessment is linked with placement quality and overall outcome (Hunt et al, 2008). Both findings suggest that assessment can enable the most vulnerable placements to be identified. Hunt emphasises that local authority concern *per se* was not predictive of any outcome; that most of the specific concerns raised in care proceedings did not materialise and most of the issues which did arise had not been predicted. The exception, however, was assessment of parenting capacity, which tended to be accurate and was linked with subsequent placement quality. Wade and colleagues (2014) found that local authority doubts about making an SGO were associated with poorer child outcomes and heightened carer strain, concluding that where assessments raise significant concerns there are grounds for greater caution.

Tool 2: Key elements in a carer assessment

It is generally recognised that kinship placements require the development of tailored assessment tools which take into account their distinctive features. There is some literature to assist practitioners (Broad and Skinner, 2005; McHugh and Hayden, 2013; O'Brien, 2012; Pitcher, 2001; Queensland Department of Community Services, undated; Talbot and Calder, 2006).

The British Association of Adoption and Fostering, Family Rights Group and Fostering Network have each produced materials. Some local authorities have also developed their own versions, increasingly trying to formulate a single tool appropriate for a range of assessments and both local authority and court purposes. None, however, have yet been evaluated in terms of their effectiveness in identifying viable placements.

Tool 2 is *not* an alternative to existing formats. Rather, it sets out the elements which analysis of these formats and the literature suggests should be explored in a comprehensive carer assessment. It should be noted that the carer assessment is only one element in the process. It needs to be informed by analysis of the child's history, needs, wishes and feelings and the risks presented by the parents and other family; as well as their potential positive contribution to the placement, and the support parents in particular might need to come to terms with what has happened and understand what the new arrangement means for them.

Domains	Elements
Capacity to meet child's identified needs	Basic needs.
	Safety and protection from risk.
	Emotional warmth.
	Security and stability.
	Stimulation and educational support.
	Guidance, boundaries, effective behaviour management.
	Promote resilience and a positive self-image.
	Help child cope with issues of diversity.
	Help child recover from the effects of past experiences.
	Help child understand and deal with the reasons for placement.
	Promote positive relationship between child and birth parents, siblings, both sides of the family and significant others.
Carer/child relationship	Nature of previous involvement with the child.
	Quality of relationship/strength of existing bonds.

Relationship with birth parents	Current/past relationship.
	Views about value of the child/parent relationship.
	Ability to promote positive image of parent to child.
	Views on local authority concerns about parents.
	Own attempts to protect child.
	Ability to control parental involvement/contact where necessary.
	Ability to protect child from conflict.
Understanding of the task and its impact	Understanding of the child's needs and the potential impacts of their experiences over time.
	Appreciation of risk and the need to protect.
	Understanding of potential stressors.
	Understanding of role change and impact on their life and that of other family members.
Motivation and commitment	Primary motivation: attachment/commitment; obligation; guilt?
	Willingness to take on care? Do they feel they have a choice? Are they under pressure from other family members?
	Expectations about placement duration.
	Do they have enough commitment to sustain the placement long-term and to accept its impact on their life?
	Hopes and aspirations for the child.
	Can they prioritise the child's needs?
Personal and family history	Experiences of, and reflections about, being parented; how they have dealt with adversities.
	Experience caring for children.
	Experience of parenting. Parenting style. Reflections. What might they do differently now? Particularly relevant to grandparents.
	Any official concerns about their parenting/negative family patterns? Evidence of change.
	Previous partnerships.
	Strengths and vulnerabilities of current partnership. Shared approaches to parenting.
	How do they resolve conflict/deal with difficulties? Are both committed to caring?
	Issues of domestic violence, substance abuse, criminal antecedents/behaviour, lifestyle.

Personal attributes and attitudes	Personality.
	Empathy and sensitivity.
	Ability to cope with stress and conflict.
	Capacity to make relationships.
	Attitudes to diversity.
	Capacity for self-insight and reflection.
	Willingness to learn/receptiveness to information and advice.
	Adaptability/willingness to make changes, for example in parenting practices.
	Readiness to acknowledge difficulties/seek help.
	Views on and willingness to work with professionals.
Other family members	Needs, views and potential impact on others living in the household.
	Perspective of own children, including adults, of being parented.
	Any safety issues presented by those living in/regularly visiting household.
	Roles in child's life and their views about placement.
Practicalities impacting on caring capacity	Age and health.
	Other caring responsibilities.
	Employment.
	Finances.
	Proposed arrangements for child care.
	Home circumstances and accommodation.
	Neighbourhood.
	Transport.
	Contingency plans.
Support needs	Family and network support.
	Access to community resources.
	Additional support needs.
	Legal needs.

Challenges for practitioners conducting assessments

Consideration of these elements suggests that 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.

Key elements in a carer assessment

This is a complex, in-depth piece of work requiring substantial, specialist, expertise. It presents multiple challenges, including:

> establishing trust and rapport with carers who may have negative views of social workers or are defensive and fear losing the child
> 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, increasingly truncated timescales.

(Wade et al, 2014; Bowyer et al, 2015)

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.

Tool 3: Support needs

Kinship carers potentially face multiple stressors, typically taking on challenging children in challenging circumstances (Aziz et al, 2012; Hunt, 2008; Hunt and Waterhouse, 2013; Selwyn et al, 2013; Wade et al, 2014). Research also shows that many are experiencing high levels of psychological stress (Farmer and Moyers, 2008; Hunt et al, 2008; Hunt and Waterhouse, 2013).

