

Three Borough Shared Services

Kinship Policy



Year Implemented:	Future Review Dates (every two years)					
	2023	2024	2025	2026	2028	2030
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By	FC	FC	FC	FC		
Signed by HoS	MRH 19 October					

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1. Introduction

The following policy covers immediate placements of Children who have had a care experience with a Kinship Carer where the carers are not already approved as foster carers. As with any placement the Local Authority must be satisfied that the placement is the most suitable means to safeguard and promote the child's welfare, considering that the Kinship Carer is not yet approved as a foster carer. The Local Authority must be satisfied that it is necessary for the child to be placed with the Kinship Carer before the Carer's suitability to be a foster carer has been assessed in accordance with the Regulations. These provisions are to be used only in exceptional circumstances and where there are clearly defined reasons why a full foster carer assessment cannot be undertaken before a placement is made. There is a risk that if a child is placed before the full approval of the carer as a

Local Authority Foster Carer they may not be approved at the end of the process resulting in a further move for the child.

A Kinship Carer is defined as "A relative, friend or other person connected with a child" (Reg 24 (3) of the Care Planning, Placement and Case Review Regulations 2020). The latter is someone who would not fit the term 'relative or friend', but who has a pre-existing relationship with the child. It could be someone who knows the child in a more professional capacity such as (for example) a child-minder, a teacher or a youth worker.

Relative is defined as; a grandparent, brother, sister, uncle or aunt (whether full blood or half blood or by marriage or civil partnership) or step-parent.

This policy sets out the checks that need to be made before such a placement can be made. It also covers the procedure to be followed to carry out the required assessment and approval of the Kinship Carer as foster carers if the placement is to last longer than 16 weeks.

2. Situations where these procedures do not apply

These procedures do not apply where a child (under 16 years) goes to live with a relative or friend and this is a private arrangement between the parent/person with **Parental Responsibility** and the carer.

If this placement continues for 28 days or more, the child may come within the definition of a **Private Fostering** arrangement, in which case the Local Authority's duties in relation to the placement are set out in the Private Fostering Procedure.

3. Making a referral to the Shared Services Kinship Team

SGO assessment referrals

Where the child has not already been placed, the child's social worker can have a telephone consultation with the Kinship Team's Duty Worker for initial discussion. If the advice is to make a referral, then the **Single Referral Form** needs to be completed and sent to the Duty inbox for the Kinship Team FCSCConnectedPersons@rbkc.gov.uk. The duty worker will then process the referral and set up an initial assessment with the carer if the child/ren has/have not already been placed. The initial assessment is a joint piece of work with the Child's Social Worker, but the Duty worker from the Kinship Team will take responsibility for writing up the assessment and submitting to the Legal Department. They will also arrange for a copy to be sent to the carer. If the outcome of the Initial Assessment is negative, the carer will be provided a letter by the Kinship Team outlining the steps if they wish to challenge the decision.

If the child/ren has/have already been placed under Regulation 24, the initial assessment is not necessary and an assessing social worker will be allocated to complete the full assessment.

4. Temporary Approval of Immediate/Emergency Placements of Children who are Looked After with a Kinship Carer (Regulation 24 of the Care Planning, Placement and Case Review Regulations 2010)

Before any placement with a Kinship Carer who is not already approved as a foster carer is made, the agreement of the **Agency Decision Maker (ADM)** in the relevant sovereign borough is required. It is the responsibility of the Child's Social Worker to seek this agreement from the ADM. The Child's Social Worker will need to complete the **Reg 24 Viability Assessment** in collaboration/consultation with the Kinship Team and provide this to the ADM for their approval prior to placing the child. If the child is placed in an emergency (Police Protection/EDT) then the Reg 24 Viability Assessment will need to be completed the next working day in consultation with the Kinship Team.

Any such approval can only be given for 16 weeks from the date of the placement. After that period, if further assessment is required, the ADM can agree a further 8 weeks extension (Regulation 25 of the Care Planning, Placement and Case Review Regulations 2010).

The child's social worker should conduct a Viability Assessment of the prospective carer, which will also serve as a formal referral to the Shared Services Kinship Team. In carrying out the assessment the social workers should have regard to the **eligibility criteria for friends and family carers** - see Appendix A: Eligibility Criteria for Friends and Family carers and other People Connected to a Child who is cared for.

