Practising in kinship care: The perspectives of specialist social workers

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This report is dedicated to Jean Stogdon OBE, social worker, social entrepreneur and co-founder of Kinship (previously Grandparents Plus)
(1928 - 2014)

Foreword

My mother, Jean Stogdon OBE, co-founder of Grandparents Plus, now Kinship, with Michael Young (Lord Young of Dartington), was a generic social worker through and through. Her training, ending in 1971, took place during the transition from a specialist 'child care officer' role to one which recognised that people exist and are joined up in networks of family and community. Already aged 43, within a few years she was managing a local service with over 200 staff: social workers who were working across generations, incorporating child protection and adult mental health services, as well as occupational therapists and a seven day a week free Home Help Service. She chaired hundreds of Child Protection Case Conferences and supervised weekly her team leaders who in turn supervised weekly their social workers. If a team leader was new she could support them to build up their confidence, if a social worker was wobbly she knew it and when their team leader was absent, she would keep an eye on them. If neither were around, she knew what was going on in the case and would step in and do the work herself.

Despite the generalism, she grew to believe 'we got it wrong'. Although working with all generations under one roof, the approach to family work was based on the nuclear family. Services, agencies, legislation and careers, including adoption and fostering, were formed on the premise of this 'round hole'. Mum became determined to broaden the focus to incorporate the extended family and friends network. This led to the formation of Grandparents Plus and the development of a support group for social workers practising in kinship care, which became the Kinship Care Professionals' Group. Her commitment to this cause never faltered. In 2000, I helped her get to a meeting with Michael Young while my father was in a coma, not expected to live, and in the last months of her life, at the age of 86, she arranged her thrice-weekly dialysis sessions in the evenings so she could continue to work, including supporting the Group.

Professor Joan Hunt's research, informed by the experiences of so many practitioners, validates the importance of the Kinship Care Professionals' Group. But Mum didn't see kinship as a small component requiring a support group for specialist workers. For her it was necessary to recognize *kinship* ('the square peg') right from the front door of service and practice - practice referred to as 'non material support', but fundamentally 'social work' in the best sense.

The Professionals' Group was and is a necessary route to achieve wider change. This significant research bears witness to a dedicated workforce having to negotiate the fragmented dominant culture from a minority, less powerful position, as do the kinship carers they support. It challenges us to radically shift our approach – to value and support kinship care for what it is, rather than expecting it to fit into approaches designed for fostering and adoption. The language of 'approval' and probably even 'assessment' and certainly 'training' belong in the nuclear ark. Similarly, compartmentalisation of people based on their legal position just doesn't work. At the end of the day, traditional stranger care adoption and fostering comparisons simply use up energy that could go to think about models of kinship practice.

If families have to adapt and change to support their children, so too should professionals and agencies. The Professionals' Group and the experiences of practitioners provide deep roots for change - so congruent with the value of kinship care, in which roots provide stability for future growth and development.

Mark Stogdon
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About the author

Joan Hunt OBE was appointed Honorary Professor in Cardiff University's School of Law and Politics in 2013, on her retirement from Oxford University, where she was a Senior Research Fellow in the Centre for Family Law and Policy, part of the Department of Social Policy and Social Work. She has researched and written extensively on kinship care and most recently produced an overview of the past two decades of kinship care research in the UK.

Acknowledgements

Thanks are due to all the practitioners who contributed to this research. I hope they will feel that the report is an accurate reflection of their views and experiences. I should also like to thank members of the Kinship Care Professionals Group, facilitated by Kinship, whose meetings generated the inspiration for the project. Kinship (previously Grandparents Plus) provided invaluable assistance throughout the project. I would particularly like to acknowledge the help of Jean Stogdon, the founder of Grandparents Plus, with whom the project was devised and Lucy Peake, CEO, who has supported it throughout.

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Chapter 1 Introduction

Background to the study

It is estimated that more than 180,000 children in the UK are being brought up by members of their extended families or social networks (Wijedasa, 2017), an arrangement known as kinship care, or family and friends care. While the UK knowledge base about this family form is still fairly sparse – and meagre compared to research on other types of substitute care such as adoption or foster care – it is growing, and supported by a fairly extensive international literature (for summary, see Brown et al, 2019). One area, however, which so far has attracted little research interest, has been the perspectives of the increasing number of local authority social workers who specialise in this area of practice. The primary aim of this study was to address this research gap, providing a conduit through which their considerable fund of knowledge and expertise could be fed into the development of both practice and policy.

The genesis of this study was the author's periodic attendance at a London-based kinship practitioners' group, now known as the Kinship Care Professionals' Group. Originally set up and run by its members around 15 years ago, it has long been facilitated and serviced by Grandparents Plus, now Kinship.[1] This link was established and promoted by the late – and great - Jean Stogdon, an ex-social worker, children's guardian and co-founder of Grandparents Plus. Jean was passionate both about kinship care and the positive role of social workers in ensuring that wherever it was in their best interests, children who could not live with their birth parents were enabled to remain within their family network and receive the support they and their carers needed. Details about this group, and an analysis of its value, are set out in chapter 10 of this report.

Over the years attendance at the group has proved invaluable to the author in feeding into the development of her own research on kinship care– most recently in planning a study on the links between children's needs, services and the legal status of the arrangement (Hunt and Waterhouse, 2013). However, there has never been funding to go beyond this and to focus explicitly on the practitioner experience. The author's retirement from full time academic work provided the space to do this. Kinship agreed to facilitate the study.

The legal and policy context

The specialist kinship practitioners participating in this study were operating in a demanding, fluid, and somewhat uncertain legal and policy environment. Kinship care was increasingly being emphasised and explored as the first placement choice for children requiring

[1] Kinship is the leading kinship care charity (England and Wales). It is the largest provider of services for kinship families, and through its network of 9,600 kinship carers, ensures their experiences influence policy and practice.

substitute care because their parents were unable, or were deemed unfit, to care for them. Apart from its intrinsic value as a positive arrangement for children, it offers local authorities an attractive means of reducing the numbers of children coming into or remaining in their care. This was becoming more pressing in the context of concerns about the rising care population and the volume of care proceedings – characterised as a 'crisis' by the then President of the Family Division[2] - which resulted in the Care Inquiry (Care Crisis Review, 2018). Increased use of Special Guardianship Orders (SGOs), which are largely made to family and friends carers (Wade et al, 2014), seems to have been stimulated by decisions in the higher courts about the use of adoption. At the same time, however, problems were also being identified with the use of this order, and reviews, leading to changes in law and guidance, were being undertaken - first in England, later in Wales - during the course of the research interviews. Practitioners were also being affected by the introduction of time limits in care proceedings which were putting them under pressure to complete some kinship assessments more rapidly than were sometimes considered feasible or safe. Finally, although the support needs of kinship families were increasingly being recognised, how to meet those needs, in the context of increased demand on strained local authority budgets, was an increasingly salient question. The remainder of this section looks at these aspects of the legal and policy context in more detail.

