

GUIDANCE FOR COMPLETING VIABILITY/REG 24 ASSESSMENTS

1. Introduction

A viability assessment considers the likelihood of carers being able to meet the physical and emotional needs of the child/children now and throughout their childhoods, whether they will be provided with stability and boundaries, and whether they will be safe. The assessment covers the carers' potential suitability to care for the child in whatever capacity, be this as a Connected Persons Foster Carer or a Special Guardian.

Kinship & Fostering undertake viabilities and then full assessments when the case is in pre-proceedings, care proceedings or child is already LAC in mainstream/elsewhere. On occasion it may be necessary to undertake emergency assessments, such as when a child has been unexpectedly placed with a connected person and immediate approval is required – the child must already be LAC or about to be made LAC.

Social Workers need 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 at the earliest opportunity.

Family Group Conferencing or meetings should be used to identify potential carers. 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.

Only **realistic** potential carers should be put forward – they must understand the implications of this and must agree to all Police and LA checks. There should be a maximum of two options put forward. Case law (Re R (A Child) [2014] EWCA Civ 1625) 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'. A viability assessment does not determine who a child will live with and it does not recommend which legal order should be used.

Connected person – a legal term used to refer to a family or friends carer for a child who is looked after by the LA.

Kinship carer (sometimes called family and friends carer) – a relative or other linked person (e.g. neighbour or friend) who is caring for a child who can't live with his/her own parent/s.

Often, there are several potential carers who may be able to care for the child and it may be necessary to use viability assessments to help decide which is the most suitable option or options to progress to full assessment. Not *all* options need to be fully assessed, but all *realistic* options for the care of the child must be - viability assessments (sometimes just from the initial screening) identify which are the realistic options. Viability assessments that are negative must evidence that this option is clearly unrealistic and must give clear and confident reasons why full assessment is not suitable.

It is the child's social worker's responsibility to ensure requests for viability visits are sent in a timely manner to Kinship Duty, to avoid delay in the early stages of cases. If cases are in pre-proceedings the requests should be received by Kinship Duty within three weeks of the Edge of Care decision. Requests will be escalated through management (including Care Proceedings Case Manager) where there are issues regarding quality or timeliness of requests. In some cases, usually when information

is unclear, a direct/indirect meeting will take place to discuss the care plan and request. It is not acceptable to expect Kinship staff to complete viability or full assessments in unrealistic timescales. If cases are in pre-proceedings or care proceedings the child's social worker should consult with Assistant Team Manager (ATM) Kinship **before** any agreements are made about timescales for any viability or full assessments. Most situations are not emergencies and therefore it is expected that consultation is undertaken before deadlines are agreed.

There are two stages to the viability assessment:

Stage one: Initial screening. The initial screening is used for all assessments and the prospective carer/s and any adults in the household must agree to police and Social Care checks. If there are non-family adults (e.g. lodgers) also in the household, they must also agree to checks. All parts of the initial screen must be completed, with results of checks, before any request is made for an assessment visit. The child's social worker must include dates that the potential carer and social worker are available for a visit. Requests that are incomplete will be returned to the child's social worker and line management will be copied in when necessary. It is essential that any court dates are included and that filing dates for viabilities are discussed before any court hearings.

Written reports are not necessarily required for every person put forward and some viabilities can end at the initial screen stage where there is evidence the person should not progress.

If the carer has a realistic chance of being suitable as a carer, an assessment visit should be undertaken jointly (when possible) between a Kinship & Fostering worker and the child's social worker. The child's social worker and a Kinship and Fostering worker should undertake joint assessment visits, although this may not always be practicable or possible. Joint visits allow 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 kinship and fostering worker. 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. When visits cannot be undertaken alongside a Kinship and Fostering worker, it is possible to ask for consultation from the kinship staff.

It is the responsibility of the child's social worker to confirm the assessment visit with the potential carer. When joint visits are undertaken, the Kinship & Fostering worker will be the lead worker at the visit and be responsible for writing up the assessment. The child's social worker will be expected to contribute at the assessment visit.

