

# INITIAL VIABILITY ASSESSMENT REPORT FOR KINSHIP Foster Carers (Connected Persons)

(Care Planning, placement & case review regulations 2010, section 24)



The initial viability assessment is to consider if the applicants can care for a child UNTIL THE AGE OF 18.  
The initial viability assessment is **NOT** about the immediate safety needs of a child/ren.

## **INITIAL VIABILITY ASSESSMENT**

- Introduction
- Second Screen
- Limitations of Confidentiality/Report to Court/Redaction
- Explanation of LA Processes/Stage of Involvement
- Right to Appeal
- Court Orders/SGO

\*Delete above before submission

### **A. BASIC DETAILS:-**

#### **1. About the prospective carer(s)**

	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant
Name and LL ID		
Previous names/ Other 'known by' names		
Relationship to child		
Date of Birth/Age		
Current Address		
At Address since		
Previous Address 1 (cover at least 10 years)		
Dates from and to		
Previous Address 2		
Dates from and to		
Current Telephone Number		
Ethnic Descent		
Religion		
Primary Language		
Is an interpreter required		

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<b>Occupation</b>		
<b>Partnership Status</b>		
<b>Disability</b>		
<b>Any additional learning needs</b> (such as dyslexia, dyspraxia, extra support at school etc)		

## 2. Details of children to be potentially placed

Names of child/ren re: placement	D.O.B	LL ID	Current Address	Gender	Ethnicity, Nationality, Religion and language	Name of parents	Does father have PR

<b>Current Legal Status of child?</b> Sec 20, Pre – proc, care proceedings, ICO, 38.6, family arrangement	
<b>Date Child/ren Placed (if reg 24)</b>	
<b>Filing date for Full Kinship Assessment</b>	
<b>Child's current carer and relationship to child?</b>	

## 3. Details of adults and children who already live in the prospective carer's household

Name	Ethnicity	DOB	Gender	Relationship to prospective carers	Police checks completed

## 4. Details of any birth children of either applicant living away from the household

Name	Ethnicity	DOB	Gender	Names of Parent's (tick next to)	Relationship to applicant	How often does the applicant

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				name if they have PR)		see this child?

**5. Are there any issues or concerns relating to the people either living in the household, visit the home or have regular contact with the child? If so, how will the applicant ensure the child is protected?**

## **B. STATUTORY CHECKS and PREVIOUS/CURRENT KNOWN INFORMATION:-**

**6. Provide details of prospective carer's current or past involvement with probation and police?**

### **Guidance:**

- Look at levels of honesty with professionals and between the applicants.
- Is there already 'known' information from an up to date police check? If so, this provides an essential opportunity to query discrepancies between self-disclosures and facts at this point.
- Is the prospective carer able to reflect on the past in a healthy way and show learning and positive growth from this?
- Police check information needs to be analysed before progressing to full assessment.

### **Suggested questions (not exhaustive):**

- Tell us about any reprimands/warnings/cautions/convictions or any other police involvement you have had. (cover all areas of residence and any criminal incidents from as young as 10ys.)
- Have the police ever attended your home? If yes, why was this and who called them?
- Do you know of any information that would concern us about anyone else living in the household or who visits the home regularly? (e.g. past convictions, drug use, aggressive or anti-social behaviour)

**Date police checks sent and returned:**

**Full details from checks:**

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## 7. What information did you obtain from LL on the applicants, their children and other household members? (e.g domestic violence, substance misuse, mental health, neglect etc.)

### Guidance:

- Undertake checks prior to the IVA visit. Check forms, documents and Early Help on LL.
- Ask the applicants to self-disclose information first.
- Emphasise the importance of being open and honest in the interest of working together in the best interest of the child and to form good trusting professional relationships.
- Once they have had an opportunity to tell you about any involvement, cross reference this with the information you have collated from records and seek clarity from the applicant where there are discrepancies.

### Suggested questions (not exhaustive):

- Can you tell us about any social care involvement you have had in respect of any children in your care, either your own or other people's? (Covering all Local Authorities/countries they have lived in).
- Can you tell us about any social care involvement you may have had throughout your childhood? (They may not remember this.)
- Looking back at social care involvement with your family, what are your thoughts and views about this now?

**Date Leicester LA check's completed:**

**Full details from checks:**

## 8. Has the prospective carer(s) resided in any other local authority area, or resided in another country? If so, please identify what Local Authority/country they have lived in and what information is recorded on their systems? Have international social care and police checks been completed if so what has been recorded (If not seek advice from legal services who may be able to help you).

### Guidance:

- Commence other LA checks prior to the IVA visit.
- Telephone other LA to obtain timely information if relevant.
- Complete details of which LA's you have approached and any named people you have spoken with in the box below.
- If they have lived in another country, advise them that we request 'certificates of good conduct' from most countries, so it is beneficial for them to self-disclose relevant information at this stage.
- Commence international checks if they have lived abroad in the last 10 years.
- Certificates of Good Conduct will be progressed as part of the full kinship assessment, if applicable.