The growing emphasis on kinship care as the first placement choice

While it had always been possible for local authorities to approve kin as foster parents, this practice had substantially declined prior to the Children Act, 1989, which sought to reverse the trend, influenced by research indicating positive outcomes for the majority of these arrangements (see Hunt, 2009). For many years, however, progress in implementing the intentions of the Act was slow and patchy and policy interest intermittent and low key, largely sustained by the commitment of individual civil servants (Hunt et al, 2008). The pace started to pick up following the work of two government working groups (Laming, 2006; Narey, 2006) which concluded that more needed to be done to give effect to the principles of the legislation. In 2007 a White Paper (Care Matters: Time for Change, DfES, 2007) promised a 'new framework for family and friends care...which will set out the expectations of an effective service' (para 2.36). The Children and Young Persons Act, 2008 strengthened the provisions in the Children Act, adding the stipulation (Section 22C(7)(a)) that where a child becomes a *looked-after* child, the local authority must give preference to a placement with a relative, friend or other person connected with the child over the other placement options. This was reiterated in statutory guidance on family and friends care (Department for

[2] 15th View from the President's Chamber https://www.familylaw.co.uk/news_and_comment/15th-view-from-the-presidents-chambers-care-cases-the-looming-crisis

Education, 2011, [applicable only to local authorities in England]) and statutory guidance on court orders and the pre-proceedings process (Department for Education, 2014, page 11).

Case law provided another, possibly inadvertent, stimulus to the use of kinship care, notably *Re B*[3] and *Re B-S.*[4] Neither of these cases concerned kinship care directly, and both re-stated, rather than changed the law.[5] However, their emphasis on adoption as the *last resort,* only to be made when *nothing else will do*, was followed by – and arguably caused – a marked decline in placement orders, and an increase in SGOs (Harwin et al, 2019; Masson, 2016). At the very least they generated uncertainty and confusion among practitioners. The National Adoption Leadership Board considered it necessary to issue a 'myth-buster' guide (NALB, 2014), to clarify the meaning of the judgements. As the (now) President of the Family Division commented in 2016: '*Over the past three years family lawyers, social workers, judges and magistrates have got themselves into a fair old spin over four short words.'* (McFarlane, 2016). In the same year, in the case of *Re W,*[6] the court made a point of stating that there is no presumption for a child to be brought up by a member of the natural family.

Concerns about Special Guardianship

Special Guardianship Orders were introduced in 2005[7] to provide greater permanency for children requiring substitute care than either long-term foster care or residence orders, but for whom adoption was not appropriate. Although research was indicating that the outcomes of such orders are generally positive (Selwyn et al, 2014; Wade et al, 2014 – later confirmed by Harwin et al, 2019a), there had also been instances where children on an SGO had been maltreated or even killed.[8] Concerns reported by local authorities prompted the English Government to institute a review (DfE, 2015a). The issues noted in the consultation document were: the perceived lowering of thresholds for SGOs with kin as the result of case law; insufficiently robust assessment/approval processes; inadequate timescales, especially in care proceedings since the family justice reforms introduced a 26-week time limit; increased use for young children for whom adoption might be more suitable; and that SGOs

[3] *Re B (A Child) Care Proceedings: Threshold Criteria)* [2013] UKSC 33
[4] *Re B-S (Permission to oppose adoption order)* [2013] EWCA Civ 813
[5] *Re R* (a child*) [2014]* EWCA Civ 1625
[6] *Re W* (A Child) [2016] EWCA Civ 793
[7] Implementation of amendments to the Children Act 1989 made by the Adoption and Children Act 2002.
It does not sever the link with parents, who retain their parental responsibility (PR) but this is shared with the special guardian, who can exercise it to the exclusion of anyone else, including a parent. Parents also require leave of the court to apply for revocation and must demonstrate a substantial change in circumstances.
[8] See, for example, the serious case reviews on Shanay Walker (Wiffin, 2017) and Keegan Downer (Wate, 2017. Also Cleaver and Rose, 2020).

were sometimes seen by families as a temporary measure pending return to parental care rather than providing permanency. These concerns were supported in research commissioned to inform the review (Bowyer et al, 2015a and 2015b), which also identified the frequent use of supervision orders attached to SGOs (an increasing practice reported in research by Harwin and colleagues, 2015). In addition, a case file study by Cafcass (2015, p4) reached the conclusion that a 'concerning minority' of SGOs were unlikely to meet children's long-term needs. A further issue of SGOs being made where children had little or no previous relationship with the carers, had already been raised in a study by Wade and colleagues (2014).

The Review (DfE, 2015b) concluded that while the majority of SGOs were being made to carers with an existing relationship with the child, who intended – and, with some support, would be able – to care for the child until they reached 18, there was a '*significant minority'* of cases where '*the protective factors we expect...are not in place'* (p5). There was a '*clear rationale for creating a stronger, more robust assessment framework'* (p3).

This framework was established (in England) by the Special Guardianship (Amendment) Regulations 2016 (subsequently incorporated into the Children and Social Work Act, 2017). This made two key changes to the Schedule stipulating matters to be covered in the local authority's court report. The first required an assessment of the nature of the prospective special guardian's current and past relationship with the child. The second expanded the assessment of parenting capacity to include:

- the special guardian's 'understanding of, and ability to meet the child's current and likely future needs, particularly any needs the child may have arising from harm that the child has suffered;
- their understanding of, and ability to protect the child from, any current or future risk of harm posed by the child's parents, relatives or any other person the local authority consider relevant, particularly in relation to contact between any such person and the child;
- their ability and suitability to bring up the child until the child reaches the age of 18.

These changes were subsequently adopted in Wales, following a separate review, through the Special Guardianship (Wales) Regulations, 2018.

Court timescales

One identified concern neither review addressed head-on, however, was that of insufficient time being allowed in court proceedings for the assessment of potential special guardians. Wade and colleagues' research on special guardianship (2010, 2014) had already raised

this as an issue, reporting practitioner concerns that timescales were frequently too short for '*in-depth coverage, reflection and analysis or to prepare carers for the responsibilities they were taking on and the difficulties that might arise'* (Wade et al, 2014, p61).

This problem was compounded by the Children and Families Act 2014, which amended the Children Act 1989 to introduce a 26- week statutory time limit for the completion of care proceedings.[9] An extension is only permitted where it is '*necessary to enable the court to resolve the proceedings justly*'.[10] A further stricture is that extensions are '*not to be granted routinely'* and require '*specific justification'.*[11] In the case of *Re S*[12] the then President of the Family Division identified three forensic contexts in which an extension would be 'necessary'. One of these was an unexpected event, including '*cases where a realistic alternative family carer emerges late in the day*' (para 33).

Despite this guidance, however, it is clear that in some courts the 26-week timeframe was being over-rigidly adhered to, resulting in very truncated timescales for assessments. This emerged in research commissioned for the Special Guardianship Review (Bowyer et al, 2015a; Bowyer et al, 2016) as well as in research undertaken by the University of East Anglia (Beckett et al, 2016), which looked specifically at the introduction of the 26-week limit, and has been confirmed in later research by Harwin and colleagues on supervision orders and SGOs (Harwin et al, 2019a). Harwin, for example, noting professional reports of variable practice in relation to extensions, reports that all the professionals interviewed - social workers, Cafcass guardians, lawyers and the judiciary – saw the shorter assessment period as particularly problematic in relation to SGOs and the general view that the impact had been negative, resulting in rushed assessments of variable quality and increased use of supervision orders being attached to an SGO (p111). Continuing concerns were also voiced by practitioners (social workers, lawyers and Cafcass officers) participating in focus groups organised as part of the Rapid Evidence Review on Special Guardianship (Harwin and Simmonds, 2019).

