

Initial Family and Friends Care Assessment: A good practice guide

These assessments are commonly known as viability assessments
Developed by Family Rights Group in partnership with an expert working group



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Acknowledgements by John Simmonds, Chair of the Kinship Care Alliance and Director of Policy, Research and Development CoramBAAF

The development and publication of this guide represents the commitment, determination and expertise of a large number of stakeholders with a core interest in family and friends care. The importance of considering family and friends care within the range of possible options and solutions when children may not be able to remain with their parents cannot be overstated. It is an issue that is firmly embedded within a human rights and legal framework, as set out in Articles 6 and 8 of the European Convention on Human Rights and the Children Act 1989. It is also embedded in our fundamental beliefs about family life as being core to society. Nevertheless family and friends care struggles to attain the same prominence as other forms of child placement - specifically adoption and foster care.

There is little doubt that where parents find themselves in difficulty, it is an almost instinctive response for other family members to step in – temporarily at first and in the longer term if that becomes necessary. But this can create significant challenges for those family members – for example, in understanding what has happened, anticipating what is likely to happen, managing the shock and protecting the vulnerable - the parents who were once children, the children of those children and the often raw thoughts and feelings of other family members. Then there are the practicalities such as money, housing, employment, and disruption to existing family plans. And in some instances, there is the involvement of the local authority and other services and then the courts.

All of this will be familiar to social workers and other professionals. The challenge of understanding what has happened, focusing on the child or children, making a plan, weighing up the options, taking decisions and acting on and resourcing all of this marks out some components of their professional task. In the midst of this may come the challenge of undertaking a viability assessment within a condensed timescale – opening (or closing) the door to further exploration of the assessment of family members as carers for the child or children, and with potentially life-long implications.

The expert group who have worked on the task of developing and producing this guide could not have been more committed. But one person stands out in having formulated the need for this work, identifying the people who might contribute and the key questions to be answered: Bridget Lindley. Bridget was Family Rights Group's Deputy Chief Executive and Principal Legal Adviser. Tragically, she died before the work was completed. Indeed, the group had met only a few days before her death and Bridget made her usual authoritative, challenging and insightful contributions. Without Bridget this work would not be of such high quality – indeed, it would not exist. The guide is a tribute to the significance of her work over her career.

Many other individuals and organisations have helped bring this work to its conclusion. The Esmée Fairbairn Foundation have generously supported the policy work of the Kinship Care Alliance, including Bridget Lindley's time in instigating and developing the guide. Bindmans LLP were generous in offering their offices for us to meet and refreshments to smooth the way. Social workers, lawyers, policy makers and family and friends carers contributed their experiences and knowledge. This inevitably resulted in multiple perspectives and the challenge of finding a coherent formulation for such a complex task. Resolving the desire to be thorough, comprehensive and complete against the need to be speedy and realistic is not easy – but that was the challenge before us.

The guide is designed primarily for social workers undertaking initial family and friends care assessments. But it is also for all professionals who make decisions about, work with or represent family and friends carers and the children who may be unable to live safely with their parents. It includes resources for family members to help them understand the purpose of an initial assessment, what it will entail, what they need to consider and how to get independent advice.

It is the wish of the expert working group and those organisations that have endorsed the guide that it will make a positive difference to children's lives. We know from experience that social workers strive to engage with families in a thoughtful, supportive and insightful way. This guide will support their endeavours.

We are extremely grateful to members of the viability assessment expert working group who have very generously shared their time and expertise to develop this guide.

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1. Introduction: Why initial family and friends care assessments (commonly known as viability assessments) matter

1.1 What is a viability assessment?

Where at all possible, children should be supported to live safely within their family. Where a child cannot remain in the care of their parents, research¹ has consistently found that children placed in kinship care generally do as well, if not better, than children in unrelated foster care, particularly with regard to the stability of the placement.

So it is essential that if a child may not be able to live safely with their parents, practitioners identify potential carers from within the child's network of family and friends and determine whether they will be able to provide safe care to meet the child's needs until they reach adulthood.

In most local authorities, some form of initial family and friends care assessment is used to determine which members of a child's family and friends network are a potentially realistic option to care for that child and should therefore be subject to a full assessment as a potential carer. This initial assessment is not to determine whether an individual is 'viable' but whether it is a potentially 'viable' placement for a specific child. These are commonly called 'viability assessments' and for ease we use this terms throughout the rest of the document.

In practice, this means social workers may be required to undertake viability assessments with several family members and often to tight deadlines.

However, there are no national regulations, minimum standards or guidance covering viability assessments. This has led to local authorities and individual practitioners taking different approaches to how a viability assessment is conducted and presented.

To fill this gap, Family Rights Group convened an expert working group to develop this practice guide, with support from the Department for Education, Cafcass, the Association of Directors of Children's Services and the Family Justice Council.

The guide aims to provide social workers with a clear framework for undertaking preliminary assessments of family and friends. Ultimately, it will be for the judge to decide which option for permanence is the right one for the child but this guide will enable practitioners to demonstrate with confidence to a child, family members, professionals and the judiciary that potentially viable options for a child to be raised within their family network have been fully and fairly explored. The guidance is underpinned by research and examples from practice. These are detailed in Appendix A.

¹ See Appendix A

1.2 Why undertake a viability assessment?

The Public Law Outline² and case law³ have clarified that all realistic options for a child should be fully explored, including members of a child's wider family and friends network. As stated above, a 'viability' assessment is a means by which practitioners, for or on behalf of the local authority, can determine whether family and friends are potentially a realistic option to care for the child until they reach adulthood. Case law clarifies that not 'every stone has to be uncovered and the ground exhaustively examined before coming to a conclusion that a particular option is not realistic'.⁴

A viability assessment does not determine who a child will live with, nor does it recommend which legal order should be used. (The *immediate* placement of a child with a family or friend would require that person to be assessed and temporarily approved as a foster carer under Regulation 24.⁵) Its purpose is to recommend to the court which members of the child's family and kinship network should be *further* assessed as potential carers for the child. However, information gathered during the viability assessment may contribute to permanency planning for the child.

The remainder of this guide covers:

- The underpinning principles of a viability assessment
- Best practice in processes and procedures, including identifying who to assess, when and how
- Factors to consider when undertaking a viability assessment
- Undertaking international viability assessments
- Forming a conclusion and next steps.

Appendices include:

- A schedule and example template for presenting viability assessment information to the court and/or to those making decisions regarding the care plan for the child
- Information for families
- Sources of further information and support
- Research evidence.

² The Public Law Outline sets out the protocol for managing the legal processes involved where the local authority is considering care proceedings

³ Re R (A Child) [2014] EWCA Civ 1625

⁴ Re R (A Child) [2014] EWCA Civ 1625

⁵ Regulation 24 of the Care Planning, Placement and Case Review (England) Regulations 2010 (as amended)

Definitions

Children's services:

The department of the council (ie, local authority) that is responsible for children, previously called social services. In some areas children's services functions may be carried out by an independent non-profit organisation or trust.

Family and friends carer (also known as a kinship carer):

A family and friends carer is a relative or other linked person (such as a friend or neighbour) who is looking after a child who cannot live with his or her parents.

Connected person:

This is a legal term which refers to a family or friends carer for a child who is in the care of the local authority (known as a looked after child).

Viability assessment:

A preliminary assessment of a relative, friend or other linked person to a child who may be unable to live with his or her parents, to determine whether that person is a realistic option to care for the child and should undergo a full assessment.

2. Principles and best practice

This section considers the principles that underpin a viability assessment. It also discusses best practice in processes and procedures, including identifying who to assess, when and how, and how to present a viability assessment report.

2.1 The principles underpinning a viability assessment

Simmonds⁶ suggests that all assessments need to:

- be conducted in a spirit of enquiry
- be conducted in a spirit of partnership
- remain focused on the child and their needs and development
- be evidence-based, and include analysis of the evidence.

It is important that social workers approach the viability assessment in a spirit of openness rather than from a position of preconceived value judgements about the family network. When undertaking a viability assessment, it is recommended that the child's social worker should work alongside a social worker from the fostering or kinship service. This allows for a combination of the knowledge and understanding of the child (including their needs, wishes and feelings) that the child's social worker will bring, and the expertise and specialist practice of the fostering or kinship social worker (see also Section 3k). This model can provide better information to carers and a more rounded assessment of the ability of carers to meet the child's needs in both the short and long term.

a) Conducted in a spirit of enquiry

Viability assessments to inform family court decision-making are initiated because a child's parents may be unable to meet their child's needs safely and adequately. The decision to seek alternative carers for a child will be informed by assessments of parenting capacity and issues that impact on the child's safety, wellbeing and development. In many cases parents will be challenged by complex problems of substance misuse, domestic violence and mental ill health. Social workers conducting viability assessments must consider any current or historical concerns about extended family members in relation to these or other issues that impact on parenting capacity.

b) Conducted in a spirit of partnership

Viability assessments have to be completed in a timely fashion. Nevertheless, it is important to remember that they often take place at a time of emotional turmoil for members of the child's family and friends network, who may only recently have become aware of the issues the child faces and/or be struggling to come to terms with what has happened. The nature of the decision involved – ie, whether a child can remain within their family and friends network – places social workers in a position of power in relation to those being assessed, and social workers should be sensitive to this.

⁶ Simmonds J (2011) *The Role of Special Guardianship: Best practice in permanency planning for children*. London: BAAF, p29.

In order to ensure that viability assessments are conducted in a spirit of partnership, social workers will need to:

- Demonstrate to the family (in their approach to the assessment) that they view placement within the wider family or kinship network as a potential positive outcome for the child;
- Be sensitive to the feelings of family members;
- Be aware that the issues for wider family or kinship network carers are not the same as those for strangers being assessed to foster or adopt;
- Carefully explain the assessment and any court process to family members. This should include easy-to-digest information about the options before the court for the child's future.

In particular, practitioners should explain:

- i. the differences between fostering, special guardianship and child arrangements orders
 - ii. the implications in respect of any further assessments and support required, thereby enabling the family to make a more informed decision about the options
 - iii. that the process is a complex one and social workers may well have to go over information more than once.
- Support this explanation with the provision of written information about assessment and court processes (such as the leaflet at Appendix D) and inform families about sources of independent legal advice, including Family Rights Group's free advice line and website and other sources of independent support (see Appendix E);
 - Whilst respecting confidentiality, inform family members about why a viability assessment is being conducted and give them the information that will help them understand the child's needs; just because someone is part of the family network, it should not be assumed they have all the relevant information;
 - Consider and inform family members of the support that the local authority could provide to enable them to care for the child.

c) Remain focused on the child and their needs and development

The purpose of a viability assessment is to determine whether or not a family and friends network member may, subject to further assessment, be able to meet the needs of a child, potentially for the duration of their childhood. Many children will have quite specific developmental needs and these should be carefully explained to a potential carer at the beginning of the viability assessment. Whether the potential carer can meet the day-to-day basic care needs of any child should be explored, as well as their ability to meet the particular child's specific needs and their wishes and feelings.