**Date other LA/international checks sent and returned:**

**Names of LA's checks have been sent to:**

**Full details from checks:**

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## 9. Are there any current or previous domestic violence incidents between members of the household including the prospective carer(s)? Has there been domestic violence in previous relationships with other partners? (If yes, provide details)

### Guidance:

- In respect of the current relationship, prospective carers are likely to feel more able to answer this question honestly if they are asked privately. Think about how you can manage this sensitively and safely e.g. separate phone call.
- Be mindful of people being in numerous dv relationships with different partners, especially if they have stayed in those relationships with their children.
- Consider whether they demonstrate some understanding of the impact of dv on their children.

### Suggested questions (not exhaustive):

- Have you ever been in a relationship which you, or other people close to you, would describe as 'abusive'? This might have been physically abusive, or it could be a relationship where you felt frightened, controlled, manipulated or threatened.
- Were the police ever called because of the abuse, or did you ever need to see a doctor because of being hurt?
- How long were you in this relationship for? How did it end?
- How did you manage contact safely after the separation?
- What contact do you or your children have with your previous partner now? What is your relationship like now?
- How do you both manage any conflict in your current relationship?
- What happens if you disagree or do something the other is not happy with?

## C. RELATIONSHIP WITH THE CHILD/REN NEEDING PLACEMENT:-

### 10. Describe the connection and pre-existing relationship between prospective carer and child.

#### Guidance:

- Consider whether there is a pre-existing relationship between the prospective carer and the child(ren) we are looking to place. Research shows that where there is an established relationship or connection between the two, placements have better stability in the long term, carers will have greater 'stickability' during challenging times in the future, and risk of placement breakdown is reduced.
- Nature of previous involvement with the child; Include frequency of contact & details of their most recent contacts with the child and family.
- Comment on the quality of relationship/strength of existing bonds
- If they have come forward after a long gap, why have they waited until now?

#### Suggested questions (not exhaustive):

- Tell us about how much contact you have had with this child? How much time do they/did they spend together?
- When did you last see the child?
- What kinds of things do you/did you do together?

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- If the child is in care, have you asked for contact? If not, why not?

## **D. PROSPECTIVE CARERS PREVIOUS INVOLVEMENT WITH THE BIRTH FAMILY, AWARENESS OF PAST/CURRENT RISK AND ANY PROTECTIVE FACTORS THEY HAVE IMPLEMENTED:-**

### **11. What knowledge do the prospective carer(s) have regarding the child's current situation & what are their views on this?**

#### **Guidance:**

- It is important to gain an understanding about what these prospective carers know about the situation for the birth family, how long they have had worries themselves and what they have done to safeguard the child themselves.
- It is essential for prospective carer's to be given full information about the child's lived experiences by the SW. This is the only way they can consider any risks involved and think about the impact of these in the immediate and long term.
- Some families may genuinely experience shock about what is happening within their family and will need some time to come to terms with things. Be mindful not to perceive this as minimisation or denial or as a lack of protective factors.
- Do they exhibit an ability to shift from their initial reaction to a more proactive, pragmatic approach?
- If they don't acknowledge the issues/risk after they have had time to reflect, this might indicate a vulnerability in their ability to provide the child with adequate protection in the future.
- Do you believe that they are genuinely protective and not likely to collude with birth parents in the future, especially when there is no longer any LA oversight?

#### **Suggested questions (not exhaustive):**

- What do you know about the current situation? Tell us what has been happening for this family, including the children involved.
- What are your views on the local authority's concerns?
- What do you see as the worries about the child's welfare?
- When did you first become worried about the children?
- What did you do at that time?
- Have you ever reported any worries or concerns to the LA, police or any other professionals (HV, school, early help etc)
- Have you previously made any attempts to protect the child yourself? Have you intervened to protect the child before or tried to support the family in any way? If not, why not?
- Are you aware of any harm the child has experienced before, including injuries?

### **12. Why is this assessment required and what is the current care plan for the child(ren)?** (Inc. care proceedings, outcome of a finding of fact hearing & timescales.)

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## Guidance:

- **Safeguarding overrides confidentiality in this situation.**
- It is essential to share ALL relevant information with the applicants at the IVA stage. This should include potential risks around contact and in respect of the child's lived experience and the impact this may have on their development and behaviour in the future. This is the only way applicants can make an informed decision about whether they feel able to manage the risks involved, provide adequate protection to everyone in the household and make the necessary commitment required to care for this particular child.
- **If you are worried about confidentiality, talk to you manager or legal services first.**

## Suggested questions (not exhaustive):

- Now that you have more information and knowledge about the concerns, what are your thoughts about the situation?
- Now that you know more about the worries and risks, how do you think this would impact on you and your family if the child was living with you?
- What could you do to manage the risk? What support would you need to help you to do this?
- Do you have a view on what the care plan should be for the child and why that plan would be the best one for the child?