SGOs made on untested placements

Another issue not addressed in the amended Special Guardianship Regulations in either England or Wales was that of orders being made where the child had not lived with the special guardian for an appreciable period of time. Research by Wade and colleagues (2010) had revealed that almost a quarter of children only moved to live with the special guardian once the order was made. Later studies have reported even higher proportions

[9] (S14(2) [ii])
[10] S32(1) (a) (ii)
[11] S32(5) and S32 (7)
[12] *Re S* [2014] EWCC B44 (Fam)

(31% in the study by Harwin and colleagues, 2019; 47% in that by Bowyer et al, 2015b). This practice runs counter to the expectations of the legislation, as evidenced by the stipulation that close relatives can only apply for an SGO after the child has lived with them for a year, unless certain conditions are met, viz: they already have a residence order, or the consent of all those who hold parental responsibility, plus the local authority if the child is looked after, or – a crucial exception – a court. Concerns raised by a range of family justice practitioners were reported by Hunt and Waterhouse (2013), while Wade and colleagues (2014) indicated poorer outcomes for SGOs made in such circumstances. All these studies recommended that there should be a testing-out period prior to the order being made.

Ideas for how this might be managed ranged from encompassing it within care proceedings – extended where necessary - via an interim care order or an interim residence order; making a full care order with the expectation that an SGO application would be made once the placement was established; or, more radically, by legislating for a special guardianship placement order.

In the absence of any new regulations or formal guidance, courts were left to find their own way until the case of *P-S,*[13] in which the Court of Appeal addressed the issue head-on. The Judge in the first instance had concluded the case - the 26-week time limit having already been exceeded - with care orders but in the expectation that SGOs would be subsequently applied for. In doing so, the Judge was said to have relied on 'informal guidance' given by a High Court Judge that an SGO should not be made, 'absent cogent reasons to the contrary, (unless) the child has been placed with the proposed SGO applicants/parties for a considerable period'. The Appeal Court not only criticised this reliance, emphasising that it was not the same as authoritative guidance or a practice direction, but also stated that the concept of a short-term care order was flawed (para 33). Considering the options open to the court, the judgement concluded that making interim care orders and extending the proceedings would have been the appropriate way to proceed. The President of the Family Division added a further commentary, arguing that there was a need for authoritative guidance to sit alongside the statutory materials and invited the Family Justice Council to undertake this task. Interim guidance was issued in May 2019 (Family Justice Council, 2019). This was subsequently endorsed in a report by the Public Law Working Group in 2020 (see below).

Interim Guidance on Special Guardianship Orders

The Interim Guidance addressed the specific issue of cases where an extension to the 26-week time limit is sought in order to assess potential special guardians within the care

[13] *Re P-S (Children)* [2018] EWCA Civ 1407

proceedings. It stressed the importance of identifying potential carers at an early stage, pre-proceedings where possible, including by convening a Family Group Conference (para 3). At the same time, it recognised that there are cases where possible carers are only identified late in proceedings and that there may be other reasons, including where more time is needed to 'assess the quality' of the prospective special guardian's relationship with the child to 'ensure the stability of the placement' (para 6c). Where an extension is approved, 'consideration will need to be given to the legal framework' (para 8). Where an interim care order is not possible because of the 'current regime imposed' by fostering regulations, the alternative cited is a Child Arrangements Order plus an interim supervision order. The Guidance also stated that when making directions for a full SGO assessment the court should consider, and if necessary, make orders relating to, the time the children should spend with the proposed special guardian/s.

In addition to these sections dealing, although not explicitly, with the specific issue of untested placements, the Guidance also made an important statement about the broader question of the time needed for assessments, viz:

> *'In the event that a full assessment is undertaken it will usually require a three-month timescale'* (para 3).

A document issued alongside the Interim Guidance, entitled *Timetabling and Timescales for full Family and Friends Assessments,* prepared by Brighton and Hove City Council Family and Friends Team, fleshed out this statement, stressing the complexity of kinship carer assessments and setting out the 'core requirements' against which 'any timetable should be informed'.

Where proceedings are extended, however, as the new President of the Family Division noted at the time, they would still be included in the statistical returns, and therefore the potential for 'dragging the court centre's total outside the target' for completion of care proceedings. Hence, he went on to wonder whether 'provided the use of the exception to extend the proceedings is operated cautiously by the judges, the collection of statistics might make an exception for the relatively small group of cases' (McFarlane, 2018).

Best Practice Guidance on Special Guardianship Orders

This 'suggestion' was endorsed and strengthened by the Public Law Working Group (PLWG) in their report entitled *Recommendations to Achieve Best Practice in the Child Protection and Family Justice Systems: Special Guardianship Orders,* which was issued in June 2020, in advance of their full report, because of the urgency of the issues. Appendix E - *Best Practice Guidance for Special Guardianship* – which the report recommends should be issued by the President of the Family Division, states that 'where care cases are authorised

beyond 26 weeks, such cases will need to be removed from the CMS 26-week track and entered into a separate database' (para 25).

Somewhat surprisingly, neither the main report, nor the appended Best Practice Guidance, reiterate the clear statement in the interim guidance, that a full special guardianship assessment will 'usually require a three-month timescale', although it may perhaps be implied from inclusion of the interim guidance (in sub-appendix A). The main report is vaguer, stating that 'the issues that must be addressed…strongly suggest that an assessment cannot be completed without *substantial* time and resources' (para 27) 'will take a *significant* number of weeks similar to a fostering or adoption assessment' (para 35) and that 'timetabling for the provision of assessments should be *realistic*' (para 38). (All emphases are mine).

The report is unequivocal in arguing the need for special guardianship assessments to be strengthened, having concluded that previous changes in the regulations or legislation have had limited effect (para 26) and that 'there is a notable variation in the quality of the assessments filed with the court' and the evidence base of the recommendations. (para 33). It singles out two areas requiring change: first, renewed emphasis on the relationship between the child and the special guardian; second, the need for prospective special guardians to have cared for the children on an interim basis prior to the final decision (para 4). Each of these changes could result in care proceedings being extended beyond the 26-week timeframe. The duration of such an extended timetable is to be dictated by the facts of the particular case, but the Best Practice Guidance (Appendix A) anticipates it should be no longer than 12 months from the point the child is placed with the prospective special guardian (para 30).

In addressing the question of the legal status of the child placed with the prospective special guardians prior to an SGO, the report acknowledges that making an interim care order can be problematic where the prospective carer cannot be approved as a kinship foster carer. One of its recommendations for longer term change is therefore that further analysis and enquiry should be undertaken by the English and Welsh governments into (1) whether the fostering regulations require revision in relation to kinship foster carers, and (2) whether the legislation should be changed to enable the court to make an interim SGO (para 47).

The increasing use of a supervision order alongside an SGO was also of concern to the PLWG, particularly where it was being used as a 'vehicle by which support and services are provided by the local authority' (para 42). They recommended the use of such orders should be reduced, and that there needed to be a 'culture shift', with the support to be provided by

the local authority being 'clearly, comprehensively, and globally' set out in the special guardianship support plan.

Supporting kinship placements

The new framework for family and friends care promised, as mentioned earlier, in the Care Matters White Paper (DfES, 2007) eventually emerged in 2011 as Family and Friends Care: Statutory Guidance for Local Authorities (DfE, 2011). This guidance (which only applied to England) makes significant demands on local authorities. One of the most challenging requirements is that policies should be underpinned by the principle that children in kinship arrangements should receive the support they, and their carers, need to safeguard and promote their welfare (para 1.2). Research had increasingly demonstrated that the children in kinship families are very similar to those placed with mainstream foster carers in terms of their previous experience of poor parenting, and hence that many will need high levels of support (see for example Farmer and Moyers, 2008; Wade et al, 2010; Selwyn et al, 2013). However, it also consistently showed that such support was rarely forthcoming (for example, Farmer and Moyers, 2008; Hunt et al, 2008; Murphy-Jack and Smethers, 2009; Wellard and Wheatley, 2010).