Stage two: Assessment Visit. This is a joint visit involving the child's social worker and the viability duty worker from the Kinship & Fostering Team. There may be occasions when this is not possible and single visits (by either worker) need to be completed to meet timescales. The Kinship & Fostering worker will be the lead worker at the visit and be responsible for writing up the assessment. The child's social worker will be expected to contribute at the assessment visit and giving views about the prospective carer/s.

If the child is placed in an emergency or needs to be placed imminently, please see guidance regarding Regulation 24 placements below. Please note that Regulation 24 should be used exceptionally.

The ATM (Kinship) of the Kinship and Fostering Team will sign off the viability assessment. In the ATM's absence another manager from the team will sign off the report and will copy it to the Kinship ATM. If the assessment is intended to inform the immediate approval of carers under Regulation 24 and placing of the child/children, Head of Service (Care and Placement Services) will need to be consulted and to give written authorisation for the carers to be approved.

The lead worker will take responsibility for sharing the viability assessment with the carer, the child's social worker and Legal (who can then share with appropriate parties). If the viability assessment recommendation is negative, the lead worker will also send a negative viability letter to the potential carers.

The expectation is that the viability assessment and authorisation will be completed within 10 working days from the point of the request (correctly completed) being received, where practicably possible. The report should be shared with the potential carer who should be given sufficient time to review 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.

Where the viability assessment is positive, and the recommendation is for further assessment there should be a conversation between Kinship ATM and Safeguarding about which potential carer is chosen to go ahead for full assessment. Full assessments should not be undertaken as 'back up' plans, unless in exceptional circumstances. Timescales for the full assessment will be agreed between Safeguarding and Kinship at the outset: timescales will vary dependent on whether the case is in proceedings and whether there are prescribed court timescales, however consideration must be given to availability of staff to undertake the work.

To note: if a prospective carer is assessed as not being able to meet fostering standards, this does not necessarily preclude them from being suitable to care for the child under other orders and should not therefore prevent the progression of a fuller assessment. The child care social worker should discuss this with the Kinship & Fostering worker and Kinship ATM. However, it is not for Kinship & Fostering to care plan for the case.

2. Stage 1 - Initial Screening – desktop exercise/phone conversation

After an initial inspection of records and conversations with the potential carer/s there could be relevant concerns - if the carer is not considered to have a realistic chance, the viability assessment concludes at this stage. Full written viability reports are not required for all cases. If there is no clear evidence to rule the carer out at this stage, an assessment visit will be required.

Background information about the case (not an exhaustive list; keep information succinct):

- *Why is child 'looked after' or about to become 'looked after'?*
- *What is their legal status? What is plan for the child?*
- *Does child need to be LAC? Plans for other orders?*
- *What are the safeguarding concerns? Case background in brief.*
- *Information about parents and who has PR*
- *What are the specific needs of the child/ren?*
- *Has case been to EoC Panel? When? What was decision from Panel?*
- *Are other alternative carers being considered?*

Initial screening decision:

- *Why should the potential carers be considered for viability visit?*
- *Confirm that the potential carers:*
 - Know the purpose of the initial screen and nature of viability visit*
 - Know that this 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.*
 - Be clear when this conversation took place and when they agreed to undergo viability*

The screening stage should set out the reasons for the decision to proceed or not, based on the initial information. If the conclusion is that the assessment should stop following the initial screening, then there is no need to complete the rest of the form and the initial screening **is** the viability assessment. This section should clearly record what records were consulted and set out any risks and benefits which are relevant. In such cases the Childcare Team Manager and Kinship & Fostering ATM must comment on reasons for the decision.

3. Stage 2 – Assessment Visit

The expectation of this stage is not to provide a full analysis of each of the areas listed below but there must be analysis of information and relevant detail should not be omitted for the sake of brevity. The level of detail required is that which can be gained from one session/one visit (be proportionate and succinct) and further exploration can take place during a full assessment.

The following bullet points are prompts for each section and the list is not exhaustive.