In 45 per cent of continuing placements made in care proceedings at least one carer had abnormal stress levels, more than twice that expected in the general population (Hunt et al, 2008) while a study of informal care (Selwyn et al, 2013) concluded that 67 per cent of carers were probably clinically depressed. These intrinsically worrying findings are also concerning because of their potential impact on outcomes for children: Farmer and Moyers (2008) found that carer strain was linked to both poorer placement quality and disruption.

Tool 3 identifies the support needs families might require in order to provide a safe and effective long-term home for a child. Of course, not all services will be needed by all carers: research highlights the heterogeneity of needs and their variation over time. What is essential is that carers are aware of what services are available and how to access them, receive a positive response when they seek help and, crucially, that, as stipulated in government guidance (Department of Education, 2011) support is based on need, not the legal status of the arrangement. All the research on kinship care demonstrates that these requirements are all too often not met.

Financial help	> Start-up and maintenance costs. > Legal fees (including any future proceedings for contact or parental applications for discharge of SGO/Child Arrangement Order). > Child care, contact, transport costs. > Moving/adapting home; larger car.
Information, advice, advocacy	> Information about local services; options. > Help navigating key systems - legal, benefits, children's services, housing, education, health, Child and Adolescent Mental Health Services (CAMHS). > Legal advice.
Direct services for children	> Access to specialist services for children with complex physical/developmental needs. > Therapeutic and counselling services for those with emotional, behavioural or attachment problems; bereavement counselling. > Life story work. > Support in school with education, behaviour, stigma and bullying. > Mentoring; peer group support. > Children with elderly carers may need intervention to widen social networks, deal with generation gap issues and address their worries about the future.

Services for carers	> Short breaks, occasional relief, child care. > Emotional support. > Peer support and mentoring. > Counselling and therapeutic services. Support to help child with: education, impact of experiences, making new friends, attachment, understanding and explaining their position. > Education/training in: parenting skills, understanding/managing child's behaviour, coping with special needs, dealing with relationship issues. > Help dealing with parents. > Help managing changed family relationships and dynamics.
Establishing and managing contact – with parents, siblings, other family members and significant others	> Consultation and advice. > Assistance in drawing up/amending contact arrangements. > Assistance in managing/monitoring indirect contact, including use of social media. > Mediation. > Provision of venues. > Monitoring and review of arrangements. > Facilitated or supported contact. > Supervised contact. > Help with handovers. > Counselling for carers, children, parents. > Family Group conferences/family meetings.

Selected references: Aldgate and McIntosh, 2006; Aziz et al, 2012; Broad, 2001; 2010; Broad and Skinner, 2005; Farmer and Moyers, 2008; Grandparents' Plus and Adfam, 2006; Hunt et al, 2008; Hunt and Waterhouse, 2012; Laws, 2001; Murphy-Jack and Smethers, 2009; Pitcher, 2002; Roth et al, 2011; Selwyn et al, 2013; Wade et al 2014; Wellard, 2011.

Does supporting carers make a difference?

Wade et al (2014) report that special guardians felt more in control and less stressed when better supported. However, there is very limited evidence, even internationally, on the effectiveness of different types of support and more research is clearly needed. The main interventions reported are peer support, education and information and referral services. In the UK mentoring is reported to have improved carers' emotional stability and ability to cope with challenges such as managing children's behaviour and dealing with parents (Marden and Bellow, 2014).

Support groups are appreciated (Grandparents Plus and Adfam, 2006; Wellard, 2011) and there is some US evidence (Lin, 2014) that they increase informal and formal support and enhance mental health. Many local authorities now offer KEEP (a behavioural management programme for foster carers) which, in the US, is proven to reduce disruption and children's behaviour problems (Chamberlain et al, 2008) although evaluation data is not available for kinship care. Kinship Navigator Programmes, set up in the US to help carers access formal services, have produced positive results, with carers reporting improvements in children's mental health as well as enhancing their own capacity to care, resolve problems and secure legal permanence (Lin, 2014).

Expertise and specialisation

Voluntary agencies have a valuable place in developing innovative interventions and providing support. Informal support through families and social networks is important, as are community services. However, the role of Children's Services is crucial. Selwyn (2013) reports that 75 per cent of informal carers had sought their support at some point.

The majority of families are likely to need assistance in the early stages; a few require ongoing help; others need to tap into support periodically as problems emerge. Research highlights the importance of direct access to a specified worker/team and the value of maintaining low-key contact through such mechanisms as periodic reviews and newsletters (Hunt and Waterhouse, 2013; Wade et al, 2014).

Researchers are increasingly advocating the creation of specialist support services for kinship families and, as noted earlier, the challenges of assessment also demand high levels of expertise. As yet there is no research on the efficacy of specialisation as compared to other models of provision. However, research with practitioners (Hunt and Waterhouse, 2013) suggests a number of reasons for local authorities to go down this route:

> The work demands a particular set of knowledge, skills and understanding.
> Specialisation benefits carers and children not only directly but indirectly, by raising the profile of kinship care in local authorities, challenging negative views and promoting service development.
> There are organisational benefits - reducing duplication, offering consultancy to other workers and input to processes such as family group conferences.

Conclusion

Legislation, government policy and case law require that kinship care should be the first option considered when a child cannot live with a birth parent and working with such families is an expanding area of professional practice. While our research and practice knowledge base on kinship care is still developing, the material summarised within this Practice Tool can provide some guidance for practitioners in the crucial areas of assessment, preparation and support, which may significantly influence the outcomes of kinship placements.

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