## 13. Comment on the prospective carers abilities to maintain positive contact as outlined by the care plan for the child(ren).

### Guidance:

- You **MUST** provide the prospective carer with **ALL** relevant information about any concerns or risks around managing contact safely, in the short and long term. This is the only way they will be able to make an informed decision about whether they are able and willing to manage this or identify any on-going support they might need in this area. If prospective carers are not well informed about any potential issues are at this stage, the placement could be compromised later.
- Consider the prospective carers ability to control/manage parental involvement/contact
- Are they able to protect the child from conflict?
- Can they prioritise the child above all else, even if this is at the expense of the adult relationships?
- Are they prepared for the change in dynamics of their relationship with parents?
- Are they prepared and able to say no to birth parents and accept negative emotions from birth parents?
- Consider whether they are likely to maintain the contact plan throughout childhood?
- Do you or the prospective carer(s) anticipate any difficulties with contact and how will this be managed?
- It is important for children to grow up knowing who their birth parents are and to have a positive view about them, despite the experiences they have had in their lives before separation. This will help them to have a positive sense of identity and help towards developing good self-esteem. Will this be achieved in this placement.

### Suggested questions (not exhaustive):

- Based on what you know about birth parent's individual needs, how would you manage contact arrangements for each of them in the short- and long-term future?
- Can you see any problems with managing contact?
- How would you deal with parents asking for contact outside of the care plan?
- What would you do if you felt worried about contact or if parents attempted to see the child outside of the agreed care plan?
- If a contact session wasn't going well from the child's perspective, how would you manage this?
- How will you help the child to have a good view of their parents in between contact visits, whilst also providing them with an age appropriate understanding of their life experiences as they develop?



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## E. PHYSICAL AND MENTAL HEALTH

**14. Please state any significant health needs of the prospective carer(s) or any of their family members include physical & mental health.**

### General Health:

#### **Guidance:**

- Consider any physical AND mental health difficulty they have, including how long you have had them, how they are managed (including medication).
- If there is more than one health issue, how do the different conditions interact with and impact on one another. Does this exacerbate their overall health and wellbeing?
- Where the potential carer does have physical or mental ill health and/or a disability, this does not necessarily mean they will be unable to care for the child. However, the nature and current impact of any ill health or disability (as well as anticipated future impact) on an individual's ability to meet the needs of the child must be explored at this stage.
- Will there be additional support needs and can these be provided for by the LA to enable the child to stay with family?
- Consider the long-term prognosis of each issue and how the applicants needs will change over time. As their needs change, what does this mean for the child as they grow and develop?
- Consider not only any concerns, but also whether support from the carer and/or child's wider network, or from the local authority, might make the placement viable given its other strengths and advantages.
- **AGE** - The potential carer's age should be considered in relation to their ability to meet the needs of the child both now and in the future. Assessment should take into account the existing relationship with the child and the child's needs.
- Where the carer is older, you should consider the carer's current and likely future health, the likelihood of them caring for the child through to adulthood or independence and the support network available to the carer.
- If the potential carer is younger, there may be issues about them being relatively close in age to the child they want to care for. The assessor should take account of the potential carer's maturity and life experience, the age difference between them and the child, and whether the child views them as an authority figure or as a member of their own peer group. Also consider how they will combine pursuing their own life goals alongside taking on caring responsibilities.

#### **Suggested questions (not exhaustive):**

- Do you have any physical health concerns which impact you now or may in the future?
- Do you have any mental health concerns currently, or have you had any in the past?
- How good are you at taking any medicine prescribed or attending appointments? What professionals are involved and how often do you see them for check-ups/reviews of your health condition.
- How do you manage the ailments you have told us about?
- What impact does each physical or mental health issue have on your current day to day functioning eg mobility, pain levels, tiredness/energy levels, sleep and rest, irritability, mood.
- Do you need help from others to do day to day tasks?
- How do you think your health will impact on your ability to parent this child?

### Alcohol/Smoking/vaping/substance use:

#### **Guidance:**

- **FOSTERING REGULATIONS REGARDING SMOKING - Foster carers caring for children under five should not smoke.** Smoking tobacco is known to carry health risks not only for smokers, but also for children they care for through exposure to second-hand smoke and the impact of role modelling.
- Consider whether potential carers are willing to manage their smoking behaviour in a way that will minimise the impact on children in their care, particularly in the case of children under-five's and those who are especially vulnerable to the effects of smoking as a result of disability or a health-related condition.
- Explore the prospective carer's alcohol consumption. This may be difficult where the social worker has concerns about the level of drinking, but the carer lacks insight into the effect of alcohol on their capacity to care safely for the child. There will be situations where a social worker assesses the potential carer as unsuitable because they use alcohol to a degree that will make them ineffective or unsafe carers for children.
- Consider substance misuse by the carers. If potential carers have a day-to-day lifestyle that is dictated by the need to meet an addiction, this is a matter of serious concern that would need to be evidenced by the social worker. Individuals who use drugs on a recreational basis will need to consider how that affects their



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ability to function and their role modelling for the child, and other ways in which their drug use might impact on the child's life.