Another challenge presented by the 2011 guidance is that support should be based on the needs of the child rather than merely their legal status (para 4.6). Children can live in kinship arrangements under a range of legal statuses. However, there is only one under which the local authority is *required* to provide support – where the child is a looked-after child and therefore the carer is an approved (kinship) foster carer. In all other circumstances, support is discretionary. Local authorities have the power, but no duty, to pay regular allowances and other support can be provided if the circumstances meet eligibility criteria. Local authorities do have a duty to establish special guardianship support services. However, whether an individual child or carer is offered these services depends on an assessment of need. Over the years, as research has demonstrated (Hunt and Waterhouse, 2013), a hierarchy of provision developed, with kinship foster care an increasingly reliable passport to support, special guardianship a variable second best and informal arrangements most disadvantaged.

The issue of support for families with Special Guardianship Orders is now attracting more attention, though primarily where the children have been 'looked-after' prior to the order being made.[14] In England, the remit of the Adoption Leadership Board – now the Adoption

[14] The DfE have added new criteria of eligibility for the Adoption Support Fund. When a child 'leaves care under a Child Arrangement Order (CAO) to enable the assessment of a potential special guardian, while the CAO is in force. They remain eligible if a Special Guardianship Order is subsequently made'.

and Special Guardianship Leadership Board - has been extended to such children. They are also now entitled to Pupil Premium Plus and come within the remit of the Virtual School Head. In Wales, AFA Cymru was commissioned by the Welsh Government to produce a guide for the 'offer' of special guardianship support, which was launched in 2020. At the beginning of this year, the Adoption and Special Guardianship Leadership Board produced a 'blueprint' for special guardianship support services. Both these documents can be seen as a way of not only improving the support available to special guardianship families but reducing variation in local authority provision.

While both these documents were focused on special guardianship, each has a wider applicability to the needs of kinship families, whatever the legal status of the arrangement. This broader focus was the explicit remit of the Parliamentary Taskforce on Kinship Care. Set up in December 2018 to raise awareness of kinship care and improve the support available to families, it reported in 2020.

A common theme in all these documents is the need to improve support for kinship families and reduce what has become something of a post-code lottery.

Study design

The initial research plan was to conduct telephone interviews with regular attendees at the Kinship Care Professionals' Group, ideally covering around 20 local authorities. The aim was two-fold – first, to explore their perspectives and experiences as specialist kinship care practitioners; second, to ascertain their views on the support group – what they saw as its value and what changes might enhance this. To inform both the elements in this study, an analysis would be undertaken of the available minutes of group meetings.

In the event, while the invitation to participate did not achieve the target number of regular attendees drawn from different local authorities, expressions of interest came in from across the country from practitioners who were unable to attend meetings but were on the mailing list. It was therefore decided to extend the scope of the research and, while not abandoning the attempt to evaluate the group, to focus primarily on practitioner perspectives on working in kinship care. Several of those expressing interest in taking part in the research indicated that they were volunteering on behalf of colleagues. Hence the plan to conduct individual telephone interviews was amended to include face-to-face focus groups. Finally, towards the end of the fieldwork period, focus groups were conducted with the London-based practitioner group and practitioners brought together by Kinship to consider setting up a support group in the North.

The study sample

The final sample consisted of 42 practitioners, 12 of whom were interviewed individually, 30 as part of six focus groups. They were drawn from 25 local authorities, 19 in England, six in Wales. The nature of the recruitment process – essentially a combination of a convenience and a snowball sample - means that the sample cannot be representative. Nonetheless its geographical spread, and the number of local authorities involved, gives a degree of confidence that the views expressed and the issues raised do have a general relevance. The author has also been privileged to attend several All-Wales consultative events hosted variously by AFA Cymru, the Fostering Network and the Welsh Government, which have involved practitioners from every local authority in Wales, focusing on kinship foster care and special guardianship. These have both informed the research and provided reassurance that the findings of the individual interviews and focus group are consistent with the broader picture.

The sample spanned a range of roles. The majority of participants were engaged in face-to-face work with kinship families, either as basic grade social workers, senior practitioners, or occasionally, social work assistants or support workers. About a third of the sample had managerial roles, mainly at team manager level but also including a few in more senior positions. There was less variety in terms of organisational structure, with the majority of participants either currently being part of a separate specialist team, or having been so in the recent past. A few were working within either fostering or adoption, usually as part of a specialist team within a team.

The sample included practitioners with experience of both assessment and support. Although in terms of the latter, this was most likely to involve support for kinship foster carers, a few had experience of providing post-order support for special guardians. Those at managerial level were also usually able to speak about both assessment and support, though again with a bias towards kinship foster care.

Interview format and data analysis

Interviews were very loosely structured, using a broad topic guide covering the following questions:

> What do you like/dislike about working in kinship care?
>
> What are the major challenges you face in your work? Have these changed over time?
>
> What particular skills and knowledge does the work require? Is a degree of specialisation important? If so why?
>
> What helps to support effective practice? What more is needed?

What do you feel your authority/team does well/elements of good practice you want to highlight?

Are there any areas in which you feel change/development is needed?

What would you ideally like to offer carers and children? What are the obstacles to providing this?

Are there any messages you would like to convey to: carers/courts/Cafcass/lawyers/other agencies/government?

What are your views on the use of kinship care as a placement option? Have your views changed over time? Is it being used appropriately in your area? Has this changed?

However, since the objective was to give voice to practitioners, rather than to obtain answers to pre-set questions, interviews and focus group discussions very much allowed practitioners to take the lead in exploring issues they considered important.

All interviews were transcribed and analysed using NVivo, a computer programme designed for the analysis of qualitative data.

Kinship care: good for children, rewarding for practitioners

Not surprisingly, given the nature of the sample, practitioners expressed high levels of commitment to their work. Indeed, many spoke in terms of loving it, and, not infrequently, being passionate about it.

I think it's an absolutely fascinating area of work.

I was very passionate about the work I did. I could see the purpose in it, I never questioned it, I absolutely saw the reasoning behind what I was doing.

One element in this commitment was clearly their belief in the positive benefits of this form of care. It was seen as providing continuity, enabling children to retain existing bonds and preserve their familial and cultural identity.

They continue to have the same life story as the one they have been living in. If you see the extended family as a system, they are not removed from that system. You are possibly trying to correct one part of that system but the larger system is still the same. They tend to still meet at the same meetings, attend marriages, birthdays, celebrate the same festivals. I think there are a lot of advantages in that, the child doesn't have to re-orientate themselves to a different world. It's still the same family, community, culture, the same language, clothing, food. It gives children almost the feeling that 'I'm not lost, I don't need to understand myself again from an entirely different perspective'. That is not there with a non-kinship placement.

Being cared for by kin was considered to provide children with a sense of security and belonging, to be less stigmatic than unrelated foster care, and generally to produce better outcomes:

I would always want a child to go and live with a family member...There's the life history, the family tie, all of that. The children in many, many, of the families feel loved, and they can misbehave and be normal whereas for children in foster care it was more structured, they're less relaxed and maybe the fear of misbehaving. It's

almost like they're lodgers in the home. Foster children are often lodgers until they've had a very long time in the placement.

Something that I believe, and it's no disrespect to foster carers, who I think are doing a brilliant job, but that sense of the love and affection, the feeling of 'this is our family, someone who cares', it has that advantage.

There's less stigma attached to saying you live with your nan rather than that you're living with foster carers.

We know if we can get them placed with family it's going to be better for them.

Practitioners also voiced enormous respect for carers, and particularly for their commitment, persistence and resilience which, as one put it, was '*inspirational*'.

The spirit of family and friends carers is incredible. They're up against it, they're the most dedicated group I've ever met. They just get on with it. Amazing. It's been an honour and privilege to work with them.