The following headings offer a useful way of summarising the needs that the social worker should explore.

- **Physical needs**, including any medical or health needs the child has, how these are managed and what level of input it is anticipated will be needed from the carer. The potential carer should be able to meet all day-to-day health and medical needs, including dentist, opticians and health check-ups, and be able to provide routine, a healthy diet and age-appropriate care. Consideration should be given to the lifestyle and activities of the child and how the carer can meet these needs, including what clubs and activities the child undertakes and how the carer will encourage gifts and talents.

- **Educational needs**, including whether the child has any specific schooling needs and whether they would need to change schools and how this would be managed, as well as whether the child has any learning or behavioural needs and is subject to an Education, Health and Care Plan (EHCP).
- **Emotional and behavioural needs**, including any behaviour that may cause disruption and destabilise the household, any therapeutic needs and how they should be met. It will also be important to explore the carer's understanding of managing transition and difficulties in attachment.
- **Identity needs**, including how the child will understand their journey and story, their cultural, religious and linguistic needs, their gender identity and sexuality, and how the child will be understood in the family system.

A viability assessment should consider both the current and the anticipated future needs of the child. The key question is: 'Could the family member being assessed, with the provision of appropriate support, be able to provide for this child's needs?'

d) Evidence-based, and include analysis of the evidence

A viability assessment should contain enough detail to evidence that there is a need for a full assessment, or that this person is not a realistic option for the child. Each issue should be considered in relation to the current and likely future needs of the specific child. Where there is evidence that a child's needs would not be met or they may suffer further harm if placed, a viability assessment can conclude without exploring all other areas. Where information raises concerns but is insufficient to rule someone out, the assessor may return to discuss further as part of the viability, or alternatively flag this as a line of enquiry during any further assessment. Further assessment is always required before a decision to make a placement is made.

The viability assessment should set out clearly:

- the information gathered by the social worker in relation to the child's current and anticipated future needs
- the ability of the family member or friend being assessed to meet these needs (with appropriate support)
- the social worker's analysis of this evidence, which underpins the recommendation they have reached.

(See also 2:2d below on how to present a viability assessment).

e) A legally sound viability assessment

Not all local authorities have a viability assessment process in place and there is no law that requires a local authority to adopt such a process, but it is common practice for local authorities to rule out non-viable placements at an early stage following a preliminary assessment.

However, viability assessments can be challenged in court if they are not properly conducted, so a fifth underlying principle is that viability assessments must be conducted in such a way that they can be legally upheld. If the legality of a negative assessment is successfully challenged in court, the assessment will need to be redone either by the local authority or an Independent Social Worker. This costs time and money and, ultimately, can cause significant delay to the proceedings and affect the outcome for the child.

The Supreme Court and Court of Appeal have commented on the proper consideration of different possible placements for children in recent years. At the time of writing, the key cases to know and understand are: Re B (A Child) [2013] UKSC 33, Re B-S (Children) [2013] EWCA Civ 1146, Re R (A Child) [2014] EWCA Civ 1625, and Re S (A Child) [2015] EWCA Civ 325.

Together, these four cases outline the legal standard for ruling out potential carers:

- Orders contemplating non-consensual adoption are a 'last resort', 'only to be made where nothing else will do'.
- The court can only conclude that 'nothing else will do' if it has considered all of the options that are realistically possible.
- Consideration of these options requires an analysis of the arguments for and against each option.
- In order for a court to decide that an option is not realistically possible, the court must 'be in a position of some confidence and clarity that the option is plainly not one that would have any real prospect of being chosen if a full welfare evaluation of all the pros and cons were undertaken'.⁷

On occasions where there are a number of potential carers who may be able to care for the child, it may be necessary to use viability assessments to help decide which is the most suitable option or options to pursue to full assessment.

In summary, not *all* options need to be fully assessed, but all *realistic* options for the care of the child must be and viability assessments serve to identify which are the realistic options. Viability assessments that rule out a potential carer must evidence that this option is clearly and plainly unrealistic, and one that the court can and should confidently dismiss.

⁷ Re S (A Child) [2015] EWCA Civ 325

2.2 Identifying who to assess, when and how, and presenting the information: Best practice in process and procedures

Statutory guidance⁸ sets out helpful directions as a starting point for undertaking the best possible procedures to ensure realistic potential placements are considered properly.

Where there are child protection concerns it is important to:

- **Identify and involve the wider family as early as possible:** family members can play a key role in supporting the child and helping parents address identified problems. If these problems escalate, local authorities should then seek to place children with suitable wider family members where it is safe to do so.
- **Enable wider family members to contribute to decision-making,** including deciding when the child cannot remain safely with their parents.

a) Identifying who to assess

Where a child cannot live with their parents, it is the duty of local authorities to work in partnership with parents and relatives to identify whether there is anyone within the child's network of family and friends who can provide the child with safe and appropriate care.

Parents may suggest potential alternative carers and some family members may come forward themselves once they become aware there is a possibility that the child may not be able to remain in the parents' care. In some cases local authorities may be faced with a large number of potential carers. In these situations, it is helpful to ask the parents and family and kinship network to identify a smaller number of carers who they feel would be most appropriate to be assessed to care for the child.

Family group conferences are not a legal requirement; however, they are recognised as a valuable process for involving the family early so that the family can provide support to enable the child to remain at home or begin the process of identifying alternative permanence options. This also allows the family to contingency plan without feeling that they are undermining the parents and to prioritise who should be assessed as an alternative carer. The use of family group conferences is promoted in the Court Orders and Pre-proceedings statutory guidance (2014).⁹ Further information on family group conferences can be found at Appendix B.

⁸ Court Orders and Pre-proceedings for Local Authorities (2014), Department for Education. www.gov.uk/government/publications/children-act-1989-court-orders--2

⁹ Court Orders and Pre-proceedings for Local Authorities (2014), Department for Education.

b) When to assess

Engaging wider family as early as possible opens the possibility for a family placement if such an arrangement is required. The 26-week timescale for care proceedings¹⁰ sets out an expectation that family and friends care options will have been considered pre-proceedings (Court and Pre-proceedings statutory guidance, 2014). The pressures of the 26-week timescale will be considerably reduced if potential carers have been identified at an earlier stage.

The Court and Pre-proceedings statutory guidance also highlights the importance of enabling wider family members to contribute to decision-making where there are child protection or welfare concerns, and this is an important part of pre-proceedings planning (para 2.24).

Sometimes an urgent need for protective action to safeguard the child does not allow for the involvement of the child's wider family and friends network before proceedings; in such cases, the wider family should be involved as soon as possible. In these situations, assessments of alternative placements will need to take place within the timescales and framework of these legal proceedings. The court will need to be advised whether there is anyone within that network who should be assessed as potential carers for the child, and the court may choose to set a date by which those people should put themselves forward for preliminary assessment.

c) How to assess

Timing

Viability assessments are usually based on at least one home visit to the potential carer with a follow-up discussion. However, there may be times when this is not sufficient and further visits are required.

For potential carers, agreeing to care for a child who is not their own is a significant and life-changing decision. Although family and friends will often take that decision without hesitation and with clear and sincere commitment and motivation, those potential carers should be encouraged (once the initial discussions and assessment are completed) to take time to consider the implications of this decision for themselves and their own family before a final decision/agreement to proceed is taken.

Inform

As discussed in 2:1(b) above, **a viability assessment should be conducted in a spirit of partnership with the child's family and it is important that anyone who puts them self forward as a potential carer is given as much information as possible about:**

- the reason for children's services involvement;
- the specific needs of the child;
- the purpose of the viability assessment and what the process entails;
- the next steps if the viability is positive or negative;
- the legal process and possible orders that the court may make;
- the support that may be available to them.

¹⁰ Section 32 Children Act 1989 (as amended)

Engage

If a number of family members are identified as potential carers, either through a family group conference or other family-engagement activity, it will be helpful to ask the family to prioritise the order of who is assessed. This enables viability assessments to be undertaken in a more planned and open way.

As with all social work assessments, assessing viability should take a strengths-based, analytical and evidence-informed approach to identifying strengths, assets and vulnerabilities. Since a viability assessment is usually completed within one or two visits and since it may identify factors which could preclude a family member from caring for the child, it is important that the person undertaking the assessment is honest and clear in explaining the purpose and process of assessment (ie, to explore the individual's background, relationships and current circumstances, and to discuss any factors that might preclude them from caring for the child).

Willingness on the part of the assessor to acknowledge positive areas, and to consider opportunities for change (with or without support), conveys a sense of fairness and genuine partnership.

The assessment report should set out the social worker's analysis and the evidence that underpins their professional recommendation. A draft report should be shared with the potential carer who should be given sufficient time to review and digest the assessment and be invited to correct any factually incorrect information and add their comments.

The report may be used by the local authority to inform permanency planning for the child and may be submitted to court within care proceedings. The potential carer must be made aware that, should this happen, information within the report will be shared with all parties.

d) Presenting the information

There is no statutory format for a viability report (although a suggested format is set out at Appendix C).

Whatever format is used, viability assessments should be presented in a consistent manner and should include the potential carer's:

- Details and members of their household including:
 - > Names
 - > Ages
 - > Relationship to the child/children
 - > Citizenship/immigration status
 - > Health (mental and physical)
 - > Criminal warnings, cautions, convictions
- Working patterns (see in particular Section 3e)
- Finances (see Sections 3f and 3e)
- Ability to provide childcare and/or what support from the local authority would be required (see Sections 3c, 3d, 3e, 3g, 3h, 3i and 3m)
- Relationship with the child's parents (see in particular Section 3l)
- Relationship to the child or children (see in particular Section 3k)

- Knowledge of the child's specific needs (see in particular 3b)
- Motivation (see Section 3a)
- Parenting/caring experience/capacity (see in particular Section 3i, and 3m)
- Knowledge of why the child is known to children's services (see in particular Section 3b)
- Understanding of the local authority's concerns, and insight into the impact of this on the child (see in particular Section 3b, and 3n)
- Understanding of and ability to safeguard and protect the child from harm in the future (see Sections 3b, 3i and 3j)
- Attitude to and ability to manage contact with parents, both now and in the future (see in particular Section 3l, and 3k)
- Own previous or current involvement with children's services and ability to manage the identified risks parent(s) pose to the child (see in particular Sections 3i and 3l).

Each of the factors listed above is discussed in Section 3 (indications of the most relevant sections are given above). Every viability assessment report should also conclude with a recommendation as to whether further assessment should take place. (See also 2:1e above on ensuring viability assessments are legally sound).