## Suggested questions (not exhaustive):

- Does anyone in the household smoke, vape or use illicit substances?
- Where are vaping paraphernalia stored and where is the instrument charged?
- How is smoking managed around the child/ren?
- Given that there are many known risks to children associated with living with adults who smoke, would you consider a cessation programme?
- If illicit drugs are used, how are these obtained, stored and administered etc. Can you see any issues associated with this?
- Is alcohol consumed? How many units per day on average?
- How long have you smoked or used alcohol or drugs? How has your pattern of use changed over time?
- How does smoking, alcohol or drug use, impact on your day to day life and functioning as an individual and parent?

	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant
GP Name		
Surgery Name		
Address		
Postcode		
Telephone		

## F. ACCOMMODATION/LIVING CONDITIONS

### 15. Is there adequate space for the child(ren) within the prospective carer(s) household?

Please provide details e.g. where would the child(ren) sleep & with whom would they be sharing a room?

#### Guidance:

- **FOSTERING REGULATIONS ON ACCOMMODATION** state: Ideally a child should have their own bedroom. No child over 3 should share a bedroom with an adult. Babies and toddlers can be in the same room as their carer until their 3<sup>rd</sup> birthday. Girls & boys over eight years old should not share a room. No more than two children should share a room at the point of registration. However, it is accepted that Kinship Care arrangements may not always meet these guidelines. Any exceptions to the above should be discussed with the Kinship team prior to the progression of the viability assessment.
- Sleeping arrangements must be adequate but may not always meet the same standards as for unrelated foster carers. For example, it may be acceptable for a child to have a sofa bed as their own bed and to sleep in a lounge area, but this will clearly need to take account of the needs and age of the child. This would also be more acceptable as a short-term arrangement and less so as a permanent one. The individual circumstances of each case should be considered.
- Children living with family and friends foster carers have the rights to privacy and suitable sleeping arrangements, but these should be seen as part of the total assessment of suitability, to be balanced against other factors.
- If the current accommodation is not appropriate, you should explore their willingness to move to alternative accommodation to meet the needs of the child.
- We shouldn't rule applicants out solely on lack of space, but we need to be realistic that access to appropriate social housing is not as easy for families. Realistically, a move to a larger property can take considerable time, sometimes several years. Therefore, when considering long term permanent care plans for children, we must consider whether this

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family have good resilience and other protective factors to offset issues caused by inadequate housing such as overcrowding, changes in family dynamics, pressure of caring for an additional child, managing contact and all the additional stresses of these.

## **Suggested questions (not exhaustive):**

- What are your plans about who will sleep where, both now and in the long-term future?
- If necessary, are you prepared and able to move to a larger property? How will you do this? What support would you need to facilitate this and by whom?
- Can you envisage any problems occurring with the sleeping arrangements as the children get older and reach different stages of their growth and development?

## **15a. Are conditions in the home of a reasonable standard?**

### **Guidance:**

- The whole house must be observed, including the applicants own bedroom, the room the child will be sleeping in and the garden area for the purposes of health and safety.
- The home should be able to accommodate the child in a way that meets their need for warmth, health and safety, privacy and the space to go about their daily life, including any needs arising from a disability. All households should be safe and functional.
- Highlight any health and safety concerns around the home to the prospective carer and seek their views on any changes they would need to make to ensure good health and safety standards for children.
- Identify any pets within the household. Any family dogs in the property need to be allowed to approach you so you can observe their behaviour around you during the visit. Generally, you would expect to see a dog calm down after an initial period of excitement at having a stranger in the house.
- Observe how well the prospective carer can control the dog to clarify its levels of obedience and training.

**IMPORTANT - Have you advised the prospective carer that they have the right to appeal the outcome of this assessment and seek legal advice? YES/NO**

## **NEXT STEPS:-**

**OPTION 1** – Having completed questions 1 to 15 you have reached an evidence based, well informed and confident decision that, from the information gathered so far, you can conclude your assessment as negative. Take the following actions:-

- **Delete questions 16-30** from the form. Do not submit these to court as incomplete sections.
- **Complete the Analysis and Conclusion** section of the report.