They're the most resilient carers I've ever come across, particularly in the teenage years. They're dealing with some of the most challenging teenagers and they just, it's that unconditional positive regard they have for the children...We have some fabulous family and friends carers who are managing the most difficult children. They say the words 'I can't go on any longer, I can't cope with this level of behaviour' but actually they do.

The stickability of most of the kinship carers that I've come across and our team has come across is just really impressive.

Given the perceived benefits and their admiration for carers, practitioners derived considerable satisfaction from their role in facilitating kinship placements. Other elements in the work also provided rewards:

<u>Variety and challenge</u>

It's never dull, it's always a challenge, every situation. There are parallels but no one case is ever the same. It's quite emotive and ever-changing, so it keeps you on your toes.

The family dynamics are so diverse that every case gives a new challenge and a new perspective.

That's the bit we enjoy as a team: we like that part of the work which isn't so cut and dried, is challenging. And every case is very, very, different.

<u>Engaging with families in finding solutions</u>

I think I've always enjoyed working with family and friends carers because it's about enabling families to find their own solutions. ...It feels to me a very happy way to work with people.

I think the work we do – this sounds really cheesy, but actually working with those families, taking them through, how complicated their situation is and helping them understand that, what it means to look after those children. Nothing seems simpler than caring for a member of your own family, but in the context of the work we do nothing seems more complicated. We recognise that and to see families come on and do well with the children is rewarding really.

A hybrid professional role

> (In this team) *we're all social workers who have worked frontline, and the majority of us like the frontline work, but I think it's a midway between frontline and fostering. I wouldn't want to be any more detached from the childcare element of social work, purely working with adults in like a mainstream fostering team or adoption. It gives a good balance.*
>
> *I come from an adoption team and I think coming into kinship care it feels more like I'm doing social work because you're having the connection with adults and children...So for me it feels much more live, much more real and much more back to social work.*
>
> *In family and friends you get closer to real social work.*

Greater involvement in the local authority decision-making process

> *Being more part of the decision-making, more communication with the frontline teams and more pivotal role in assessing.*
>
> *It's one of the nicest areas of social work in terms of how you see things from the beginning right through to the end. You are fully involved right from day dot and you do see the process right through to the end and watch them go off into the sunset. It doesn't always work out like that, but when it does, I think it's one of the very few parts of social work where you can see 'I've done the job'.*

Caveats and concerns

Alongside their overwhelmingly positive views about kinship care, however, practitioners also added some caveats. Kinship care is not appropriate in all cases; some placements break down or do not adequately meet the needs of the child. Sound decision-making and adequate support are vital but not always in evidence:

> *I do passionately believe that kinship care is right for many, many children but not against all of the odds. It's got to be a proportionate and balanced, sensible view.*
>
> *I've always felt it's a viable, strong option for children when it's the right option; it's how that's decided whether it's the right option.*
>
> *If they've got attachments with their own family and it can work and be safe then of course that's the best place for them. But if it's fraught and it's risky...It's that balance.*
>
> *You want to do the right thing and you want to give people the chance but the reality is that there isn't a lot of support out there. And you don't want to set people up to fail because actually that's more damaging, for everybody.*
>
> *There is a political perception that it's kinship at all costs, when sometimes children might be better adopted.*

Similarly, despite the satisfaction they derive from their work, practitioners also talked extensively about its complexity and the challenges they face, not only working with carers and potential carers but within systems which are not adequately attuned to the unique characteristics and needs of kinship families. In the next chapter – which examines the challenges presented by kinship carer assessments - we begin to explore these issues. Chapters 3 and 4 focus on two specific issues related to assessment – respectively

thresholds and court timescales. Chapters 5, 6 and 7 look at special guardianship. Chapter 5 reports on practitioner concerns about SGOs, chapter 6 covers special guardianship support plans and the organisation of support services while chapter 7 deals with support needs and services to meet those needs. Chapter 8 deals with support for kinship foster care and chapter 9 with practitioner specialisation. Finally, chapter 10 reports on the findings in relation to the value of the Kinship Care Professionals' Group and practitioner suggestions for enhancing this. Chapter 11 provides a summary of the findings and draws out the implications for policy and practice.

Chapter 2 Assessing kinship carers: challenges for practitioners

As has been noted in previous research (Farmer and Moyers, 2008; Sykes et al, 2002) the profile of prospective kinship carers, and the circumstances in which they come forward to be assessed, are very different from those of applicants seeking to be traditional foster carers or adopters. Hence the assessments present different, and, it was reported by participants in this study, greater challenges for practitioners, as well as being, in many ways, a more satisfying professional task.

> *It's the complexity of many of those arrangements. We have to work very hard, very often, I'm afraid, to convince our colleagues that placement with kinship carers are, by and large, positive for children, but are complex and create lots of challenges that don't happen in unrelated foster care.*
>
> *These are big, meaty assessments. That's what interested me. I think it's the only type of assessment that you really get to do as a social worker where you're not just assessing the here and now or the past, and how that's impacted on a client, family dynamics, whatever, there's a lot of work you're doing which is about preparing that prospective guardian for the future....Getting to grips with these families that you know nothing about, and the challenge of having to work through everything and get to the end. And I've enjoyed seeing how families have grown and developed. The assessments are just so big and full and rich of people's lives, I just think they're really interesting assessments to do.*

Building a productive working relationship with those being assessed

The assessor's first challenge is to begin to establish an open and trusting relationship with potential carers who may be suspicious of children's services or even blame them for what has happened; do not understand or accept what will be expected of them; and understandably want to present themselves in the best light:

> *When people know they're going to be assessed and have a social worker come along and find out more about them, they have very little idea, the majority of the time, of what our expectations are, the journey we're going to take them on, how enquiring we're going to be and how challenging we're going to be on occasions. That can be quite a shock to the system for them and actually the assessors need all their skills to work with people and bring that information out of them at a really sensitive time.*
>
> *Trust and blame are massive for carers. And building that trusting relationship where they think you're going to make false promises and then disappear are massive.*
>
> *It's not so easy to work with kinship carers because there's always that flip side of 'this is our family, I don't feel we need to be answerable to the local authority for what we do'.*
>
> (Assessors*) need to have the ability to challenge...not to be complicit, accepting what people are saying. Because they will want to present a good picture of themselves.*

Assessing the carer's appreciation of risk

In some cases, carers come to the assessment with a good appreciation of the issues which have resulted in local authority action. Indeed, their own concerns may have been instrumental in that action being taken. Others, however, will be largely or entirely ignorant, and/or may struggle to accept the local authority's assessment of risk:

> *There's family loyalty and disbelief – 'I can't believe my son would do that'. To shift that narrative is massive. We're not looking for a full shift, just signs.*
>
> *They have to grieve about what's going on with their kids or what they've found out about their children. Because often they don't know, or they know bits of it, so they've been told awful information about their children and that's really.... But also, some things that would be negative if we got a bit more time, we can do a bit of work to move people on.*
>
> *The ones where people struggle are where there's a non-accidental injury. They've had 24 years of their son/daughter growing up, sometimes without police involvement, without drug/alcohol involvement, it's a single issue case, an injury and sometimes you're going into these families and they've been functioning quite well before this incident, and saying 'do you realise* (X) *is a risk'? Well no, they've had 24 years of knowledge where they've never been a risk.*

Shifting that narrative so that the local authority can be confident the child will be safe, practitioners said, requires patience, skill, understanding, information and, above all, time, in order to move prospective carers, as has been described elsewhere, (AFA Cymru, 2018), from disbelief to understanding:

> *Sometimes when they say 'they didn't do it, they didn't do it', it's about us having the time to work through it, and address our understanding of that as well, because we've all got our own biases, our own thought processes, but if you've got enough time to unpick it with the family you can unpick your own anxieties and vulnerabilities along with theirs so you can come to an evidence-based conclusion.*
>
> *There can be a real change. I think that's about time. There have been cases where we've said 'there's been a real shift here'. We have done some quite intensive work during assessments. There was one where the issue was* (grandfather's) *ability to protect the baby from his daughter. He needed to understand her dependence on drugs. We linked him with a drug worker, he went to a parental drug support group, he went on* (X) *course. We worked through all that in the assessment because luckily with that one we had time.*
>
> *If you can show them the medical report, show them factual information which says this was inflicted, and there were only two people who had contact with the child in the timescale, I think sometimes they can then understand that. But you can't do that without giving them that information; you can't expect people to lurch to the point of 'yes,* (X) *is a risk'.*

Sometimes the assessor is not convinced that the prospective carer does understand the risks and is either merely saying what they think the local authority wants to hear, or is unable to carry it through:

There's always a balancing act around the carer's ability to safeguard and whether that is an intrinsic belief that their son or daughter is a risk or they're buying into that because of the external threat of 'if you don't adhere to it the child will be removed'. I've had a few lately where I've been trying to weigh up whether they are intrinsically motivated because they themselves appreciate the risks, or whether they are just saying the right things because externally they know the threat. And obviously we know, working in this field, that being intrinsically motivated will stand them in better stead to continue to adhere to those child protection plans and protect the child long term and if they're externally motivated during proceedings or during the department's involvement I worry, if we don't stay involved, then some of those protective factors will lapse.

Enabling carers to grasp the reality of the task and the impact on their lives

It's the only type of assessment I've done where you really are taking that client on a reflective journey. Every single assessment I have undertaken the client has said to me 'you know, I hadn't thought about that until you said' and I think that shows I've done a good job, that it's made them think.

This concept of assessment as a reflective journey was a key theme in the interviews. Practitioners emphasised the extent to which the process involved trying to help carers appreciate what they would be taking on and how their lives and family relationships would change:

Working with those families, taking them through how complicated their situation is and helping them understand that, what it means to look after those children. Nothing seems simpler than caring for a member of your own family, but in the context of the work we do nothing is more complicated.

Having to work through with them around matters, having to separate out their relationship, generally with their own child, now that they're caring for the grandchild, and having to support them in that shift of family loyalty maybe, supporting them with divisions in the family, perhaps the stigma of 'I'm now caring for my daughter's child, what are people going to make of it in the community?' And things around contact, having to support them to shift their thinking from...We're asking people to do things...these aren't people who have chosen to do this, it is often a situation which has become foisted upon them. These are grandparents who are seeing where their life is going and all of a sudden, things change for them. Almost having to help them move forward, that their life is now taking a completely different direction.

This process, successfully accomplished, it was said, enables carers to decide whether they are able to make the necessary long-term commitment to the child and, where they do so decide, begins to prepare them for the challenges they may face:

If they really can't do it, getting them to that point of acceptance really. And if they can, helping prepare them and supporting them with that. So assessors are wearing two hats really – they're assessing, preparing, counselling, doing all sorts of things in that window of 12 weeks or thereabouts.

When you're doing an assessment you're doing preparation as well...helping them to understand the task. The more we can do at the beginning, you can feed into those assessments and get people thinking, the stronger the placement is likely to be.

These efforts are not always successful:

> *I've never found a way to ram home the reality of what they're taking on. The problem is that everything is the wrong way round. Ideally you would do the preparation work before the child is placed.*

Helping carers to understand the long-term impact on a child of adverse previous experiences was seen as a particular challenge:

> *Some carers can't be educated to a standard that we – to understand trauma etc.*
>
> *We come across quite a bit of just blanket refusal to understand that when children are not behaving in the way they think they should that the child isn't being naughty or manipulative or evil or whatever, that they have a lot of complicated, traumatic past issues that are impacting on them. Sometimes we can work in a way that enables that to be moved forward and progressed and there's more understanding around that and sometimes we're not. And we're concerned in those situations where we're not able to progress that as far as we like what the experience of the child in that home will be.*

A fundamental pre-requisite, however, was seen to be time, with most practitioners saying that short timescales limited what could be accomplished:

> *The key thing is the family having time to reflect and change. We need a bit more time to help people to be surer* (about what they're taking on).
>
> *Short timescales are a barrier to helping carers prepare. You get on the train and it goes...It blocks their thinking.*
>
> *If you did have a full 12 weeks you could take these carers on a journey so they could begin to understand about loyalties, about loss, about changing dynamics within the family, all that kind of stuff.*

The issue of court timescales, which loomed very large in practitioner concerns, is the focus of Chapter 4.

Assessing suitability

> *Nobody knows what the thresholds are, they're very flexible. There are lots of dilemmas.*

The assessor's core task, of course, is to be in a position to make a recommendation – to a fostering panel and/or the court - as to whether those being assessed are capable of meeting the needs of a particular child. In one sense this may be seen as easier than assessing the capacity of a mainstream foster carer, who is assessed to care for a range of unknown children. In other respects, however, the task was seen to be more challenging.

There may be issues relating to family history, and especially with potential grandparent carers, their parenting of the child's parent:

> *We work with adopters and special guardians. I do think that both sets of things come with their own complicated issues, but I think caring for related children is by far the most complicated. I think there are a lot of dynamics happening between the*

carer and the parent and a lot of times, not universally, but that person didn't lose their child in isolation, there were issues that may have stemmed from previous experiences that may or may not have happened in that family and those can be complicated, especially if they involve parenting issues for the person who is now the carer. So there's a lot of unpicking of that.

Their children could have been known (to children's services)*, there could have been problems about their own parenting capacity. We have to address those issues, we don't minimise them, but …have they had a chance to reflect on their parenting, what were the deficits, what have they done to address those, what would they change, how would they parent these children differently, do they have any insight into what these children's experiences was? What informal things have they done to safeguard these children? All those things are factors.*

There are complex family dynamics to be unravelled and their impact ascertained:

We've never done a kinship assessment here without looking at family dynamics because you can't look at placing a child within a family without exploring the implications of how those relationships work. And how that's going to interplay in the short term and in the longer term. And how that's going to be managed, because it's such an emotive situation, to have another family member care for your child, and that can resonate throughout the family.

There's the added complexity around these enmeshed relationships that have been going on for years and how that complicates things and the meaning of those relationships, which in adoption you don't have, of course, because they're strangers. In kinship it's an added layer of complexity that we need to think through. And sometimes you don't know how those are going to impact until you start doing the assessment, and then you realise that X isn't talking to Y or that that has happened. So that dynamic adds another complexity.

Age and health, physical or mental, can be problematic:

I think age is a real issue, real tricky. We've been asked to assess, for a five year-old child, his grandma, who is 70 and lives with two older sisters. That was quite a debate for us. We're going to do it, it was a positive screening... But I am aware we have the SGO support team supporting some older carers who are really struggling...I'm not saying we're not doing it, I'm just saying, you want to do the right thing and you want to give people the chance but the reality is that there isn't a lot of support out there. And you don't want to set people up to fail because actually that's more damaging, for everybody.

Placing children with grandparents, sometimes there have been health issues – cancer, heart problems - and that has triggered issues for the child, the fear of losing the grandparents, Sometimes their health has deteriorated and they haven't been as mobile, able to drive.