3. Factors to consider while undertaking a viability assessment

This section discusses the wide range of factors that the assessing social worker should consider when undertaking a viability assessment.

a) Motivation

Some potential carers may come forward themselves while others may be suggested (with or without their knowledge) by a child's mother or father in response to a request by social workers. This may be shortly after concerns have been identified by family or professionals, or later in the process when the likelihood that the child will go into foster care or be adopted has become clearer. In considering suitability for assessment, it is essential to establish the potential carer's motivation in coming forward or their willingness to be assessed as suggested by other family members.

The potential carer may need some time to reflect on the enormity of what they are being asked to undertake. The assessor should explore whether the potential carer has a realistic understanding of the child's needs until adulthood and to what they are committing. Motivation that results from family pressure will need exploration, whilst motivation that results from a genuine and meaningful relationship with the child will be more straightforward. It would be unusual to decide someone is unsuitable simply on the basis of their motivation, however; if a potential carer is not genuinely committed to taking on the role, the likelihood is that they will withdraw voluntarily once they appreciate the demands involved.

b) Understanding of the child's and family's needs

The success of a kinship placement depends on the carer having a good understanding of the child's specific needs, both now and into the future, as well as the wider family dynamics. So in any viability assessment it is important to establish the potential carer's understanding of the reasons why the child needs alternative care, the family circumstances that have led to intervention, any harm that the child may have suffered or is likely to suffer in future, and the impact of this on the child's current and future development needs.

Even if the potential carer knows the child well, social workers should not assume that the potential carer has all the information they need. Whilst confidentiality must be respected, the potential carer should be given as much information as possible and allowed the time to absorb it. The potential carer may also have greater insight into or knowledge about the child than the social worker; this should be acknowledged and respected.

Where a potential carer has poor understanding of the child's needs and family situation, and seems unable to develop this despite professional input, an assessor would be justified in being concerned about their suitability.

c) Age of carer

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.

There is no minimum or maximum age for fostering, although special guardians and adopters must be over 18 years old. In general, unrelated foster carers are at least 18 and usually older, and many will start to consider ending their 'caring career' at the usual retirement age. In kinship care, however, a large proportion of carers are grandparents, aunts, uncles or siblings to the child they are looking after and may be older or younger than most unrelated carers.

Every case needs to be considered on an individual basis and any assessment should take into account the existing relationship with the child and the child's needs. Where the carer is older, the assessor should consider the carer's current and likely future health, the likelihood of them caring for the child through to adulthood or independence, the support network available to the carer, and any arrangements they may be able to put in place should they become unable to continue as the main carer for the child.

If the potential carer is an older sibling, cousin or other friend or relative, there may be issues about them being relatively young and/or 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 'adult' and authority figure or as a member of their own peer group. The support network available to the carer will affect the degree to which they will be able to combine pursuing their own life goals alongside taking on caring responsibilities, as will what support framework the local authority can put in place for the placement to be a success.

d) Accommodation

The carer's 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. However, the potential carer will often have had no time to plan for what is happening and their accommodation may not be appropriate for additional children. In these circumstances, the social worker undertaking the viability assessment should explore the willingness of the family member to move to alternative accommodation to meet the needs of the child.

The social worker should inform the family member about what support may be available to help them resolve any problems with accommodation. This may include house swaps, prioritisation for alternative housing and assistance with deposits, or help with altering the current home. Some local authorities have protocols between children's services and housing departments that recognise the needs of kinship carers. The Department for Education's statutory guidance on family and friends care states:

*'Housing authorities and registered social landlords should be engaged to ensure that their policies recognise the importance of the role performed by family and friends carers, and that whenever possible family and friends carers living in social housing are given appropriate priority to move to more suitable accommodation if this will prevent the need for a child to become looked after.'*¹¹

All households should be expected to be safe and functional and a viability assessment will need to consider what is required to achieve that. Children living with family and friends foster carers have the same rights to privacy and suitable sleeping accommodation as other looked after children, but these should be seen as part of the total assessment of suitability, to be balanced against other factors.

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.

Subject to an appropriate risk assessment, it can be acceptable for children to share bedrooms with other children and, although not ideal, for children to sleep in the same room as adult relatives, depending on factors such as the age of the child, their relationship with the carer, the wishes and feelings of all parties, and a full risk assessment.

¹¹ Family and Friends Care: Statutory Guidance for Local Authorities (2011), para 4.24
www.gov.uk/government/uploads/system/uploads/attachment_data/file/288483/family-and-friends-care.pdf

e) Employment status of carer

During a viability assessment, any potential concerns about the availability of the carer to meet the needs of the child due to work commitments should be considered. Taking into account the age and needs of the child, it may be that any concerns can be addressed by the availability of other supportive networks or the provision of appropriate childcare/financial support.

Kinship carers should be willing to consider their current working arrangements and how these arrangements impact on any child they are caring for or hope to care for. However, assessors should not pressurise potential carers to give up jobs in order to be assessed as suitable. Children can benefit from growing up in families with good role models in relation to work and who are able to provide for them financially.

Where a child's needs may require a carer to change their working arrangements, local authorities should consider providing support in the form of appropriate childcare if this is in the best interest of the child, or financial support to carers if the only option is to give up employment in order to care for specific children, either in the short or longer term.

f) Finances

The assessor should consider with the potential carer the financial implications of the child living with them, both in the short and longer term. While any preliminary concerns about finances, such as unmanageable debt, should be considered at the viability stage, the carer also needs to be aware that a full financial assessment will take place should the local authority progress beyond the viability assessment stage.

The assessor should provide the potential carer with information about independent sources of advice on welfare benefits and about what financial assistance, including childcare support, may be available at local and national level (depending on the child's needs and legal order). Information should also be provided on access to potential financial assistance with legal representation.

g) Health of carer

During the viability assessment it is important to consider whether a potential carer has any health problems that might mean they would be unable to meet the child's needs, even with appropriate support, either now or in the future.

In the first instance, the assessor should ask the potential carer to share any information about their physical and mental health, and whether they consider themselves to have a disability. 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 during the viability assessment.

There will often not be enough time to obtain formal health reports (this will be a requirement if further assessment under fostering or special guardianship regulations is undertaken). However, with the potential carer's consent, it may be possible to ask a health professional to provide information or prognosis regarding the carer's health that will aid the viability assessment. This may include the impact or side effects of any medication that the carer is taking. The assessor should also be alert to possible misuse of medication.

Each case needs to be considered in relation to the best interest of the child. Some kinship carers suffer from ill health or a disability that may prohibit them from passing a foster care assessment for an unrelated child but may still be able to care for the particular child in question. The assessment should 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.

h) Lifestyle of carer and household members

A detailed understanding of the carer's lifestyle and those of other members of their household is unlikely to be obtained within the one or two visits that are normally undertaken for a viability assessment. However, it is important to consider any obvious issues that will impact directly on their suitability to care for the child.

The assessor will need to bear in mind that the carer's current lifestyle may not immediately be well matched to caring for a child – for example, if they have not had childcare responsibilities prior to being assessed. However, a viability assessment should not make value judgements on past or current choices that are incompatible with the potential caring role; rather, it should focus on what changes the carer has made, or is willing and able to make, in order to create and sustain a suitable environment for the child moving forward.

Lifestyle in the context of kinship care may include a wide range of issues: retirement plans for older carers, study or career plans for younger carers, caring responsibilities for other children or adults in the family and wider network, leisure interests, personal relationships, and family and friendship networks.

As part of considering the potential carer's lifestyle choices, a viability assessment should pick up on any issues in relation to the following that would impact on the care of the child:

- Smoking and electronic cigarettes

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. However, if potential carers or others in the household are smokers, or users of e-cigarettes, this should not automatically rule them out.

Both CoramBAAF and The Fostering Network have developed practice guidance in relation to foster care and tobacco smoking and the use of electronic cigarettes. The joint briefing from The Fostering Network and ASH on tobacco smoking¹² specifically addresses the importance of focusing on the individual needs of the child:

'Local authorities must protect children from second-hand smoke and the impact of smoking on a child's behaviour, while doing their best to ensure that no child in need goes without a home. Balancing the risk of exposure against the benefits of good and appropriate care is challenging, but by focusing on the child's individual needs, the right decisions can be made.'

The viability assessment should briefly 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 years old and those who are especially vulnerable to the effects of smoking as a result of disability or a health-related condition.

¹² ASH and The Fostering Network (2016) 'Foster care, adoption and smoking'. Available at: <http://ash.org.uk/information-and-resources/secondhand-smoke/foster-care-adoption-and-smoking>

- **Alcohol**

Alcohol is a legal substance that is the subject of government guidelines around its impact on health. Whilst detailed advice is periodically updated, 'moderate' alcohol intake is widely considered acceptable in society, except in certain cultural and religious contexts.

The assessor should explore the potential 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. In such circumstances, the assessor may make observations during the home visit or be given information from others that will form part of their discussion with the potential carer. Concerns may need to be explored further in any follow-up assessment. 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. In such situations, it is necessary to evidence that the carer's alcohol use will have a negative impact on the child's welfare and development.

- **Substance misuse**

Viability assessments should 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 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. In terms of a viability assessment, it is necessary to look at how parenting capacity in the short and longer term might be affected, including the choices that the adult is willing and able to make and the impact this will have on the child.

i) Experience of parenting and significant other relationships

A viability assessment should consider the potential carer's own experience of parenting and of being parented as this can highlight issues regarding their current and future parenting capacity.

Potential carers may have experienced difficulties in their own childhood and/or have had problems parenting their own children. Where carers are members of the child's extended family, they may have contributed to, or been affected by, the issues that have led to the child needing alternative care. Consideration should be given to whether they may have been involved with children's services, either as a child in care and/or had children voluntarily accommodated or removed by the courts, or experienced domestic violence or other forms of abuse.

Where there are serious concerns about the potential carer's current parenting of their own children, the social worker will need to consider the impact of placing any additional child in that situation. Even where the child would not be considered to be directly at risk, the inevitable additional responsibilities and pressures are likely to exacerbate any existing concerns.

Significant historic concerns, such as incidents of child sexual abuse need to be taken extremely seriously by the assessing social worker. Questions in relation to this could result in distress, especially if the potential carer had themselves been a victim of child sexual abuse.

Although past parenting is important, it is equally important that excessive weight is not given to this in comparison to what may have happened since. People change, and parenting takes place in the context of many other factors. The potential carer's views and reflections on their past experiences will help to indicate whether previous difficulties are likely to persist in the future. Factors such as poverty, domestic violence, offending and immaturity may have impacted on earlier parenting, but they may be less relevant (or irrelevant) now and in the future.

In addition to the potential carer's relationship with their own parents and children, the assessor will need to consider the carer's relationships with partners and members of the household in respect of any issues that might affect their capacity to provide safe and positive care to the child – for example, incidents of domestic abuse.

j) Criminal convictions

The need to safeguard children is a priority. The assessor should ask the carer to share any history of criminal offences (cautions and convictions) so that the significance of these can be assessed. It is good practice to check the information provided by seeking consent to request information held on the police national computer (a PNC check). Where the PNC check is returned with offences recorded, the assessor should discuss this with the carer. An understanding of the timing, nature and context of an offence will be crucial to assess its significance in relation to the carer's suitability to care for a child now and in the future.