Matters to be considered when assessing the suitability of a Kinship Carer to care for the child are:

- The nature and quality of any existing relationship with the child;
- *Their capacity to care for children* and, in relation to the child (or children) concerned, to provide for his/her physical needs and appropriate medical and dental care.
- to protect the child adequately from harm or danger including from any person who presents a risk of harm to the child;
- To ensure that the accommodation and home environment is suitable including where relevant an initial risk assessment of any pets, together with the environment in which the pet is kept;
- In relation to the child's age and developmental stage, to promote his/her learning and development; to provide a stable family environment which will promote secure attachments for the child, including promoting positive contact with parents and other Kinship, unless this is not consistent with the child's welfare;
- *State of health* (physical, emotional and mental), and medical history including current or past issues of domestic violence, substance misuse or mental health problems;
- *Family relationships and the composition of the household*, including the identity of all other members of the household, their age and the nature of any relationship with the connected person and each other including any sexual relationship.
- Any relationship with the parents; any relationship between the child and other members of the household; other adults (not members of the household) likely to have regular contact with the child; any current or previous domestic violence between members of the household, including the connected person;

- *Their family history*, including their childhood and upbringing, and the strengths and difficulties of their parents or others who cared for them; their relationship with parents and siblings and each other; educational achievement and any learning difficulty/disability; chronology of significant life events; particulars of other relatives and their relationships with the child and the connected person;
- *Any criminal offences* of which they have been convicted or in respect of which they have been cautioned;
- *Past and present employment and other sources of income*;
- *Support*: Nature of the neighbourhood and resources available in the community to support the child and the Connected Person.
- *The child's wishes and feelings* (subject to age and understanding) must be ascertained and recorded and wherever possible, an opportunity must be provided for the child to visit the home before the decision is finalised.
- *The views of parents/ those with Parental Responsibility* must also be obtained.

The proposed carer should be given information about the assessment process which will follow if the placement is to last longer than 16 weeks, including the need for **Disclosure and Barring Service (DBS) and medical check amongst other background checks**. Enquiries **must** also be undertaken on all members of the household aged 16 and over, as well as interviews with referees, adult children and ex-partners. If the Child's Social Worker has any queries about the suitability of the placement they should consult the Kinship Team Duty Worker for advice before the placement is agreed by the ADM.

Where the placement appears suitable and is approved by the ADM, a written Placement Agreement should be completed by the child's social worker, assessing/supervising Social Worker from the Kinship Team along with the proposed carer. The prospective carers need to be made aware that any approval is only temporary and does not imply continued approval beyond the 16 (sixteen) weeks.

The child's social worker should arrange for a family meeting or, preferably a **Family Group Conference** as soon as possible after the placement begins to assess the support available to the prospective carer and clarify the child's long term Care Plan.

The placement may only continue after sixteen weeks if the carer is approved as a foster carer (see Section 7, Assessment and Approval of a Kinship carer as Foster Carer) or in exceptional circumstances where the temporary approval is extended. This temporary approval can be extended for a further period of up to 8 weeks (if it is likely to expire before the assessment is completed) or until the outcome of an Independent Review (if the outcome of the assessment is that the Kinship Carer is not approved and seeks a review of the decision via the Independent Review Mechanism (IRM), the IRO must also be informed. A decision to extend the temporary approval must be approved by the Agency Decision Maker following a recommendation from the Fostering Panel.

A Kinship Carer approved under the Fostering Regulations will be entitled to the same support and services including fees, allocation of social worker and allowances as a foster carer.

The **Fostering Allowance** is provided to the carer for each Child who has a care experience up to the age of 18 years. This allowance varies according to age but is a standard allowance. The carer is not eligible to receive Child Benefit whilst receiving a Fostering Allowance.

If the carer has any type of fostering approval (temporary under Reg 24, management approved, or full approval), then they will also be provided with a fostering fee. This is currently £242.93 per week, per child. The fee is in addition to the fostering allowance.

The **Fostering Fee** is considered as remuneration to the carer and is taxable income and therefore will compensate the carer for any **loss of earnings**. If the carers earnings through employment were more than the fostering fee, then the Local Authority will agree to pay the shortfall for a time limited period (usually between 3-6 months, but in exceptional circumstances, up to a maximum of 12 months).

Please see Financial Support Policy for further information.