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- **Complete the Signatures section of the report.**
- **Delete all 'guidance' and 'suggested questions' from the report before submitting to court. These are only there as guidance and not for the courts use.**

**OPTION 2** – Having completed questions 1 – 15, you have not yet reached a decision about the outcome of your assessment. In this case you need to go ahead and complete questions 16 – 30 in order to enable you to make a full and thorough assessment of the prospective carer. The outcome of your assessment could conclude as negative or positive after complete the whole assessment. Take the following actions:-

- **Complete questions 16-30 in full. Submit the full report to court.**
- **Complete the Analysis and Conclusion section of the report.**
- **Complete the Signatures section of the report.**
- **Delete all 'guidance' and 'suggested questions' from the report before submitting to court. These are only there as guidance and not for the courts use.**

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## **KINSHIP VIABILITY ASSESSMENT - continued**

### **G. BACKGROUND INFORMATION ABOUT THE APPLICANTS:**

**16. Brief description of each applicants' childhood & upbringing, relationship with parents and siblings, education and employment history (including attitude towards education and employment).**

**Guidance:**

- What was their parenting style and attachments like with their own children?
- Can they reflect on their own parenting and think about things they might do differently now?
- Any official concerns about their parenting/negative family patterns?
- Is there strong evidence of sustained change over time?
- It is known that LAC children have poorer long-term outcomes in terms of educational achievement and employment. Carers need to demonstrate an ability to promote education and encourage children to aim high and have positive aspirations for their future lives.

**Suggested questions (not exhaustive):**

**Childhood Experience**

- Brief description of the applicant's childhood, including relationship with parents and siblings.
- What good things do you remember about your childhood and parents?
- What unhappy memories do you have (loss, rejection, illness, upset)?
- Experiences of parenting own children.
- Which **ADULT** were you closest to as a child?
- Describe your relationship with your siblings when younger, and now.
- How would you describe your overall experience of adolescence?
- How would you describe your overall experience of growing up?

**Education:**

- What was your personal experience of education?
- What is your attitude towards education now?

**Employment:**

- What has been your personal experience of working.

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- What is your attitude towards employment now?
- What will you do about child care during your time at work, including school holidays?
- Do you plan to leave work or reduce your hours?
- What financial impact will this have and how will you manage this?

## **APPLICANT 1 - Childhood experiences (including relationships with parents and siblings):**

## **APPLICANT 1 - Education History:**

## **APPLICANT 1 - Employment History:**

## **APPLICANT 2 - Childhood experiences (including relationships with parents and siblings):**

## **APPLICANT 2 - Education History:**

## **APPLICANT 2 - Employment History:**

## **17. A chronology of significant changes or family circumstances (e.g. separation, death of family member, start of new relationship, birth of child, major health events, marriage/ civil partnership/ setting up a household with partner).**

### **Suggested questions (not exhaustive):**

- Are there any really good or really difficult times/memories that stand out in your memory? (such as births, deaths, marriages/civil partnership, separations, divorce, new relationships, moving in with someone, qualifications etc)

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Date Started	Date Finished	Event	Details
<b>Applicant 1</b>			
<b>Applicant 2</b>			

## 18. Description of applicant's current relationship including strengths and vulnerabilities.

### Guidance:

- Be considerate about how you ask about domestic violence in the current relationship? Think about how realistic it is for applicant's to be honest, when we ask them both together?
- The couple need to demonstrate a stable, secure and resilient relationship.
- Consider the length of their relationship and how long they have lived together. It takes time for new relationships to form and develop and newer couples may still be learning about one another and not well established yet. This relationship will be tested further with the responsibility of a new and vulnerable child.
- Is the relationship strong enough to cope with demands that will be placed on it?
- What evidence is there to show this is a well-established, strong relationship that will sustain through difficult times and therefore be realistically able to provide longevity to the child?
- Are they equally committed to the child or is there a discrepancy of opinion?

### Suggested questions (not exhaustive):

- When and how did you meet?
- How long have you lived together for?
- Describe your relationship with one another.
- Strengths and vulnerabilities of current partnership. What are the good things about it? What would you change about it?
- Do you have a shared approach to parenting?
- How do you resolve conflict/deal with difficulties?
- Do you both feel the same way about this assessment and caring for the child until they are 18?

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## **H. SUPPORT NETWORKS AND CAPACITY TO PROVIDE GOOD CARE:**

**19. Please give details of family or friends who are part of the applicant's existing support network. Who do they have around them to support them in their role as carer? Who could support the prospective carer(s) in an emergency?**

### **Guidance:**

- Research tells us that carers with access to good support networks are more successful in sustaining longevity in placement.
- Carers who don't have good support systems are more likely to become stressed and anxious and less likely to be able to meet the child's on-going care needs, particularly if the child's behaviour becomes challenging as well.
- We also need to think about why the carer doesn't have an established support network as this can show vulnerability in areas such as their own attachment patterns and capacity to maintain trusting and confiding relationship.
- What evidence is there capacity to make longstanding, trusting and confiding relationships.
- Support network needs to be sufficient and not superficial (around 4-5 supports is a reasonable number as a guide; too many people on the network may indicate that relationships are not meaningful or genuinely/tangibly supportive, too few people may indicate vulnerability through social isolation which can lead to exacerbating stress, loneliness and impact negatively on coping mechanisms at difficult times).
- Support can be emotional, practical or financial.
- Research shows that isolation leads to stress and can lead to placement vulnerability including placement breakdown.