Where there are other adults living in the household, information about their criminal history should be sought along with consent to obtain confirmation from a PNC check. The social worker should explain that these are part of the checks that the agency must undertake on all adults within the household to ensure that no one poses a known risk of harm to the child. The assessor should also explain that if the viability assessment determines that the family member should go forward for further assessment, then they and all household members (possibly others who do not live at the address but play a significant role in caring for the child) aged over 18 years will need to have enhanced DBS (Disclosure and Barring Service) checks.

There may be circumstances when an offence or history of offences that would prohibit someone from becoming a foster carer for unrelated children, may not exclude a relative from taking on a child as a kinship carer, under a different legal framework if necessary. Decisions in this regard will need to be based on a good quality risk assessment that considers all of the relevant factors and considers what is best in the individual circumstances of the child.

k) Relationship with the child

Consideration of the nature and quality of relationships between the potential carer, members of their household and the child is central to any viability assessment: they may have a pre-existing and close relationship, or they may not know each other well or indeed at all.

The viability assessment should enable the potential carer to discuss the strengths of their relationship with the child and other family members, including the bonds that already exist between potential carer and child. The benefits of kinship placements are often based on continuity of care, the continuation of a close relationship, or the security that comes from growing up in a family network where relationships can be developed.

Relationships in which difficulties or tensions have arisen should be carefully explored, including consideration of the context and reasons underlying any difficulties.

A relationship based on family ties in which the carer and the child do not know one another on a personal level should be explored for the potential to provide for the child's needs, including helping them shape their identity. The assessor will need to keep in mind the impact of any geographical move on the child's welfare, education, leisure and friendship networks. A viability assessment may suggest the child's future contact plan provides the opportunity, either face-to-face or indirectly, to nurture a relationship during the period of any further assessment.

In all cases, it is important for the assessor to consider the child's perspective on the relationship and their wishes and feelings about the possible placement, taking into account their age and understanding. One of the important benefits of the kinship team undertaking a viability assessment jointly with the child's social worker is to ensure crucial information about the child is taken into account. If the child is not spoken to directly during the assessment, their wishes and feelings should be gleaned from the child's social worker as well as other professional sources, including the Independent Reviewing Officer (IRO).

It is important to discuss with the potential carer that, no matter how positive the carer and child's relationship, they will have to negotiate a changed relationship if the carer takes on the parenting role. This enables the carer to begin to think through the implications of this in readiness for further assessment.

l) Family dynamics and contact

It is often the case that kinship care will help a child to develop a positive sense of identity. This is likely to include contact with parents and siblings (unless contact would expose the child to on-going risk of harm). The child's wishes and feelings should be taken in account, especially given their age and understanding. A viability assessment should identify the carer's attitude to other members of the child's family and assess their ability to promote and manage contact safely (whether face to face or indirect) and what assistance they may require.

Kinship carers will need to be able to manage any personal feelings of disapproval or anger about the child's parents, and protect the child from this. It is understandable that a potential carer may have reservations about or be upset with the child's parents, particularly if news about the child's situation has come as a shock. However, the potential carer will need to be able to respect the child's relationship with their parent(s), allow them to enjoy a positive but realistic view of their parent(s) and avoid the child developing divided loyalties. At the same time, the carer will need to prioritise the safety of the child and comply with any safeguarding requirements that are formally stipulated by the local authority or the courts. This can be complex and some discussion should take place as to how the potential carer can be supported to achieve this.

m) Impact on other household members

Caring for someone else's child, whether a member of the extended family or not, has implications not only for the carer themselves but also the other members of their household and extended family. A child moving in will change the dynamics within any household and will affect any personal relationships the carer may have.

Family and friends carers include grandparents, aunts, uncles or even siblings of the child. As carers, they are likely to need emotional and/or practical support from household or extended family members and friends in order to care for and safeguard the child. The social worker will need to consider the implications of the child coming to live with those already living in the household and other close members of the carer's network.

Other members of the potential carer's household are also likely to need help in thinking through the impact of the proposed placement on their own relationships and lifestyle. They may also need support to understand the child's situation and to understand the motivation and aspirations of the potential carer in offering to care for the child.

The impact on everyone affected should be considered and their views taken into account within the viability assessment.

Although it will often not be possible to go into these issues in great depth during a viability assessment, an initial exploration of these issues should indicate whether there are any obvious issues or difficulties that will prevent the child living safely and happily as a member of the household. The views of household members will need to be more fully explored in any further assessment that is undertaken, however.

n) Working relationships with professionals

Potential carers need to be able to work with professionals, at least whilst the future care of the child is decided, and on an on-going basis if the child is looked after or special guardianship support is provided.

Sometimes, events may have led to tensions building up between social care staff and family members and communication may have become strained. Disagreements or differences of opinion during previous assessments and care planning processes that remain unresolved may have led to mutual mistrust and misunderstanding. An assessor who has had no previous involvement in this may be in a good position to develop their own relationship with the potential carer and place any previous difficulties into context.

The viability assessment process may feel particularly intrusive and challenging to carers who have little control over its nature and timing, so the assessor will need to be sensitive to their feelings. The viability assessment needs to reach an informed view on how able the potential carer is to work with professionals in the child's life moving forward and on how open, transparent and dependable they will be in their role of caring for the child.

o) Potential placement options

One option to be considered in a viability assessment is whether the carer should be fully assessed to become a family and friends foster carer, either for as long as the child needs the placement, or as an interim position before moving to special guardianship. Where the care plan for the child is that they are and/or will remain looked after, assessors will need to be sufficiently familiar with the fostering regulations to be able to explain to the potential carers what is required of foster carers. This is essential in enabling carers to consider whether they are willing and able to comply with those requirements.

In practice, tensions can arise when applying the requirements of foster care to family and friends carers who will often have come to fostering in a different context from those who have made a life decision to put themselves forward to foster children who they do not know. Many will have been approached to care for their relative and will see themselves as family members rather than foster carers. Requirements such as supervision, reviews, training and record keeping may seem intrusive and unhelpful. However, such requirements apply to family and friends carers in the same way as for unrelated foster carers (although there are some areas of specific consideration in the assessment of family and friends as foster carers; Standard 30 of the National Minimum Standards¹³ recognises the need for services that take account of the particular needs of family and friends foster carers).

The assessor should briefly explain these requirements to the potential carer, who may then:

- Decide they are not able or willing to comply with the requirements of being a foster carer in the longer term but may be able to do this sufficiently for a short period in anticipation of becoming special guardian
- Come to a better understanding of fostering (through the assessment process, in which they have developed a good relationship with the assessing social worker) and start to recognise the benefits of the support offered, such as supervision and training
- Decide to comply with the demands being made on them in order to be able to care for the child as a looked after child and access the financial and other support associated with foster care.

Except in the most extreme circumstances (ie, where they are being openly hostile and/or effectively refusing to engage meaningfully with the local authority) a potential carer should not, therefore, be ruled out at the viability stage because they will not meet fostering expectations. The capacity of the carer to meet the child's needs for the duration of the proposed placement, taking into account the wishes and feelings of the child, should be considered alongside any concerns about the carer's role as a foster carer to ensure the needs of the child is kept central to the process.

¹³ Fostering Services: National Minimum Standards (2013) Standard 30. Available at: www.gov.uk/government/publications/fostering-services-national-minimum-standards

4. Undertaking international viability assessments

This section discusses the practical steps that will need to be taken, and the factors considered, when a potential carer lives in another country.

Conducting a viability assessment when the potential carer is living abroad (or there is some other international element that must be considered) can be particularly challenging. Nevertheless, it is important that potential carers living abroad are afforded the same opportunity for assessment as in domestic assessments (although local authorities will inevitably have to take into account the resources practically available).

4.1 Timescales and other practicalities

Ascertaining information from other countries is time consuming and there are no statutory timescales that can be imposed on a foreign country or embassy. It is therefore essential that all international assessments are given priority as they may take much longer to complete and impact on the 26-week timescale in care proceedings.

Ideally, the assessor will visit the potential carer; in most cases this is unlikely to be practical, however. The local authority will therefore need to determine the most appropriate means of communicating with the potential carer. Video calls should be undertaken where possible, for example via Skype or FaceTime. (Telephone calls as a means of undertaking the assessment should be a last resort). When arranging calls, remember to take time differences into account. It may be difficult for a potential carer to provide thoughtful answers in the middle of the night or to speak openly if they are at work. Interpreters should always be used when English is not the potential carer's first language.

Another factor to bear in mind is that any need for on-going financial support for a potential carer living abroad may prove practically difficult unless they have a UK bank account. International money transfers take some time and involve administrative costs, so it is worth considering how this and any other barriers could be addressed early on.

4.2 International treaties and cooperation

It is important to establish whether the potential carer's country of residence is in contractual agreement with the UK through either:

- i. **The Hague Convention 1996**, which relates to the recognition and enforcement of court decisions between countries, as well as measures for the protection of children across borders. The status table to find out whether a country is a signatory to this agreement can be found here:
www.hcch.net/en/instruments/conventions/status-table/?cid=70
- ii. **The European Council Regulation** (otherwise known as **Brussels IIa**), which was drafted to be similar to the Hague Convention 1996 and applies to EU countries. This relates to jurisdiction between European countries regarding children, as well as the recognition and enforcement of court decisions and measures for the protection of children within the EU. (This will need to be subject to review in light of the UK's decision to leave the EU).

Where a country is a signatory to either one of these agreements, it means there are systems in place for requesting information, and to register and enforce any orders made in the UK. Although the agreements are similar, it is important to check whether both agreements apply because there are certain matters that are covered by one and not the other.