We've got quite a few where people have had long-standing problems with anxiety and depression, or they make disclosures about being sexually abused as children...

A common theme in practitioner interviews was the acknowledgement that the profile of many kinship carers is very different from that of applicants to become mainstream foster carers:

When you think of the typical mainstream foster carer you think of somebody that might be seen to be middle class, living in a house that is quite nice, they've both got full time work, might have been to university, their children have grown up and moved on, that's the sort of idealistic view. With family and friends carers you've got grandparents who might not have finished their education, never been to college, worked in factories or here, specifically, we've got quite a lot of Asian communities where they might not speak English, or they've never had any education.

In a mainstream assessment, practitioners are used to ruling out applicants who would not meet fostering standards. Kinship fostering assessments, it was emphasised, do not present such a clear choice:

It isn't so set in stone that you can rule this carer out because they smoke, the rules are never as cut and dried as that, there's always the fact that they're the grandparents and yes, they do smoke but they go outside, whereas in fostering and adoption you couldn't accept that. It's the complexities of families, the room space, the health issues, there's always something. No assessment is ever, or very rarely, a tick box, - yes, they've passed that - there's almost always additional work that we need to do or stuff we need to further explore, additional training we need to put in place to say we've tried this. It's never cut and dried because they're families and that's the bit, they're not standard, they're human beings who don't fit into that round hole...Even after you've done an assessment, you can always find fault, none of these placements are 100% risk-free.

You need to have that level of comparison in that although it might not be the best place in terms of the risk it becomes more a matter of risk management. If you are giving points, almost scoring a placement on a points system, you need to give a higher number of points because it is family, and the relationships you get in a kinship placement, you need to give more than in a (mainstream) *foster placement. If 100% needs are met in a foster placement, and 90% of the child's needs are met in a kinship placement, you would still want to work with that particular placement because it is giving you that extra leverage of having that child placed in a family environment, in their community, in their culture.*

Hence a different, more flexible and creative approach, it was said, is needed:

In terms of mainstream foster care they wouldn't necessarily get through to the end but in terms of family and friends carers that's where we need to be creative. Because it's about balancing out what's right for that child. And if we can support them to learn a new language, or we can look at how we can put them onto training in terms of them understanding education they didn't have a positive experience of, that's where you need to be creative, whereas with mainstream, they may not get past an initial visit. That's where the thresholds can be quite different in terms of our expectations. We're prepared to be quite creative with family and friends, when you're balancing out various factors, it's not necessarily about they don't meet the minimum standard, or they don't hit this regulation, it's about how we can support them to get through an assessment so that they can care for that child because we feel that's the best place for that child, with support in whatever that area specifically is.

Because connected people are not going to meet all the criteria for a generic foster carer, it has to be more flexible. Like if you're a generic foster carer if they were a smoker they wouldn't be considered for a child under five whereas if we have a child

who's in crisis and the only thing that would preclude them from being with a family member would be that they were smokers we would be a bit more flexible. It would be 'how can we support this family member to meet the standards'. I think that's the difference when we're looking at connected persons, we're looking at the strengths, the vulnerabilities and how they can meet the National Minimum Standards, with support, and provision from the local authority to ensure the child can remain within the family, whereas with recruited foster carers these things would be considered significant obstacles which would preclude them from being considered.

I think there has to be a common-sense approach. We can use quite a lot of discretion around the practical side of things. You can very actively support with home conditions, you can get services going in, you can get third sector services, you can support with moving. You can make sure the carers are in agreement with providing a smoke free environment for the child Those kind of things. Being realistic, I suppose. Saying just because someone smokes outside doesn't mean they shouldn't care for their grandchild.

At the end of the day, however, it may be a finely-balanced judgement:

Where do you draw the line; where's the right balance? I think that's the reality, we're not dealing with an exact science. Kinship pushes all those social work values and skills, it challenges us more than adoption and fostering. You just wouldn't approve adopters or foster carers with those issues, it would be a clearer cut decision. Whereas with these families we're working with its borderline in a lot of cases. But actually it's the children's family and they might be really committed to them. So it can go any way sometimes: give me the argument against and give me the argument for and I'd be swaying.

It's about balance. It's a family placement, they may not be ideal. But we don't want to lower standards. It's about 'can we work through whatever the issue is?' It's always a balance.

Tested and untested placements

Concluding an assessment before the placement is made, particularly where there is little or no relationship between the child and carer, as was reported to happen with some SGOs, was a further challenge for practitioners (and highlighted as a risk factor in placement breakdown by Wade and colleagues, 2014). Such assessments were seen as being more akin to that for adoption but with the crucial difference that there is no provision for a testing out period before the order is made:

Until a child is placed you can only speculate how it will work out. There is only so much you can do before the child is there.

When the child's living there it's easier because you can show that (the carers) *have learned this or they haven't learnt that. When the child isn't living there, like any fostering or adoption, your assessment is only as good as what people are telling you and what you assess is what they'll potentially make as carers. It's not 100% scientific, because we're human beings and until they're put in that situation you don't know how they're going to react.*

The difficulty is that if they're not caring for the child you're assessing the unknowns, you're assessing people to do something they're not actually doing. Sometimes that

might involve bedroom sharing when the children are actually placed which can become a massive problem. There's no testing to see in reality 'Is this going to work, are they going to manage two or three children they've never cared for in any significant way?'

In these circumstances, where there is time, practitioners said that the assessment period might be used to make introductions and develop the relationship:

I think generally our stand would be that if there is no existing relationship prior, we would say no to the SGO. Or we would try that. The compromise we would try to have is that at viability stage, if the assessment is quite positive, we would say there is a possibility of this assessment going forward, but during the assessment phase we would want contact to develop between the child and the prospective carer and that contact, their relationship and interactions will become part of the full assessment. We have done that and sometimes it has gone ahead and become positive.

Alternatively, where the carer can be approved as a foster carer, the recommendation might be for a care order so the placement can be tested, with a view to an SGO being made at a later stage:

Where there is no significant relationship with the child, we would say have a period on a care order with a view to an SGO later. The children have the same problems as those in unrelated foster care.

The practice of making 'short-term' care orders, in the expectation that an SGO would be made once the arrangement was established, however, is likely to change following the decision in the case of *Re P-S* (2018), the interim guidance produced by the Family Justice Council (FJC 2019) and the recommendations of the Public Law Working Group (2020) on special guardianship (see chapter 1).

Although having to make a recommendation where the child is not in placement can create dilemmas, beginning an assessment where the child has already been placed, typically where the carer has been temporarily approved as a connected persons foster carer (TACP), brings its own challenges:

It's so much harder if the child is already placed, which is another dilemma for us really. ...You're seeing how it's playing out, how they are managing to care for that child, which can be really good, but if that placement is fraying around the edges and unravelling, then that can be very difficult for the assessors and very much so for the families. If it isn't going to be a positive assessment, if we can't see them managing the care of the child in the long term.

Social workers place children there as a TACP and then to try and get kids out it's quite hard to get the evidence to decide. Because it's often better than what they were getting at home but whether or not it's good enough, and those cases are very borderline and I think they're the challenging cases. I think in 90% of the cases we work with you can quite clearly see that children are thriving with grandparents or aunties and uncles and it's definitely the right place for them but it's in the small

percentage of cases where I think they end up there and that's where they remain, because to try and get them out creates quite a lot of difficulty.

In the next chapter we look further at the issue of thresholds.

Summary

This chapter has explored the key challenges specialist kinship practitioners reported in conducting full assessments of kinship carers.