Motivation & commitment to provide care

- What's the background to the potential carer(s) coming forward to care for the child/ren?
- Relationship to children – how frequent has contact been previously & how good is the relationship with the children?
- The full fostering/SGO assessment is very detailed and will involve lots of personal questions about background, DBS checks, medical examinations, referee visits, announced and unannounced visits, training and meetings. Are they happy to take part?
- How long is carer prepared to care for – short term/long term/just a holding position? What is their understanding of the commitment that they are talking on? Do they understand that we are assessing for permanency for the child including legal permanency? Are they willing to make such a commitment? Family pressure v. genuine and meaningful relationship with child? Without genuine relationship and commitment, they are likely to withdraw once they realise what's involved.
- What is the carer's level of literacy and numeracy? Are they able to read and write? Are their skills at a level that enables them to write daily record sheets, contribute to LAC meetings, advocate for child?
- Attitude to training and development and assessment process - identify any potential issues

Prospective carer's understanding of the caring task and the concerns of the LA:

- Does the carer understand the concerns of the LA? Does the carer have access to the full facts and reasons why the LA is concerned? If not, has permission been sought from the parents/court to share the reasons with them?
- Assess whether the carer understands in broad terms the needs of the child and that the carer understands the level and type of care the child will need throughout their childhood because of their experiences. Where a potential carer has poor understanding of the child's needs and family situation, and seems unable to develop this despite professional input, you would be justified in being concerned about their suitability.
- Is the carer willing to be work with services to support the child?
- Could the carer manage contact and be able to work with birth parents; will they adhere to plans even if they disagree?
- Can they work with Children Services and be part of a team around the child?

- If the child is already placed with the prospective carer(s), ensure that all agencies involved with the child have been asked to comment on the carer's ability to care for the child.

Parenting experience/experience with children – personal/professional/voluntary:

- Physical punishment; sanctions; use of praise; age appropriate sanctions;
- Any problems in parenting their own children – what were they and why? What is different now? Can they reflect? Are they insightful?
- Ability to work within Department Policy regarding physical punishment and discipline

Past/present involvement with agencies

- Discussions or concerns regarding involvement from police, probation or adults/children's services, in Wiltshire or other Local Authorities
- Please include information relating to the applicant's childhood as well as the present time (e.g. was prospective carer in the care system? If yes, why? Have the prospective carer's children been in the care system or cared for by family/friends? Problems with parenting their own children?)

Relationship(s)/marriage(s):

- Length of current and previous relationship/marriage; Names of ex-partners; dates of relationships/marriage.
- Any issues within the relationship/s e.g. Domestic abuse (past and present)
- Previous relationships and children from these relationships – include any significant issues. Make it clear that if full assessment happens these ex-partners will be contacted.

Physical/mental health issues:

- Anxiety; depression; counselling - historical and current issues. Impact?
- Alcohol - historical and current issues; What? How much? How often? Impact?
- Use of recreational or misuse of prescription drugs - historical and current; What? How much, how often? Impact?
- Does anyone in house smoke? Who, and how many cigarettes? Where? Impact?
- Would they consider giving up? Implications for terms of approval.
- Physical problems or disability? Impact?
- Weight problems? Impact?
- Any past health conditions that require ongoing management/treatment?
- On major medication (e.g. morphine, sleeping pills, anti-depressants)? What's the physical/emotional impact of medication?
- How does any health condition impact on day to day functioning?
- Name and address of GP – consider consent and contacting GP.

Employment/working arrangements:

- Full time/part time? What are their jobs? Any flexibility? Has proposed carer discussed their plan with their manager/boss? If yes, is manager supportive? How this will fit in with caring role?
- Transport to and from school – how will this be managed?
- School holidays – managing childcare
- Attending meetings
- Contact – able to manage frequency, transport?
- Attending training – commitment to attend

Accommodation/Health & Safety:

- How long has prospective carer lived at address?
- Owner occupier/rented/other? Secure tenancy? At risk of repossession? If privately rented does landlord agree to prospective carer fostering/caring? Comment on stability of the accommodation.
- Comment on suitability of home (including garden) for fostering/SGO – size, safety, hygiene, general condition – be specific. Give advice about what needs to change and by when.
- What are the proposed sleeping arrangements for the child? Assessing social workers to observe all rooms in the house, particularly the bedroom. Do sleeping arrangements need to be changed? Can bedrooms be reconfigured etc?
- Number of bedrooms/areas for play or study - would child have his/her own room? If sharing a bedroom, give details and comment on suitability of the proposed arrangement.
- What equipment (e.g. stair gates) would department need to provide?
- Is garden secure? Are there ponds, trampolines or other hazards?
- Are there firearms at the property? Why need for firearms? See shotgun/firearms licence, if possible. Give details.
- Pets – details and issues arising (e.g. breed, risks, H&S issues). Note – all dogs pose a level of risk, no matter how well behaved they appear. Children should not be left alone with dogs.
- Any other Health and safety issues arising from inspection of property.

Family and support networks:

- Explore support network and support available to carer from Wiltshire Council.
- Attitude of other family members to fostering/SGO, including own children and extended family
- If single, is there a partner? Will they be involved? How much will they be involved?
- What support do they have in place? Where are they originally from – local or relatives far away?
- Are there children living elsewhere? Any issues?
- Relationship with family members, including child's birth parents – close/difficult relationships? How often do they see each other? Do birth parents agree with carer being assessed?

- Has prospective carer considered impact of fostering/SGO on own children?
- What are the children saying?
- Attitude to DBS checks on those over 18 years in household or who have significant contact?
- Fostering/SGO courses and support, allowances and kinship care group.
- Access to community resources – Is there anything nearby? Able to access? Want to access?

Financial issues:

- Financially stable or not? Any CCJs or bankruptcy? If yes, when? Have you checked the Insolvency register for current bankrupts? Will carer have to give up job to care and will this put huge financial strain on them? Can carer realistically support child?
- Explain allowances, if not already done. Fostering allowances are only payable to foster carers. SGO allowances are reviewed and means tested and there is no guarantee of ongoing payments throughout the child's minority.

Lifestyle issues which could impact on care (including positive impact):

- Religion; leisure/hobby interests; diet (e.g. vegan); routines; other grandchildren; voluntary work or other commitments – any likely impact on child?

Summary of strengths and concerns

- Balancing exercise of the strengths and concerns – the summary box is just that, a summary. Analysis does not wait until the end – it should be interwoven throughout the report, using analysis sub heading in each section if helpful. There should be no new information in the summary - remember analysis is not description.
- Taking account of all the information gathered in the interview and the information already held about the child/ren and prospective carer/s, consider suitability/eligibility regarding the needs of the child/ren

Recommendation

Set out whether or not a full assessment is appropriate and which type of assessment is deemed most appropriate. If assessment has been undertaken with view to gaining Regulation 24 approval then the recommendation must be clear about whether such approval is deemed appropriate.

In the event that a full assessment is not considered appropriate, clear reasons need to be set out as to why. Where the carers will not meet fostering standards, consider whether they may be suitable as either special guardians/family carers in another capacity.

The reasons should address why support could not meet the issues identified. When considering this recommendation you should have in mind the considerations from the Family and Friends Care: Statutory Guidance for Local Authorities, and Children Act 1989 Guidance and Regulations: Volume 2

The completed viability assessment will be quality assured and commented on by the Kinship ATM (or other manager in case of absence). Where the viability assessment is used for the purposes of Regulation 24 approval, authorisation/refusal must then be given by Head of Service (Care, Placements and EDS).

The assessment should be shared with the potential carers. This will provide them with an opportunity to correct factual inaccuracies and to give a view on the outcome. The carers may wish to seek legal advice if they do not agree with the assessment. If this is advised it should be recorded. Their views and representations should then be considered and whether this impacts on the outcome of the assessment. Note: timescales for completion of viabilities can be short and gaining the views of the carers should be considered when implementing timescales for the viability.