5. Assessment of a Kinship Carer where the child is not placed until the carer is approved as a Foster Carer

If the assessment is not taking place in the context of an emergency, the child's social worker should contact the Family Group Conference coordinator for a family meeting (Family Group Conference) to be arranged. The child's social worker should then refer the case to the Shared Services Kinship Team, as above and complete a Screening assessment and referral as above.

If the prospective carer meets the eligibility criteria and the referral is completed with all the relevant information, then the duty worker will arrange the initial viability assessment (IVA). If the IVA is positive the prospective carers may proceed to a full assessment.

Following the completion of the full assessment, the case can be presented to the Fostering Panel for consideration and approval as a foster carer. Usually this is the case when there is a child to be placed prior to the conclusion of care proceedings. Should the care plan be for the child to remain where they are until care proceedings, e.g. in the care of their parents or mainstream foster care, the approval as a foster carer is not required, and a **Special Guardianship Order** (SGO) can be sought at the final hearing. An SGO provides overriding Parental Responsibility to the carer, and the Local Authority does not hold any Parental Responsibility meaning that the child is no longer considered as a child/young person cared for by the Local authority.

6. The placement

A **Placement Planning Meeting** should be held before the placement or where this is not possible because of the urgency of the placement, within 5 working days. Upon placement of the child, the **Delegation of Authority** form needs to be completed with the carer at the Placement Planning Meeting and a copy provided to the carer. This should also be uploaded to the child's and carers file on Mosaic. It should also be considered whether it is appropriate for the child/young person to attend the Placement Planning Meeting and if so, to invite them to this meeting. If the child has not had a previous care experience, the child's social worker will send a notification of the child's placement and a request for the child's first Looked After Review to the Independent Review Unit.

If the child was already cared for by the Local authority, the social worker will send notification of the placement to the child's **Independent Reviewing Officer**.

The child's social worker must visit and see the child alone in the placement (unless she/he refuses) each week until the first **Looked After Review** (within 4 weeks after the child was placed). Visits to the child should be completed every 4 weeks thereafter, during the period of temporary approval. This also applies where the child is placed under an Interim Care Order. The visits are to be fully recorded as statutory visits.

The child's social worker must update the electronic record with the details of the placement and immediately notify their team's finance officer of the placement to trigger payments to the carer (Reg 24 payments: fostering allowance and fee).

The child's social worker must also send notification of the placement to the relevant local Children's Services Department if the placement is in a different local authority area.

The child's social worker will notify all family members consulted and involved in the decision-making process of the placement.

These notifications must be made in writing, advising of the placement decision and the name and address of the person with whom the child is to be placed. The child's social worker must send them before the placement wherever possible or within 5 working days of the placement.

The child's social worker should also notify all those involved in the day-to-day arrangements for the child, including nursery/school, G.P. and any health professional or YOS worker actively involved with the child.

The child's social worker must ensure the child is registered with a G.P., Dentist and Optician, either retaining practices known to him or her (which is preferable) or in the area where they are placed.

In relation to a first Looked After placement the child's social worker must arrange a Health Assessment - see **Health Assessments and Health Care Plans Procedure**.

The child's social worker must also arrange for the child's Personal Education Plan meeting see the **Education of Looked After Children Procedure**. Every effort should be made to enable the child to remain at the same school unless there are reasons which would be detrimental to his or her wellbeing.

7. Assessment and approval of a Kinship Carer as foster carer

If the plan is for the placement to last longer than 16 weeks, the fostering assessment process should commence as soon as possible after the placement is made. **The child's social worker should complete the screening/referral to the Shared Services Kinship Team immediately** so that a Kinship social worker can be allocated for this purpose.

The Kinship Duty Worker must open an electronic file in LBHF's Mosaic for the foster carer's assessment. It is the allocated assessing Social Worker's responsibility to keep the Mosaic file and up to date. If the case is allocated to a sessional Assessing Social Worker, the Principal Social Worker in the Kinship Team overseeing the assessment must ensure that Mosaic file is kept up to date. The Business Support Officer will ensure that the statutory checks are updated in Mosaic.

The Assessing Social Worker must check proof of identity from the proposed carers and arrange for the carers and members of the household aged 16 and over to complete an application for necessary checks such as DBS, Medical and consent to other agency checks.