The assessor should ensure that as much information about the potential carer, local resources, and legal requirements for assessments and procedures for registering orders is requested as early as possible through the **International Child Abduction and Contact Unit (ICACU)**. The ICACU's application form and guidance to making an application can be found here: www.gov.uk/government/publications/international-child-abduction-and-contact-unit-application-form

Most countries have a **Central Authority** designated to facilitate the implementation and operation of international treaties and law. (In England and Wales, this is the ICACU). Central Authorities can provide necessary information to inform the assessment, such as whether the child can be relocated legally to that country, information about the potential carer and suggested wording for court orders to assist in placement of the child abroad. Even if the potential carer's country of residence is not covered by the Hague Convention 1996 or Brussels IIa, it is still important to contact the country's embassy or Central Authority for information about the potential carer and what they can do to assist with the assessment.

is also important to consider how police checks and health checks can be undertaken and how long these will take. The ICACU and Central Authority in the relevant country are likely to be able to provide information about this. It is also possible to request international police checks directly from the UK Central Authority for the Exchange of Criminal Records (UKCA-ECR).¹⁴

4.3 Factors to consider in international viability assessments

The factors discussed in Section 3 also apply when conducting an international viability assessment, but a number of additional factors will need to be taken into consideration when potential carers are living abroad. These include:

- The local child welfare system, including social work and other family support
- The financial and demographic profile of the local area (in order to contextualise a potential carer's financial circumstances against the cost of living) and what financial support is available locally
- The education and health resources available, whether these meet the specific current and future needs of the child and whether there is a cost
- The potential carer's legal and immigration status in their country of residence
- Any immigration issues that the child might face and whether they could be naturalised in the country to which they may move (as that could affect their long-term welfare)
- The political situation in the region and/or country and the potential effect on the child
- Whether there are any specific risks to a particular gender, sexuality, religion or ethnicity in the relevant region or country

¹⁴ Go to: www.acro.police.uk/ukca_ecr.aspx or contact +44 (0)1962 871 609 or UKCA@acro.pnn.police.uk

- Any potential risk to the social worker in travelling to the relevant country to undertake an assessment. (It is always necessary to consider whether a British registered social worker can undertake assessments there legally and safely, and/or whether there is an appropriate local resource that could be utilised. It is also important to consider whether there may be any specific risk (relating to the social worker's gender, religion, ethnicity, disability or sexuality, for example) or whether it may be necessary to find a specialist Independent Social Worker).

There may be logistical challenges relating to all of these considerations. For example, it may be that the child will experience a change in culture and environment, language and religious practice, as well as potential separation from his or her other family and current carers by a great distance (see also 4:4 below). The impact of these potential changes, coupled with the change in carers, should be considered along with the potential carer's ability to recognise the likely challenges ahead. It will be important to explore the potential carer's understanding of the impact that a move abroad may have on the child and how they will seek to mitigate that impact.

4.4 Contact

As part of this process, an important question to consider is the ability of the potential carer to promote contact from abroad with the child's family and connections in the UK, and to do so safely. Consideration should be given to any practical difficulties, particularly if long-distance travel is required – for example, financial constraints on travel and the ability of the child to travel alone, which will depend on their age and maturity.

Consideration will also need to be given to how the potential carer will manage contact with the child's parents if the child is moving away from the country where either parent resides. It will also be essential to consider the impact of separation from any sibling, should this be the case. However, it is important to keep in mind that there are a number of methods of contact including video calls, telephone calls, electronic messaging and correspondence by post.

The local authority should also consider what language and/or cultural/religious support could be provided to the child during the assessment process to prepare the child for transition, should the final assessment of the potential carer prove positive.

5. Forming a conclusion

Once all relevant factors have been addressed, it is the role of the assessor to consider all the information obtained during the viability assessment. They must analyse the positive and negative factors: the potential advantages to the child of being placed with this person from within their network and the positive aspects to their care, against any risks or vulnerabilities of the placement in promoting the safeguarding and wellbeing of the child both now and into the future. It is this process of analysis (see Section 2:1d) that will inform and evidence the recommendation reached as to whether or not this is a potentially 'realistic option' that should be assessed further.

A draft report should be shared with the potential carer who should also be invited to correct any factually incorrect information and add their comments. A final copy of the report should always be shared with the potential carer.

Family members may choose to withdraw from the assessment either before or after it is completed. It is good practice for them to be asked to provide written confirmation if they wish to withdraw. The dynamics within families can be challenging, and some carers seek the support of social workers to explain to the child's parents and other family members that they cannot do what it is that others would like them to. Sometimes, the opposite is the case and carers need support from social workers to overcome initial resistance of other family members to them caring for the child.

The level of information gathered in a viability assessment can seem superficial in terms of social work assessment but it must be remembered that it is only a preliminary assessment.

Further assessment is always required before a decision to make a placement is made. If the recommendation of a viability assessment is that a family member should go forward for further assessment the report should identify the areas that should subsequently be explored in greater depth.

Appendix A: Research Evidence By Joan Hunt¹

Outcomes

UK evidence on the outcomes of kinship placements is still fairly limited. In particular there is no large scale, nationally representative, longitudinal study which tracks children from the start of the kinship arrangement through their childhood and ideally into adulthood. What we have is a patchwork of evidence, drawn from studies which have examined different groups of children² over different periods of time.

Nonetheless, the picture the different studies paint is both consistent and positive. Most children do surprisingly well, given the pre-placement adversities they have typically suffered (S1; S2; S3), which are equivalent to those in unrelated foster care (S1), and the majority make progress (S1). While in most respects they are not functioning as well as children in the general population (S3), welfare outcomes are as good, or better than for children in unrelated foster care (S1; S3). These findings are in line with international research. An analysis of 102 studies of foster care (S6) found that children in kinship care had lower levels of internalising and externalising problems than those in unrelated foster care and were twice as likely to report positive mental health. Interviews with children also give a positive picture, with most children in continuing placements saying they feel secure, settled, safe, happy, loved, and enjoy a good relationship with their carer/s (S1; S2; S3; S5; S7; S8).

In terms of placement stability, international evidence (S6) indicates that a kinship placement is a protective factor: children in unrelated foster care were almost twice as likely to experience disruption and well over twice as likely to have three or more placements. The UK evidence is less clear cut, with disruption rates varying across the studies (S1; S2; S4; S5). What we can say, however, with a reasonable degree of confidence, is that placements with kinship carers are no more likely to break down than those with unrelated carers and that because children have fewer planned moves, they provide a greater degree of stability.

The research evidence, both from the UK and internationally, thus fully supports a continuing drive to give children every realistic opportunity to remain in their wider family and social networks, unless this is clearly not in their best interests.

Risk and protective factors identified in UK research

Kinship care in itself, however, does not guarantee that a placement will last, or that it will meet a child's needs and promote their well being. There is some UK research on the factors which might help practitioners to assess the likelihood of success, although this is not as extensive as that on other forms of substitute care. Moreover, since all this research has, necessarily, been conducted on actual, rather than potential, placements it cannot take into account factors which may have been deemed, rightly or wrongly, to indicate a placement was not viable.

¹ In order not to clutter the text with repeated references, studies are identified as S1, S2, etc. Full details are given at the end of this appendix.

² Those in kinship foster care (S1); children placed through care proceedings (S2); informal arrangements (S3); special guardianship (S4; S5).

Child-related risk factors

- Being older at the outset: associated with increased risk of placement disruption (S1-5); poorer child outcomes (S2; S5), and poorer carer-child relationships (S2).
- Pre-existing emotional or behavioural difficulties: associated with poorer child well-being (S2; S5); less stable (S1; S2; S5) and poorer quality (S1) placements; and children being less well integrated into the kin family (S5).
- Pre-placement exposure to domestic violence: linked with behavioural difficulties in placement (S9).
- Placement changes: the risk of disruption increased with the number of previous placements (S4).

One study (S5) also found that being male was linked with poorer well-being, but others have not found this to be significantly linked with any outcome.

These factors echo the findings of research on adoption and fostering, indicating that such children are likely to be vulnerable wherever they are placed and they and their carers will need support.

Placement-related protective factors

- The strength of the existing bond between the child and the carer/s: associated with reduced risk of disruption after an SGO and with better outcomes in terms of child-well-being (S5).
- The arrangement having been reality tested: where an SGO was made where the child was already living with the carer, the risk of disruption was reduced (S5). Research on children placed with kin through care proceedings found that disruption rates were lower where the carer had previously provided substitute care for the child (S2).
- The parenting capacity of the prospective carer has been positively assessed. Parenting capacity as assessed during care proceedings was linked with parenting capacity as subsequently demonstrated and with the quality of the placement (S2).
- Carer commitment: linked to placement stability and placement quality (S1).
- Carer (rather than Children's Services) instigated placement: better child-carer relationships in placement (S2).
- The carer is a grandparent: lower disruption rates compared to aunts and uncles (S1; S2).
- Lone carer: fewer difficulties in child-carer relationship (S2).
- The carer felt well prepared: better outcomes for SGOs in terms of overall placement progress and the child's integration into the family (S5).
- No non-sibling children in the household: linked with placement quality (S2).
- Sibling placements were found to be more stable in one study (S1) but another (S2) found no association.
- Support available from immediate family: child better integrated into the family (S5).
- Contact supervised by carer/s or professionals: linked with placement stability (S1).
- Lower levels of maternal contact: better integration into the family (S5).

Birth parent related factors

UK research reports only one significant parental risk factor - parental drug misuse, which was linked with poorer placement quality (S1). There is also some international evidence that placements are more likely to disrupt where the mother has mental health problems (S10), a parent opposes the placement (S11) or the father is in prison (S10). This latter factor has also been linked to poorer child well being (S12).

It is vital to note that the factors identified above are only associated with a heightened or reduced risk of a poor outcome, they cannot reliably predict outcomes in a particular case. Professional judgement, based on a holistic, in-depth, assessment of the actual and potential strengths, vulnerabilities and risks of the proposed placement, will always be key.

Challenges for practitioners conducting assessments

Research highlights multiple challenges facing practitioners undertaking what is evidently a very complex task (S5; S13). These include:

- 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 where carers are still coming to terms with what has happened;
- assessing complex dynamics across the whole family system;
- helping carers achieve a realistic understanding of the potential challenges and impact;
- completing the assessment within short, and in care proceedings, increasingly truncated time-scales.

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 (S1; S2; S5; S14). To this end assessments, it has been argued, should be conducted collaboratively, in a spirit of enquiry, treating carers with respect and sensitivity, valuing their unique insights and knowledge, focusing on family strengths and, where there are perceived deficits, identifying what support might enable these to be addressed (S14; S15;S17). Assessment is thus not simply a matter of taking a snapshot picture of the potential carer's current ability to care for the child, but a dynamic process during which change may occur in the carer or the social worker's perspective on the carer, or both. Preparing the carer for what lies ahead and identifying the support which could help them care effectively need to be integral parts of the assessment process (S5).