### **Suggested questions (not exhaustive):**

- Tell us about the people you turn to for support. Names, DOB, relationship to you, how long known for, how often do you see them, how often will the child see them?
- Would they be prepared to have a DBS check if we felt this was needed?
- Who are you closest to out of these people?
- Who do you trust and confide in the most? Who do you feel you can talk to about any difficulties.
- How easy is it for you to access people in your support network when you most need their help?
- Is there anyone in your support network whom you would trust to babysit for you?
- Can you identify an emergency contact person whom you trust and can get to you quickly (5-10 mins)?

Name of Emergency Contact	Address	Telephone Number

**20. Please provide details of anyone else not already mentioned, who is likely to have regular contact with the child(ren) to be placed.**

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Name	Ethnicity	DOB	Gender	Relationship to household/child	How often do they visit the child?

## 21. What are the prospective carers own family's views of the child(ren) being placed with them?

### Guidance:

- The kinship arrangement will affect the wider family, so their views are important. Kinship care often changes the dynamics between family members.
- A kinship foster carer will have to wear different 'hats' e.g. they may be a grandparent as well as the kinship carer.
- A kinship carer will have roles and responsibilities placed on them that will change family relationships, especially with birth parents, and may cause conflict within the wider family unit.
- The views of all members within the household, including the children of household, should be a serious consideration. If they are not supportive of placement, this can compromise their welfare and the wellbeing of the child we are considering placing.

### Suggested questions (not exhaustive):

- What do other people within the family think about this situation?
- What have you told them about your plans and what have they said in response?
- The relationship between you and others may change if you become a kinship foster carer. What impact do you think this might have and how will you manage this?
- Have you discussed this with your children? What is their view?
- How might having other children joining the family, impact on your children?
- How will you meet everyone's individual needs?
- How might you manage any conflict that arises from the new situation, once a child is placed in your care?

## 22. Comment on the applicant's neighbourhood & what amenities/resources are available to support the child and kinship foster family.



# INITIAL VIABILITY ASSESSMENT REPORT FOR KINSHIP Foster Carers (Connected Persons)

(Care Planning, placement & case review regulations 2010, section 24)



## 23. How would you manage your current employment whilst caring for the child/ren?

### Guidance:

- Discuss any issues around childcare and whether young children will need to go to nursery or before/after school clubs. Is this suitable for the child that needs placement? Balance the trauma they have already experienced, their experience of attachment so far and the child's need for consistent and stable care. Sometimes, the applicants plan may compromise the child's emotional wellbeing further.
- If the applicant is proposing a 'work from home' arrangement, remember that they will still have to produce work during their time at home. Is it realistic that they will be able to balance this alongside looking after a young child?

### Suggested questions (not exhaustive)

- How will you balance work alongside caring for the child care, ensuring that the child receives consistency of care?
- Have you considered the financial implications of reducing/leaving work? How will your plan affect your standard of life? Is your plan sustainable in the long term?

## 24. What experience do the carer(s) have of caring for or working with children & young people?

### Guidance:

- The child's needs may be unpredictable and subject to change depending on their trauma, life experience and its impact on development. Do they grasp and understand the long-term implications of this, including any resulting specific needs?
- Children being placed in kinship fostering placements will need a good standard of care from someone who has some experience and understanding of child development and of providing children with consistent, loving and empathic care. Do they have these qualities?
- Those with less experience of child care, particularly of looking after children in a home setting where they have experienced the challenges of daily life and provided routines for children, may benefit from having support from someone within the family who has some parenting skills and experience in this area.
- For people who are yet to have their own children, or are still planning to have additional birth children, think about how this will impact on the child you are planning to place, how they will continue to 'fit' within the family as the family evolves, and the prospective carer's capacity to care for additional children.

### Suggested questions (not exhaustive):

- What is your experience of caring for children?
- How has your existing child care experience prepared you to meet the specific and holistic needs of this particular child, now and in the future as they grow and develop?

# INITIAL VIABILITY ASSESSMENT REPORT FOR KINSHIP Foster Carers (Connected Persons)

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## 25. What are the carer(s) experiences of managing behaviour using appropriate sanctions? Can the applicants agree to manage behaviour without the use of physical chastisement or other inappropriate methods?

### Guidance:

- Ensure they are informed of the LA 'no-smacking' policy and they are willing to adhere to it. This refers to all children in their care, including their own.

### Suggested questions (not exhaustive):

- How have you coped with and understood/managed children's challenging behaviour in the past. Can you give an example of this?
- What strategies have you used to help children's behaviour to improve?
- Have you ever smacked or hit a child in your care? If yes, tell us about the circumstances, when and why, how old was the child and was the outcome? Do you feel you would continue to use this method of discipline in the future?

## 26. Please state how the carer(s) will meet the child(ren)s' immediate needs. This includes the health, and dental care, educational, emotional and behavioural needs, cultural, religious, identity and leisure interests.

### How do you think you could promote the child's identity? What training and support might the applicant need to meet the child's identity needs?