The signed consent form and DBS forms should be given to the administrative staff in the Kinship Team (Business Support/Social Care Assistant) as soon as they are completed. The Kinship Team Business Support Officer will send off for the necessary checks as set out in Section 4, Checks and References, of Assessment and Approval of Foster Carers Procedure.

The Assessing Social Worker should explain the assessment process to the carers and provide them with written information from the information pack.

The Assessing Social Worker must record the progress of the application and statutory supervision on the FPU data base and maintain the carer's SharePoint electronic file.

The procedure for the assessment and approval is as for all applicants - see **Assessment and Approval of Foster Carers Procedure** using the specific friends and family assessment format.

If and when the carers are approved as foster carers, the procedures in relation to support, supervision and review of the foster carers are the same as for all approved foster carers.

If for any reason the carer is not approved within the Reg 24/25 period but it is deemed to be in the best interest of the child to remain in the placement, the ADM is notified and regular reviews are provided to ensure that there is careful monitoring of the placement and efforts made to regulate it under the Fostering Regulations. During the period that the carer is not approved, the placement is considered as unlawful.

8. Ending the placement

When the placement ends, the child's social worker must update the child's electronic record. The Child's Social Worker will need to ensure that the Reg 24 payments have ended. If the carer was approved as a Foster Carer and the placement ends, then the Supervising Social worker will need to ensure that the payments have ended. The Supervising Social Worker must update Mosaic and close the carers' file.

Where appropriate, consideration may be given to holding a Stability/Disruption Meeting in which case the procedure set out in **Placement Planning and Disruption Procedure** should be followed.

Appendix A: eligibility criteria for friends and family carers and other people connected to a "looked after" child

The qualities and abilities that make a good carer

1. Long term commitment to the child and ability to put their welfare first, even when it conflicts with loyalty/ concern for the birth parents;
2. Understanding and acceptance of the real reasons which led to the child's removal from the parents' care;
3. Ability to protect the child from further harm;
4. Ability to deal with the strain of changing family roles;
5. Sufficient support network;
6. Sufficient time and space to devote to everyone in the family;
7. Capacity to offer warm, stimulating care;
8. Capacity to understand, adapt to and meet the child's changing needs;
9. Ability to promote the child's educational and health needs;
10. Commitment to helping the child develop an understanding of their history and promote a positive identity, including their ethnic and cultural identity;
11. Capacity to be realistic about the possible problems and special needs which the child may present;
12. Commitment to using training and professional support;
13. Ability to work with professionals and to seek out and accept help.

What makes family and friends carers unsuitable?

1. **Health** - where medical and/or psychiatric history and current state of health give serious cause for concern about the prospective carer's future health prospects;
2. **Age** - where the medical opinion is that the carer may not survive all the years of the child's dependence or retain sufficient energy and vigour to meet the child's needs until independence;
3. **Drug/alcohol problems** - if the carer has a drug or alcohol dependence that is likely to affect your ability to offer safe care;
4. **Criminal record of prospective carer and adults in the household** - Certain types of offences will automatically bar the offender from caring for a child. i.e. any conviction for an offence against a child under Schedule 1 of the Criminal Justice Act. Other offences will need to be discussed in detail to establish if they may impact on the care of the child. Any conviction for an offence involving violence will be of particular concern;
5. **Housing** - where the current accommodation is temporary, overcrowded and/or poorly maintained and there are no realistic prospects for re-housing within near future;
6. **Finance** - Where the family is in debt to the point that it cannot manage its finances, is in danger of losing the home due to arrears or would be wholly dependent on the fostering allowance to support the family;
7. **Work/lifestyle** - where the prospective carer's work responsibilities and/or leisure pursuits severely limit the time available for childcare;
8. **Family composition** - where the needs of other children and or dependent adults in the household/network are likely to conflict with the needs of the child to be placed;
9. **Parenting concerns** - where there have been serious difficulties in how the prospective carers parented their own children, particularly a history of abuse or neglect;
10. **Understanding children's needs** - Inability to demonstrate an understanding of children's development and needs;
11. **Meeting needs of a specific child** - Unwillingness or inability to understand or meet the identified educational, medical or emotional needs of the child, including for those who may require a high level of specialist care;
12. **Protecting the child** - Unwillingness or inability to protect the child from abusive parents and enforce restrictions on contact with birth parents;
13. **Working together** - Lack of co-operation with social services and other professional services.