Studies referenced in the text

- (S1) Farmer E and Moyers S (2008) *Kinship Care: Fostering Effective Family and Friends Placements*. London: Jessica Kingsley Publishers.
- (S2) Hunt J, Waterhouse S and Lutman E (2008) *Keeping them in the Family: Outcomes for children placed in kinship care through care proceedings*. London: British Association for Adoption and Fostering.
- (S3) Selwyn J, Farmer E, Meakings S, and Vaisey P (2013) *The Poor Relations? Children and Informal Kinship Carers Speak Out*. London: Buttle UK
- (S4) Selwyn J, Meakings S and Wijedasa D (2015) *Beyond the Adoption Order: Challenges, Interventions and Adoption Disruption*. London: Department for Education.
- (S5) Wade J, Sinclair I, Studdard J and Simmonds J (2014) *Investigating Special Guardianship: Experiences, Challenges and Outcomes*. London: Department for Education.
- (S6) Winokur, M., Holtan, A. Batchelder, K.E. (2014) *Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment: A Systematic Review* Campbell Systematic Reviews 2014:2
- (S7) Aldgate J and McIntosh M (2006) *Looking after the family: A study of children looked after in kinship care in Scotland*. Edinburgh: The Scottish Executive.
- (S8) Broad B (2001) *Kinship Care: Supporting children in placements with extended family and friends*. Adoption and Fostering, 25.
- (S9) Hunt J and Waterhouse S (2012) *Understanding family and friends care: the relationship between need, support and legal status. Carers' experiences*. London: Family Rights Group.
- (S10) Lopez, M., Del Valle, J., Montserrat, C. & Bravo, A. (2011) *Factors affecting Foster Care Breakdown in Spain*. The Spanish Journal of Psychology, Vol. 14 No. 1, 111-122.
- (S11) Del Valle, J., Lopez, M., Montserrat, C., Bravo, A. (2009). *Twenty Years of Foster Care in Spain: Profiles, patterns and outcomes*. Children and Youth Services Review, 31, 847–853.
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- (S13) Bowyer S, Wilkinson J and Gadsby Waters (2015) *Impact of the Family Justice Reforms. Phase Two: Special Guardianship Orders*. Dartington: Research in Practice.
- (S14) Doolan M, Nixon P and Lawrence P (2004) *Growing up in the Care of Relatives or Friends*. London: Family Rights Group.
- (S15) Hunt J (2009) *Family and friends care* in Schofield J and Simmonds J (eds) *The Child Protection Handbook. Research, Policy and Practice*. London: British Association for Adoption and Fostering.
- (S16) Pitcher D (2001) *Assessing Grandparent Carers: A framework* in Broad B (ed) *Kinship Care: the placement choice for children and young people*. Lyme Regis: Russell House Publishing.
- (S17) Simmonds J (2011) *The Role of Special Guardianship: Best Practice in Permanency Planning for Children*. London: British Association for Adoption and Fostering.

Appendix B: Family Group Conferences

Family Group Conferences

Family group conferences (FGCs) can be used in any situation where a plan and decision needs to be made about a vulnerable adult or child. An FGC is a process led by the family network. It is a voluntary process and families cannot be forced to have an FGC.

FGCs originated in New Zealand. They draw upon Maori culture and their development was a response to the large number of Maori children being removed into state institutions. FGCs are now used in over 20 countries. Three quarters of local authorities in England now offer or commission FGCs.

In the United Kingdom FGCs are mainly used in child welfare, particularly when a child is at risk of going into care, although some local areas are using the approach to prevent school exclusions, tackle anti-social behaviour, address youth offending.

FGCs are effective in making safe plans for children, enabling many to stay within their family network as an alternative to going into care and are cost effective.³

The Process

Stage 1: The referral

A referral is made to the local FGC service. Referral criteria differs in each local authority, often dependent upon funding priorities. In most areas it is the child's social worker who is most likely to make a referral, but it could be other professionals such as the child's teacher and in a few parts of the UK families can refer themselves.

Consent by a parent or other individual (e.g. a 16 year old young person or a kinship carer with a special guardianship order) or agency with parental responsibility is necessary for the referral to progress.

Following the referral, the local FGC service allocates a co-ordinator to the family. The co-ordinator must be independent e.g. they must have no other involvement in the case and nor should their manager.

The co-ordinator will not influence the family to make a particular decision but will help them to think about the decisions that need to be made. Families should be offered the opportunity to request a co-ordinator who suitably reflects their ethnicity, language or religion and the family's request should be accommodated wherever possible.

³ Marsh P (2013) Kent FGC financial analysis http://www.frg.org.uk/images/FGC_research/kent-fgc-outcomes-report.pdf; Pennell J et al (2010) Expedited FGC engagement and child permanency in Children and Youth Services Review, 32 (7), 1012-1019; Ashley C & Nixon P (ed) (2007) Family Group Conferences – where next? Policies and practices for the future, FRG

Stage 2: Preparation

The co-ordinator should meet with and organise the FGC in conjunction with the child/young person, parents with parental responsibility and/or the immediate carers, identifying who is in the family/extended network for the child. This may include friends, neighbours and other community members with whom the family has a strong relationship.

- The co-ordinator discusses with the child/young person how they can be helped to participate in the conference and whether they would like a supporter or advocate at the meeting. The supporter/advocate will then meet with the child/young person in preparation for the meeting.
- The co-ordinator meets with individual members of the family network, discusses worries or concerns, including how the FGC will be conducted, and encourages them to attend.
- The co-ordinator negotiates the date, time and venue for the conference, sends out invitations and makes the necessary practical arrangements.

Stage 3: The conference

The family group conference follows three distinct stages.

a) Information giving

This part of the FGC is chaired by the co-ordinator. They will make sure that everyone is introduced, that everyone present understands the purpose and process of the FGC and agrees how the meeting will be conducted. The service providers give information to the family about:

- the reason for the conference;
- information they hold about the child and the family that will assist the family to make the plan;
- information about resources and support they are able to provide;
- any child welfare concerns that will affect what can be agreed in the plan (e.g. that the child must not have contact with a particular person); and
- what action will be taken if the family cannot make a plan or the plan is not agreed.

The child/young person and family members may also provide information, ask for clarification or raise questions.

b) Private family time

The referrer, other local authority/agency staff and the co-ordinator are not present during this part of the FGC. The child and their family network have time to talk among themselves and come up with a plan that addresses concerns raised. They will identify resources and support which are required from agencies, as well as within the family network, to make the plan work.

c) Plan and agreement

When the family has made their plan, the referrer and the co-ordinator meet with the family network to discuss and agree the plan including resources.

It is the referrer's responsibility to agree the plan of action, unless it puts the child at risk of significant harm. Any reasons for not accepting the plan must be made clear immediately and the family should be given the opportunity to respond to the concerns and change or add to the plan.

Resources are discussed and agreed with the agency concerned and it is important that, at this point, timescales and names of those responsible for any tasks are clarified. Contingency plans, monitoring arrangements and how to review the plan also need to be agreed. The co-ordinator should distribute the plan to family members involved and to the social worker and other information givers/relevant professionals.

It is important to ensure that the children involved have a clear understanding of what is decided and that their views are understood.

Stage Four: Implementation of the plan

Everybody involved implements their parts of the plan within agreed timescales and any problems that arise are addressed.

Stage Five: Review of the plan

There should be a clear process for reviewing the implementation of the plan. A review FGC should be offered to the family so they can consider how the plan is working, and make adjustments or change the plan if necessary.

Family Group Conference Standards and Accreditation

Family Rights Group has led on the development of [family group conference standards](#), including family group conference principles, a toolkit for setting up FGC services and practice guides including one on FGCs and the courts. They have worked with the FGC Network to develop an [accreditation scheme for FGC services](#). Please see their [website](#) for more information.

Family Rights Group also runs an [extensive training and events programme](#) for family group conference co-ordinators and projects, and have pioneered an [accredited post graduate certificate for co-ordinators](#).

How can practitioners find out about their local family group conference?

The [FGC projects section](#) of Family Rights Group's website gives contact details of local family group conference projects. If your local authority does not have a FGC service and you think it would really help a child or family, then you could ask them to spot purchase an FGC.

What help is available to existing family group conference services or local authorities wanting to set up or develop a service?

Family Rights Group runs the [national Family Group Conference network](#), which offers regular opportunities for networking, expert workshops, newsletters, a [practitioner discussion board](#) and more.

Appendix C: Schedule for Viability Assessments

This schedule has been designed to assist social work practitioners with the practical task of completing a viability assessment.

This schedule should be read in conjunction with the appendices “Guide for professionals, parents and relatives” also within this guidance.

The following information should inform a viability assessment:

- Details of child/ren needing to be placed including basic details of the child’s needs;
- Details of potential carer and members of their household;
- Address and contact details of potential carer (to be redacted before circulation if necessary);
- Nationality/Immigration Status (please confirm proof of both) and Ethnic Origin;
- Religion (please state whether the family are practicing or non-practicing);
- Details of Criminal Convictions/Cautions/Warnings of potential carer and members of household;
NB/Any false or misleading information will be taken very seriously, and as part of a full kinship assessment any adult member of the household, potentially including teenagers over the age of 16 years, will be required to undergo full Enhanced DBS(police) checks.
- Health of potential carer and members of household relevant to their ability to care for the child:
 - short and long term health conditions
 - disabilities
 - mental health issues;
- Relationship status and relationship history:
 - Identify any potential risks and sources of support from current or previous partners;
- Occupation and hours of work;
- Accommodation suitability and sleeping arrangements for the child/ren requiring a placement;
- Health and Safety of the home and physical environment, including:
 - Regular visitors to the household
 - Pets
 - Smoking;
- Assessment of the potential carers’ motivation and ability to care for this specific child/these children:
 - What is the relationship between the child/ren and the potential carer. Is there an established relationship? How often do they see each other?
 - What do the potential carers know about the specific needs of the child/ren? How do they envisage that they will be able to meet this child’s specific needs?
 - What is the relationship like between the potential carer and the child’s parents/extended family members, both maternal and paternal? Will the potential carer require support in managing contact arrangements?
 - What is the potential carer’s motivation for caring for this specific child/ren?
 - What are the potential carer’s views, and the views of the other members of the household, about the impact that caring for the child will have on their life?
 - Does the potential carer have previous child care experience?

- What are the potential carer's financial circumstances- can they financially support the child/ren? Would they require financial assistance?
- What is the potential carer's understanding of the possible length of placement? Are they prepared to care for the child permanently, until they are 18 years old and beyond? Does the potential carer have any understanding about the different permanency options available (Long Term Fostering, Child Arrangement Order, Special Guardianship and Adoption)?
- Risk Assessment:
 - What is the potential carer's understanding of why this child is in the care of the Local Authority (or at risk of becoming looked after)? This information needs to be shared with the potential carer if they are not aware of this information.
 - What was the potential carer's response to this information? What was the potential carer's understanding of the presenting concerns of the Local Authority, and were they aware of these concerns prior to the Local Authority's involvement?
 - How do the potential carers intend to safeguard and meet the needs of the child/ren should they be placed in their care?
 - What support/services are required from the Local Authority to assist the potential carer to safeguard and meet the needs of the child/ren?
 - What is the assessor's assessment of the carer's ability to protect the child/ren from future risk of harm?
- Wishes, feelings and views of the child/ren in regards to these potential carers.
- Assessor's Recommendations:
 - what are the strengths of this potential carer/placement?
 - what are the limitations and identified areas requiring support of this potential carer/placement? With support and assistance are these limitations able to be overcome?

Appendix C: Example Template for Viability Assessments

This viability template has been designed to assist social work practitioners with the practical task of completing a viability assessment.