#### Guidance:

- It is essential for children's sense of positive identity and self-esteem to grow up with a knowledge and understanding of who they are, where they come from and why they are living away from their birth family.
- Prospective carer's will need to talk to the child about their life story, and their approach will need to adapt in accordance with child's development and level of understanding.
- Prospective carers will need to be positive to children about their birth parents, despite their own feelings and views, and despite the complexities of the situation.
- Consider how the prospective carer will meet the child's cultural and religious needs if these differ from their own.
- If a child has heritage from a different background to the carer, consider how the prospective carers will promote the child's identity from all aspects of their identity so nothing is lost.
- Prospective carers can be able a valuable resource to contribute towards life story work. E.g. they may have photos that they are willing to share.

#### Suggested questions (not exhaustive):

- What do you know about the child's identity? (culture, religion, ethnicity, family, language, values and beliefs, hobbies and interests etc)
- How will you help the child to maintain their current identity?
- How could you support the child to grow up feeling good about who they are?
- What training and/or support would you find helpful to enable you to meet the child's needs in this area?

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## 27. Are the carer(s) able to attend medical appointments, assessment visits, training & local authority care reviews? If no, please explain.

### Guidance:

- There is an expectation that kinship carers attend appropriate training to help them care for a vulnerable child. Some training is mandatory such as Paediatric First Aid, Safeguarding and TSD Standards.
- Kinship carers will need to work closely with their SSW from the Fostering Service.
- Kinship carers will need to attend important meetings and other appointments about the child.

### Suggested questions (not exhaustive):

- Are you able and willing to attend medical appointments, assessment visits, training, LAC reviews etc?
- How will this impact on any other responsibilities you have, such as work, caring for other children etc.
- If not, please tell us why.

## 28. If approved to care for the child(ren) outline any support the carer(s) would require in order to maintain the placement. Is any equipment needed?

### Guidance:

- The LA provides an allowance for LAC children in line with national guidance. Approximate figures per week for 2019/20 were £132 for 0-4 year olds, £146 for 5-10 year olds, £167 for 11-15 year olds and £194 for 16+.
- There is additional support for initial clothing, birthdays, one special celebration per year (Christmas, Eid, Diwali) and an extra payment for holiday experiences.
- LA also provides essential equipment needed to look after the child, at the start of placement such as cot, bed, wardrobe/drawers, car seats, pushchairs.
- There is an expectation that kinship carers attend appropriate training to help them care for a vulnerable child. Some training is mandatory such as Paediatric First Aid, Safeguarding and completing TSD Standards.
- Kinship carers will need to work closely with their SSW from the Fostering Service.
- Kinship carers will need to attend important meetings and other appointments about the child.

### Suggested questions (not exhaustive):

- Can you think of any other additional support you will need to help you with the placement?

## 29. Provide details of any professionals involved with the prospective carer(s) and their family.

# INITIAL VIABILITY ASSESSMENT REPORT FOR KINSHIP Foster Carers (Connected Persons)

(Care Planning, placement & case review regulations 2010, section 24)



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## I. ESSENTIAL INFORMATION REQUIRED ON THE CHILD/REN NEEDING PLACEMENT.

**30. This must be completed thoroughly and the child's views and opinions sought about this prospective placement:-**

**Physical description and personality.**

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**Description of each child's personality, likes, dislikes and interests.**

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**Chronology of each child's care arrangements since birth, include any periods looked after by the local authority.**

Age of child (yrs & mths)	From	To	Placement details

**Describe each child's health history, current needs (including any treatment the child/ren is receiving) and what is required to meet these.**

# INITIAL VIABILITY ASSESSMENT REPORT FOR KINSHIP Foster Carers (Connected Persons)

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**Education: Each child's current school, achievement, and behaviour at school.**

**Does the child/ren have a statement of needs under the Education Act 1996?**

Describe each child's educational needs and what is required to meet these.

**Emotional and behavioural development: Describe each child's emotional and behavioural development and what is required to meet any needs arising from this.**

**Identity: What is required to meet any of the child/ren's identity needs (including ethnic origin and cultural and linguistic background)?**

**Family and social relationship: Describe each child's current and historical relationships with family members and others who the local authority consider relevant.**

# INITIAL VIABILITY ASSESSMENT REPORT FOR KINSHIP Foster Carers (Connected Persons)

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**Self-care skills: What are each child's self-care skills and what is required to meet any needs arising from these?**

**Contact: What are the current arrangements for contact between each child, family members and others whom the local authority considers relevant?**

**What are the child(ren)'s views of being placed with this family?**

**What are the birth parent(s) views of the child/ren being placed with this family?**

**Sibling's details (not included in this assessment)**

	Sibling 1	Sibling 2	Sibling 3
Forename(s)			
Surname			

# INITIAL VIABILITY ASSESSMENT REPORT FOR KINSHIP Foster Carers (Connected Persons)

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Other names used (including familiar names)			
Name of carer			
Current address:			
Local authority area			
Date of birth			
Gender			
Ethnicity			
Religion			
Name of mother			
Name of father			
Does father hold parental responsibility?			
Name of any other person with PR (and relationship reason for PR)			