Where the assessment is negative, the lead worker will send out a negative viability letter to the family informing of the outcome and detailing how they are able to challenge this decision. In the event of a challenge, the Head of Service (Care, Placements and EDS) will review the assessment where necessary. Challenge may also be appropriate using the Court, for cases in care proceedings.

4. Information regarding Regulation 24 assessment

In terms of immediate placement, social workers must already have the consent of the parents (s20) and child's Head of Service/Gateway Panel for the child to become looked after. LAC status must already be in place or is imminent (e.g. next 2 weeks), otherwise Reg 24 approval is not applicable.

The assessment is needed to meet the requirements of placing a looked after child with Connected Persons foster carers under Regulation 24 (temporary approval of connected person) of the Care Planning, Placement and Care Review Regulations 2010. **Regulation 24 should be used exceptionally. There must be clearly identified reasons why the full assessment process as required by the regulations cannot be undertaken before a placement is made.**

If a child is placed before the full approval of the carer as a local authority foster carer, there is a possibility that the connected person may not be approved at the end of the assessment process. The risk of a child being moved from a placement in which s/he has become settled must be minimised by careful consideration of the appropriateness of a placement before full approval. If a looked after child is living with somebody who is not an approved foster carer, this is an unregulated placement. In some circumstances it may be preferable to use a short term placement with an alternative foster carer which includes appropriate contact between the child and the prospective carer pending the completion of the full foster carer approval process. Alternatively, other legal options need to be considered for the children, so they do not come under fostering regulations.

The Regulation 24 assessment must be scrutinised and authorised by the Head of Service (Care, Placements & EDS) before the child is placed (unless for exceptional emergency reason). A full fostering assessment will start once written authorisation is given and will be completed as soon as is practicable, where the intention is for the child to remain with the carer beyond temporary approval, and within the timeframe set out in the regulations (16 weeks).

An assessment period can be extended by up to eight weeks under Regulation 25. The Kinship & Fostering Social Worker will seek agreement to an extension request from the Kinship ATM which must then be put before the Foster Panel and ADM within the 16-weeks' timeframe.

There should not be confusion with a private arrangement between a person with parental responsibility and a member of the child's network of family and friends, even when that arrangement is supported by the Local Authority. You must also consider private fostering, where a person with

parental responsibility, or a young person, makes an arrangement with someone who is not known to the child or is not a close relative.

No child or young person should have to become a 'looked after' child, whether by agreement with those who hold parental responsibility for the child or by Court Order, for the sole purpose of obtaining financial, practical or other support to be provided to the child's carer.

5. Further assessment following the completion of the viability assessment

Further assessment, whether this is a fostering assessment or a Special Guardianship assessment, should be completed by the Kinship & Fostering Social Worker with support and written contribution from the child's social worker. The assessment will be completed on the assessment document currently in use by the Kinship and Fostering team. Medical assessment and references will be required of the carer(s). DBS checks will be required of all members of the household aged 18 or over. Note that fostering assessments require Panel recommendation and ADM approval and there are regulatory timescales associated with fostering assessments that are not applicable to SGO assessments.

The child's social worker will be expected to complete the assessment sections relating to the child and the birth parents, early in the assessment process.

Timescales for this assessment should be agreed at the outset. These timescales may have been set within the court timetable if the child/children concerned are subject to care proceedings however consultation should occur with Kinship ATM before agreements about timescales are reached in court.

The assessment will be quality assured and approved by the Kinship ATM. If the report is for the purposes of a SGO then the HoS (Care, Placements and EDS) must sign and comment on the report following QA by the ATM, before it is sent to Legal by the assessing worker and filed with the court. Note that this does impact on timescales - quality assurance and any amendments from this should be considered when agreeing timescales – the standard is to allow 2 weeks to ensure all quality assurance and amendments are completed and signed off and the report can be with legal 2 days before filing.

Where adoption with connected persons is a realistic option, a meeting between the Safeguarding Assistant Team Manager/Team Manager, Kinship ATM will be held to determine the plan of assessment. This could be incorporated into any Permanency Options meetings.

Please see flow chart which sets out the process following further assessment.