Details of child/ren needing to be placed

NAME	DOB	CURRENTLY PLACED WITH

Summary of each child's needs:

Potential Carer and household members

NAME	DOB	RELATIONSHIP TO SUBJECT CHILD/REN

Address and Contact Details of Potential Carer (Redact before Disclosure)

Address-line 1	
Address-line 2	
Address-Postcode	
Home Telephone No.	
Mobile No.	
Work Telephone No.	
Email address	

Nationality/Immigration Status (please confirm proof of both) and Ethnic Origin:

Religion (please state whether the family are practicing or non-practicing):

Criminal Convictions:

Does the potential carer/s or any member of their household have any criminal convictions/cautions/warning? Yes No

If you have answered **yes** please state what these convictions/cautions /warnings are and when they were committed:

Has PNC been completed? Y/N

Please note any false or misleading information should be taken seriously and potential carers should be informed that as part of a full kinship assessment any adult member of the household, potentially including teenagers over the age of 16 years will be required to undergo full Enhanced DBS checks.

Health:

Has the potential carer or any member of their family had any relevant health issues, for example:

- Alcohol/Drug dependency
- Diabetes
- Hypertension
- Anxiety
- Depression
- Arthritis
- Self Harm/Suicidal Ideation
- Any other health/mental health conditions or concerns- Please explain:

Does the potential carer or any member of their household consider themselves to be disabled? Yes No

If yes, please explain:

Relationship Status:

Married/Co-habiting
Please state for how long.

Single
If the potential carer is in a relationship - how long have they been in a relationship?

How often do the couple see each other and how much contact will their partner have with the child/ren in question?

Divorced
Please state for how long, and the date the divorce was finalised.

Separated
Please state for how long.

Does the potential carer have intentions of reunifying with their partner?
Yes No

If so, what are the proposed timescales? What were the reasons for separation, and have these been resolved?

Previous Relationships:

Please include details of significant previous relationships where the potential carer's ex-partner may pose a risk to the child or be a source of support to the potential carer.

Occupation:

Does the potential carer/s work? Yes No

Full time Part time Contractual Casual

Please state how many hours the potential carer/s work.

Does the potential carer/s intend to work in the future? Yes No

If the child in question is below the age of 12 years, how are the potential carers proposing to manage child care arrangements?

Will the potential carers require childcare support? Yes No

Are there other family members available to support them with childcare?
 Yes No

What type of support is envisaged? Who is responsible for applying for the support requested?

How many hours of support per week is required?

Accommodation:

Please indicate the type of accommodation the potential carer is currently living in.

Ownership

Owned/Mortgaged Rented Other

Please indicate the Local Authority OR Housing Association responsible for the potential carer's housing:

Does the potential carer have a secure tenancy? Yes No

If no, what can be done to secure the potential carer's accommodation?

Type of Property

Flat House Maisonette Studio

Number of Bedrooms

1 2 3 4 5

Will the child/ren in question have their own bedroom? Yes No

If not, please state clearly what the sleeping arrangements will be and whether the child is agreeing to this arrangement:

In the short-term?

In the long-term?

Permanently?

Is housing and space a concern? What support is available to the potential carer to address this issue and who is responsible for progressing this?

Health and Safety of the home:

In the anticipation of a full Health and Safety Check of the property, does the home appear safe and suitable for a child/ren to be placed? Yes No

Please state any obvious health and safety concerns which need to be resolved prior to a placement commencing:

If there are pets in the home please describe and explain any considerations required in light of a potential placement:

Does anyone in the household smoke? Yes No

If yes, how will this be managed to minimise the impact on the children?

Assessment of the potential carer's motivation and ability to care for this specific child/ren:

Please comment on the following:

- *The potential carer's motivation for caring for this specific child/ren?*
- *The potential carer's previous child care experience? What is the carer's aptitude to provide care?*
- *The potential carer's financial circumstances- can they financially support the child/ren? Would they require financial assistance?*
- *Are there any regular visitors to the home who would either compromise or support the potential carer's ability to care for this specific child? What is the potential carer's view of, and proposals for managing or making use of this?*
- *What is the potential carer's understanding of the possible length of placement? Are they prepared to care for the child permanently, until they are 18 years old? Does the potential carer have any understanding about the different permanency options available (Long Term Fostering, Residence Order, Special Guardianship and Adoption)? What information has been provided to the potential carer in relation to this different options?*

Assessment of the relationship between the child/ren and the potential carer, broad family dynamics and issues around managing contact:

- *The relationship between the child/ren and the potential carer. Is there an established relationship? How often have or do they see each other? What is the quality of the time spent together?*
- *What do the potential carer's know about the specific needs of the child/ren? Can they describe the child's personality, likes and dislikes? Does the child have any disability or specific learning needs?*
- *What is the relationship like between the potential carer and the child's parents/extended family members? Is there currently any conflict with the child's parents? What does the potential carer think the challenges will be if they become the child's primary carer in relation to working with the child's parent/s?*
- *How will the potential carer manage contact between the child and their parent/s? Do they envisage any issues or problems managing contact in the future? What support do they feel they may need in relation to this?*
- *What are the potential carer's views, and the views of the other members of the household, about the impact that caring for the child will have on their life?*

Child/ren's Wishes, Feelings and Views about the potential placement:

Risk Assessment

For the Assessor: Have you discussed the concerns that have led to the local authority's involvement with the potential carer? Yes No

What was the potential carer's response to this information? What was the potential carer's understanding of the presenting concerns of the Local Authority, and were they aware of these concerns prior to the Local Authority's involvement?

What is your assessment of the carer's ability to protect the child/ren from future risk of harm?

How do they intend to safeguard and meet the needs for the child/ren should they be placed in their care?

What support/services are required from the Local Authority, community or extended family network to assist the potential carer to safeguard and care for the child/ren?

Social Worker Recommendations:

In your professional opinion, does this potential carer offer a realistic option for the care of the child/ren in question?

Strengths of the Potential Placement:

Limitations of the Potential Placement and Identified Areas of Support:

Any areas of disagreement between assessor and potential carer/s should be noted here:

Signature:

Date:

Manager's Decision:

Signature:

Date:

Thank you for completing this assessment.

Documents to be sent or given to the potential carer

Prior to the assessment, a letter should have been sent to the potential carer explaining the process and an information leaflet (Appendix D) should have been sent to the potential carer with this letter or provided to them in person. The potential carer should also have been given information about sources of independent advice (Appendix E)

On completion of the assessment, a signed copy of this assessment needs to be sent to the potential carer/s with a covering letter explaining the outcome of the viability assessment, whether further assessment is recommended and providing information to the potential carer in respect of challenging the content and/or outcome if they desire to do so.

Checklist of information to be sent or provided to the potential carer

	Information	Date
Letter prior to assessment explaining the process	yes/no	_____
Information leaflet explaining the process	yes/no	_____
Information about sources of independent advice	yes/no	_____
On completion of the assessment		
Signed copy of the assessment	yes/no	_____
Cover letter explaining that the potential carer can correct any factually incorrect information and add their comments and challenge the content or outcome, if they wish	yes/no	_____

Appendix D: Information sheet for families and potential carers and example letters

This information sheet has been produced to answer some of the most frequently asked questions about local authority initial assessments of family and friends to care for a child. There is more detailed guidance about these assessments in the published guide.

1. What is an initial viability assessment?

If there are doubts about whether a child can live with their parents, the local authority will explore whether they are able to live safely with another member of their family and friends network. In order to decide whether this is the right option for the child, an assessment of the potential carer will need to take place.

Many councils start the process with a shorter assessment first. That might be called a preliminary assessment, a screening assessment, a viability assessment, or other similar name. The idea is to do a quick assessment to see if living with the family member or friend is a potentially realistic option for the child. If it is, a full assessment would then need to be completed. However if, at the end of the shorter assessment, there is good reason why it is unlikely that the full assessment would be positive, it is best for everyone, especially the child, that this is known before time is spent on the full assessment, particularly for the child.

So, an initial viability assessment is a short assessment focused on getting information about the key things that will allow the council to decide if a full assessment has a chance of a positive outcome (“Yes, Uncle Bill would be suitable to look after Tommy if he can’t live with mum”)?

This does not mean that everything about the viability assessment has to be perfect - there may be some questions that need more investigation or more time to look into more carefully. It is, however, a way of making sure there is no unnecessary delay in making the right decision for the child if it is unrealistic that a family member or friend could look after them.

2. How does a relative or family friend get asked to take part in one?

If you know that a child may not be able to live or stay with their parents and wish to be considered to take on the care of the child, then you can put yourself forward to be assessed as a potential carer. It is important to do this as soon as possible.

Usually there will have been a meeting, a family group conference or a court hearing, where the parents will have been asked who they would like to look after the child if they are not able to do it themselves. It is important to know that at this stage, no final decisions have been made. Being asked whether you can look after the child does not mean that the parents have given up or been told that they can not care for the child – the process looks at both options at the same time. However, it is important to know that, if you are putting yourself forward to look after a child, the assessment will consider whether you are able to care for the child in the short term and also for the rest of their childhood.

If a parent or other relative has put you forward, then a social worker will contact you to ask if you are willing to be considered as a carer for the child. You do not have to take part in the assessment, but if you do not then the local authority cannot consider placing the child with you.

3. Who will do the assessment?

Often it will be the child's social worker who carries out the initial viability assessment with you. However, it might be a social worker from another team who has experience of doing full assessments of potential carers. It might be both.

4. How should an initial viability assessment be done?

- It should make sure that you understand what is being asked and why.
- It should give you the information that you need about the child to enable you to answer the questions properly.
- It should give you the chance to explain your situation.
- It should allow you to explain how you will address any concerns that the person doing the assessment may have about you taking on the care of the child.
- It should decide on evidence – things that can be checked and proved, not 'bad feelings' or 'suspicions'.
- It should remember the real benefits for a child of growing up within their own family.
- It should be FAIR.

5. What is involved in an initial viability assessment?

It is very likely that the social worker will want to visit you at your home and look around. They may wish to see the bedroom/sleeping area that the child would have if they came to stay with you. You could discuss with them what help you would need to make these arrangements work, for example if your current housing situation may not be ideal.

They would need to talk to everyone who lives in the house, or who stays there overnight. They will also ask you about anyone who regularly visits the house and they may need to speak to them.

They may want to know about your background, such as what your family life was like growing up and your education. They will need to talk to you about your own experiences of looking after children, how things are with your partner if you are in a relationship, what your health is like, how you manage your money and what time you would be able to spend with the child if they came to live with you. You should be able to discuss with them what help would be needed in any of these areas, for example with childcare, to keep your job or to manage your circumstances.