## ANALYSIS AND CONCLUSION OF ASSESSMENT:-

ANALYSIS USING SIGNS OF SAFETY:	
<b>What are you worried about in relation to these prospective carers? (Dangers, harm, risks, collusion, minimisation etc...)</b>  <ul style="list-style-type: none"> <li>•</li> </ul>	<b>What are the strengths of this application? (e.g. good attachments with own children, stability, supportive relationship etc)</b>  <ul style="list-style-type: none"> <li>•</li> </ul>
<b>Gaps in assessment/What is not known?</b>  <ul style="list-style-type: none"> <li>•</li> </ul>	<b>Complicating factors (e.g. language barriers, immigration status, Learning difficulties etc...)</b>  <ul style="list-style-type: none"> <li>•</li> </ul>



# INITIAL VIABILITY ASSESSMENT REPORT FOR KINSHIP Foster Carers (Connected Persons)

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## SUMMARY OF ANALYSIS AND CONCLUSION: Summary of strengths and vulnerabilities of application and overall conclusion

### Guidance:

- What are the implications of your assessment on the prospective carers ability to provide long term care for the child/ren?
- **Areas to include in your analysis:**
  - ✓ Capacity to make longstanding, trusting and confiding relationships.
  - ✓ Ability to cope with stress and conflict.
  - ✓ Can show empathy and sensitivity.
  - ✓ Has a capacity for self-insight and reflection?
  - ✓ Willingness to learn/receptiveness to information and advice.
  - ✓ Adaptable/willingness to make changes, eg in parenting practices.
  - ✓ Readiness to acknowledge difficulties and seek help.
  - ✓ Open minded to think about difficult family and personal issues.
  - ✓ Ability to parent a child who has experienced early difficulties/trauma.
  - ✓ Shows good emotional warmth; can self-regulate and co-regulate with child (Kate Cairns).
  - ✓ Can parent with PACE principles (Playful, Accepting, Curious and Empathic, (Golding and Hughes)).
  - ✓ Can provide a Secure Base (availability, co-operation, sensitivity, acceptance and family membership (Schofield)).
  - ✓ Willingness to work with professionals and follow the care plan.

## SIGNATURES and AUTHORISATION:-

<b>Social Workers Name</b>	
<b>Tel. No.</b>	
<b>Date this assessment commenced</b>	
<b>Date this assessment completed</b>	
<b>Date of Visit (s) and who was seen</b>	
<b>Joint IVA with Kinship SW?</b>	Y/N – If yes, insert name of kinship SW
<b>Legal Status of case and any applicable order</b>	Pre-proceedings/Care Proceedings/Full Care Order (delete as necessary)
<b>Date for filing of FULL Kinship Assessment</b>	

# INITIAL VIABILITY ASSESSMENT REPORT FOR KINSHIP Foster Carers (Connected Persons)

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Name of LA Legal Representative	
Date assessment shared with Applicant and any comments from them	
<p><b><u>BEFORE FORWARDING</u> THE COMPLETED FORM TO THE KINSHIP FOSTERING TEAM:</b></p> <ul style="list-style-type: none"> <li>▪ TEAM MANAGER NEEDS TO ENSURE THAT THE FORM IS FULLY COMPLETED IF PROGRESSING TO FULL KINSHIP ASSESSMENT.</li> <li>▪ ONCE THEY ARE IN AGREEMENT WITH THE RECOMMENDATION, THEY MUST ENSURE THEY <u>SIGN BELOW</u>.</li> <li>▪ THE APPLICANTS MUST BE <u>CREATED ON LIQUID LOGIC</u> AND ANY 'RELATIONSHIP' CONNECTIONS MADE.</li> </ul>	
<b>Recommendations</b>	
Is this report for a Regulation 24 placement?	<p>Yes/No</p> <p>(If yes, please ensure that a signed copy of the Reg 24 Agreement and Foster Agreement have been signed and returned with this.)</p>
SSW and CSW Joint Recommendation	
SSW SIGNATURE and DATE of signature	
CSW SIGNATURE and DATE of signature	
CIN Team Manager's comments on overall report, including any identified gaps, and view on recommendation	
TEAM MANAGER's NAME, SIGNATURE and DATE of signature	
Date of authorisation	

If the outcome of this IVA assessment is negative and the case is in Care Proceedings, please send this AUTHORISED form electronically to the LA legal representative for this case.

If the outcome of this IVA assessment is positive and a full Kinship Assessment is needed, please forward this AUTHORISED form electronically to:

# INITIAL VIABILITY ASSESSMENT REPORT FOR KINSHIP Foster Carers (Connected Persons)

(Care Planning, placement & case review regulations 2010, section 24)



**[kinship-viability@leicester.gov.uk](mailto:kinship-viability@leicester.gov.uk)**

**Please do not send it directly to named people as this will not guarantee it will be seen and acted upon and is likely to cause delay.**