They will probably want to talk to you about what has been happening with the child, and whether you understand how that might make the child feel and how you would be able to keep the child safe. That might involve showing that you would be able to be clear with the parents about when they can see the child and whether they can come to your home while the child is there. Again you can discuss with the assessor what help you might need, for example, in managing contact.

Some councils contact other people as part of the initial viability assessment. They may do a criminal records check or contact the police to ask whether you and any other person, potentially as young as 16 years old, in your household have ever been in trouble. They may want to speak with your doctor. They may want to check whether there have ever been any concerns about your own children and may want to speak to your children's school about how they are doing. If this isn't done as part of the initial viability assessment, it will happen as part of a full assessment if this takes place.

The last section of this leaflet explains some of the detailed things that might be included in an assessment.

6. How long would the assessment take?

There would usually be one or two visits by the social worker(s). If there is a lot to talk about, there might be more. It would normally take between two and four weeks from the start of the viability assessment to getting an answer as to whether a full assessment is recommended.

7. What happens when the assessment is finished?

The social worker should talk to you about what they intend to recommend, and to tell you about anything that worries them to give you the chance to explain. The social worker will write up the assessment and give you a copy of it. If you do not agree with anything included in the assessment report you should explain this in writing to the social worker.

8. Who else gets to see the assessment?

A viability assessment would normally be seen by the judge who is making decisions about the child's future, the social worker and other people within the council who have to make recommendations about the child, the child's parents, and the lawyers who represent all of them. If this document is used in court proceedings there are very strong rules about anyone showing it to other people. If there is something within the assessment which is very private and personal and you would not want other people to see it, you can ask the social worker if it is okay that it does not go into the report. It will depend on what it is, and how essential it is to the recommendation as to whether that is possible, but the social worker should let you know before the report is sent to other people whether that piece of information has to be included or not.

9. What happens if the assessment is positive?

If the initial viability assessment is positive, then usually you will go on to have a full assessment. This normally takes a few months. It might be done by the same person who did the viability or it might be a new person.

Even if the viability assessment is positive there might be some reasons why a full assessment is not done – for example, you might have changed your mind, the court might have decided that the child will go to live with their parent, or there might be several positive viability assessments in which case a discussion is needed with the local authority and the family network to decide which person would be best placed to care for the child in the long term if necessary. It may be advisable to get independent legal advice at this point.

10. What happens if the assessment is negative?

If the assessment is negative, then the council would not agree to continue with a full assessment of you. They should give you a letter that explains to you all of your options at that stage. Those options are likely to include:

- Accepting the decision;
- Writing a letter that explains why you disagree, or whether you think things in the report are wrong. That letter can then be attached to the report so that anyone who reads it sees your side;

- Getting independent legal advice. You can ring Family Rights Group's free independent specialist advice line. You may wish to seek advice from a lawyer on the Law Society Children Panel, although this may not be free, and it will therefore be important for you to find out first what it would cost to get this advice;
- Going to a court hearing to ask the court to make a legal order that the child come to live with you if the child can't be with their parents.

It may be that you would want to pursue more than one option, and if you disagree with the outcome of the assessment it is likely that you will want to explain that to the local authority, get independent legal advice, and perhaps also attend court.

11. Important things that might be discussed in the initial viability assessment

There are a number of important factors to think about before and during the assessment, as the social worker(s) may wish to discuss them with you to form part of the assessment.

- a. Any children that live in your home now, and how another child would fit into your life and with your own children.
- b. If there were concerns about your care for your own children, the social worker(s) will want to discuss what they were, how long ago there were concerns, how you sorted them out, what changes you have made since then, whether those problems might happen again, and why you think that they would not. If you have had children previously removed from your care, that might not automatically rule you out but it is certainly something important that the social worker would need to discuss.
- c. Any criminal offences you or anyone else in your household have committed – particularly if this relates to offences against a child, violent or sexual offences, or offences involving drugs/alcohol or dishonesty. Again, the social worker(s) would want to discuss what happened, when it happened, how things have changed since then and whether something similar might happen again.
- d. Your physical and mental health – the social worker(s) will consider whether you are physically able to look after a child of this age and until they grow up. If you had previous health problems what has changed since then? If you currently have problems, how are you managing with this now and how will you manage in the future? If you are a smoker or misuse drugs or alcohol, the social worker(s) will want to discuss your understanding of how this would impact on the child and whether you are willing and able to quit.
- e. Your home – the social worker(s) will consider whether it is a suitable home for the child to live. If it needs work, how can that work be done and is there help that the local authority could reasonably provide? Would you need to move, and if so, what plans do you have to make that work?
- f. The other adults who live in the home – all of the questions above will apply to them too. How do they feel about the child coming to live with you? How will they help you?
- g. Why you want to look after the child, how well you know the child, and will you be able to stick with it? What do you understand about the difficulties which may arise and how you will solve problems that come up?

- h. Whether you have the time to care for the child and what adjustments you would need to make to your work or lifestyle in order to cope. Again, it is reasonable to suggest ways that the local authority could help the placement to work e.g. funding afterschool or holiday clubs.
- i. Your relationship with the child's parents and your understanding of why the child is not with them. The social worker(s) will want to know whether you will be able to keep the child safe whilst also supporting them in their relationship with their parents and siblings where appropriate.
- j. Generally, what support you might need in order to look after the child.

More Information

For more information and advice you can contact the Family Rights Group Advice Line on 0808 801 0366 (Monday to Friday 9.30am-3.00pm), excluding Bank Holidays.

The Law Society provides accreditation to some solicitors as Children Law specialists. They are also known as forming part of the Law Society's Children Panel and are experienced solicitors able to provide advice about children law matters. You can find an accredited solicitor in your area by searching for a solicitor on the Law Society's website here: <http://solicitors.lawsociety.org.uk/?Pro=True>, clicking on "more search options" in the lower right corner, and selecting "Children – Children's Representative" under the list of accreditations.

Dear Mr/Mrs/Ms/Miss _____,

I understand from _____ that you would like to be considered as a carer for [NAME OF CHILD]. This letter and the enclosures are to advise you of what is involved for you and your family in an initial viability assessment of your circumstances so that the best decisions can be made for [NAME OF CHILD].

I enclose a leaflet explaining the process for assessment and what you should expect. Please contact me if you have any questions. I also enclose a list of organisations you can contact for more information and advice. The assessment will involve discussing personal information about you and your family, so it is important to read these documents carefully to understand what will be required.

The assessment will involve at least 1-2 visits with [INSERT NAME(s) AND TITLE(s)]. This will include discussion with your partner or other significant family or friends, particularly those who live with you or spend a great deal of time in your home. I may want to contact others to clarify what you tell me but this will be discussed with you at the time.

If the initial viability assessment indicates you may be suitable to care for INSERT NAME OF CHILD, there would then be further visits to explore, in a more detailed assessment, whether you are best placed to look after them. As part of any further assessment, I will need to undertake certain checks, such as criminal record checks and gather information about your health and background. If you have children, I will need to check if there have been concerns about their care in the past by the local authority. I will also need to speak to 2-3 people to get references for you as part of the process, therefore please consider who you might put forward as referees. Because this can often take time, I would be grateful if you would complete the enclosed consent form within 7 days and return it to me in the enclosed pre-paid envelope, which will allow me to complete the necessary checks should further assessment be agreed.

Once you have considered the documents enclosed, please contact me on [INSERT TELEPHONE NUMBER] or [INSERT EMAIL ADDRESS] to confirm whether you would like to go ahead with the assessment and I will make the arrangements to begin the process.

Yours sincerely,

[NAME]
[JOB TITLE]

Name:

Address:

.....

.....

.....

I confirm that I want the local authority to assess me as a carer for

..... and I understand that information gathered may be presented to court and therefore is shared with all the parties in legal proceedings. I also understand that a range of checks need to be undertaken and I consent to the following:

1. Enhanced criminal records check (separate consent form and ID required).

2. Checks with the local authority where I live now:

.....

3. Checks with the local authorities where I lived before, including when my children were growing up:

.....

4. Disclosure of relevant information about my health from my GP who is:

Doctor

Address:

.....

.....

5. I agree to social workers visiting my home for the purposes of this assessment.

Signed:

Date:

Appendix E: List of Useful Organisations

There are a number of useful organisations to assist families and potential carers. A short list has been compiled below, however a full database of helpful links and contact details can be found on the Family Rights Group website at: <http://www.frg.org.uk/need-help-or-advice/useful-links>.

1. Family Rights Group

Family Rights Group works with parents whose children are in need, at risk or are in the care system and with members of the wider family who are raising or are considering raising a child unable to remain at home. Their advisers are experienced child care lawyers or social workers or have equivalent expertise in the child welfare and family justice system.

Advice Line: 0808 801 0366 (Monday to Friday 9.30am-3.00pm) excluding Bank Holidays.

Your call is free from a landline or from these mobile networks: 3, T-Mobile, Vodafone, O2, Orange, Virgin.

Website: <http://www.frg.org.uk>

2. Coram Children's Legal Centre

Coram Children's Legal Centre can provide legal information and advice on family and children law matters in England through their Child Law Advice service.

Telephone: 0300 330 5480 Monday - Friday between 8am to 6pm.

Standard call rate (costs no more than calls to geographic (01 and 02) numbers).

Child Law Advice Website: <http://childlawadvice.org.uk>

3. Grandparents Plus

Grandparents Plus is the national charity (England and Wales) which champions the vital role of grandparents and the wider family in children's lives – especially when they take on the caring role in difficult family circumstances.

Advice Line: 0300 123 7015 between 10am and 3pm Monday to Friday.

Standard call rate (costs no more than calls to geographic (01 and 02) numbers).

At busy times or out of hours please leave a message or **email** at advice@grandparentsplus.org.uk.

Website: <http://www.grandparentsplus.org.uk>

4. Family Lives

Family Lives is a national family support charity providing help and support in all aspects of family lives.

Helpline: 0808 800 2222 open 9am – 9pm, Monday to Friday and 10am – 3pm Saturday and Sunday.

Calls are free from most landlines and mobiles.

Website: <http://www.familylives.org.uk>

5. Law Society's Children Law Accreditation Scheme (Children Panel)

The Law Society provides a number of accreditations to specialist solicitors. Those solicitors accredited as Children Law specialists are also known as part of the Law Society's Children Panel and are experienced solicitors able to provide advice about children law matters. You can find an accredited solicitor in your area by searching for a solicitor on the Law Society's website here: <http://solicitors.lawsociety.org.uk/?Pro=True>, clicking on "more search options" in the lower right corner, and selecting "Children – Children's Representative" under the list of accreditations.

Please note that the availability of legal aid is limited and solicitors are likely to charge at a fixed fee or hourly rate for advice and assistance.

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Second Floor
The Print House
18 Ashwin Street
London E8 3DL

Advice line 9.30am–3.00pm:
0808 801 0366

T: 020 7923 2628
F: 020 7923 2683
E: office@frg.org.uk

www.frg.org.uk