- Establishing a trusting relationship can be difficult if those being assessed bring negative expectations of children's services or do not understand/accept the scope of the inquiries involved.
- Assessing a potential carer's understanding and acceptance of risk is more problematic where carers were not previously aware of, or struggle to accept, the gravity of local authority concerns. To 'shift the narrative' takes skill and time.
- Skill and time are also needed to enable those being assessed to truly grasp the enormity of the task they are taking on – particularly the challenges of re-parenting damaged children - and the impact this will have on their lives and relationships. The concept of assessment as a 'reflective journey' was a key theme.
- Assessing the suitability of potential kinship carers was seen as different from, and more challenging than, assessing mainstream foster carers. There may be issues relating to age, health, family history and dynamics. Where there are concerns which would typically rule out mainstream applicants, a more differentiated approach is needed. Decisions may be finely balanced.
- There are challenges both where the child is not already living with the potential carers hence the placement is untested and where the child is already there, but there are substantial concerns about its suitability or sustainability.

Chapter 3 Uncertain, contested and shifting thresholds

If you sat every member of this team down individually and went through what they thought made a good kinship carer, or a good placement for a child, I think you would probably get very similar themes and ideas, but I think where we are confused is the information we are receiving from other elements in the service. I don't think we're confused about what makes a good kinship carer because the research is there about pre-established relationships, motivation, age of children, all those things. So I think we're clear but the feedback from the courts when they undermine our assessments, or where we come across opposition from childcare or our legal advisors about 'that isn't good enough evidence, it wouldn't stand up in court'.

We don't know what the threshold is. We've had kinship training before where we've been told 'if you wouldn't remove a child from these carers then why shouldn't you place the child there'. Then we've panels saying 'this doesn't meet fostering standards, this isn't good enough'; you've got the court saying something else; the childcare team saying something else.

We're on shifting sands with different guardians, different judges, different social workers.

Issues with frontline and care planning teams

While, as reported in chapter 2, thresholds for approving kinship carers were recognised as necessarily having to be more flexible than for traditional foster care, practitioners also emphasised that they also had to be higher than for parental care. This was one of the issues which could create tension with frontline teams:

I tend to have quite a lot of battles with safeguarding social workers...their thresholds for assessing parents are very different from our thresholds for assessing (extended) *family members. Sometimes there can be battles around that.... things have to be really extreme these days for a child to be brought into care. I wouldn't want to be putting a child into a family and friends placement that was of the same concern, because that doesn't balance things out. Because you'd leave a child there if it was the same concern, I want it to be better. I don't expect it to be the same level as I would necessarily expect of mainstream foster carers, but at the same time I expect it to be better than where they've come from. There's a difference between good enough and better than good enough and I would expect a family and friends placement to be better than good enough.*

Assessment of parenting capacity.... it's a different beast in this work, in that people are re-parenting and in different circumstances. It's not the same as being a parent the first time round and I think it's where the tension lies with childcare, it's where our skill base lies, but it's in conflict with the childcare teams' desire to find a family placement.

Another commonly reported area of tension is around permanency: even if the placement is otherwise deemed suitable, is it going to be sustainable long term?

I think (the frontline team) *look at it in the here and now, 'can they do it now?' Well, they might be able to do it now but can they do it in 10, 15 years?*

. *I think sometimes they focus on the here and now and if it's safe and good for now, and the child has been placed for six weeks or three months, and we've had no*

issues. But then when we've come in then and say, well yes, but X, Y and Z tells us that down the line there may be some issues or vulnerabilities as a permanency plan, we often come unstuck as a kinship team trying to win those battles.

Tensions can arise at different stages of the assessment process. When specialist practitioners are involved in the early decision-making there can be different views about whether an immediate placement should be made under the arrangements for temporary approval (TACP):

Particularly when we have the TACP placement, when you're placing the children on that day, there is pressure at times to try and make it fit. Sometimes pressure from the child protection teams. But if there is very clear evidence of deficit, police involvement, and the risk is very current, from their own family dynamic and circumstances, to then place a child fleeing a crisis situation and make a temporary approval as a foster carer, we just can't do it. And that can lead to debate between family placement and the district team. ...We do very much have conflicting thresholds.

There are differences between children's social workers and us, especially when children are placed under TACP. We turn it down but then the case manager overrules.

When they are not involved, some temporarily approved foster placements, as noted in chapter 2, can turn out to be unsuitable:

One of the difficulties is that social workers are looking at the here and now and their understanding of what is temporary approval – they hear the words temporary and think it's about for now, whereas that is only the length of time that the approval lasts for before it has to go to panel. And what they have been doing is placing children because they believe that's the right thing to do – the Children Act does say wherever possible it's in the child's best interests to place a child with relatives - but they're not looking at the longer-term implications of the placement. We come in to do the assessment and it's clearly not suitable.

We've had children being placed where there is overcrowding, or the carers were very clear, once they understood this wasn't going to be just for a couple of days, a couple of weeks, it was going to be at least for the proceedings then it was 'no, we can't do that', so the children had to be moved.

Viability assessments conducted by children's social workers alone can, it was said, produce inappropriate referrals for full assessments:

We get carers being put forward for an SGO assessment and we visit and pick up very quickly, 'how did they get through a viability?' And that then makes it very difficult to do an assessment in six weeks, if that's what the court has given you, when there are all these other issues highlighted.

Social workers will chuck the kitchen sink at us. Occasionally we say no but the child's social worker doesn't accept. They are only looking at the short-term, getting court over and done with; we are looking long-term, through to adulthood.

Differences of opinion can also sometimes persist into the final local authority decision-making process:

> *It's very difficult when you do come out with a negative assessment and the social worker holds their stance. If you do have a real concern you have to own your work and say 'you may have your opinion but this is mine'.*
>
> *Some of those meetings are quite intimidating and oppressive. You go in thinking you're right but sometimes it's hard to hold your own.*

Where possible, efforts will be made to resolve these differences:

> *Senior managers don't want different arms of the same department going and giving different views in court. Airing your dirty laundry in the court arena isn't going to do anybody any favours. So what we try and do, by the mid-point reviews and by sometimes asking legal along and service managers to a meeting, is to try and iron out the views, is there anything we can do to minimise the risks. So that by the time you come to the final care planning, there's an agreed stance.*

At the end of the day, however, the role of the assessor is only to make a recommendation; decision-making power rests with the care planning team:

> *I'm just a lowly family and friends social worker, we make recommendations and that's it. It can be frustrating, we're specialists. If a psychologist had said it they would have to go with it, but because it's us, the local authority can choose.*

Practitioners identified a number of reasons for these tensions. First, particularly relevant to early decision-making, is simply the pressure that front-line workers are under:

> *To be fair, the social worker who came in yesterday, said 'tell me what you've got to do today'. I told her and then asked her,' tell me what you've got to do'. And she had this list that went on till 8.30 and you're just thinking, it's no wonder they're...they're absolutely hammered to the ground. I think we need to have a bit of understanding of that.*

Second, the fact that while kinship assessments are '*bread and butter'* for specialist practitioners, for frontline social workers it's just '*something they come across as part of their workload'*, and they probably have limited knowledge about '*what makes placements work'*:

> *I think a lot of the information about permanence is set within services like AFA Cymru or [Coram]BAAF and as a childcare social worker previously myself, I wouldn't have any insights or contact with those agencies ...I didn't have any inkling of what was out there to assist me, if I'm being honest.*
>
> . *You don't actually see many childcare social workers on attachment training.*

The third reason proffered was poor communication and lack of joined-up working between the assessment and childcare teams. Specialist practitioners may have minimal/no involvement in the early decision-making processes – viability assessments and immediate placements – while in the later stages the two processes – carer assessment and care planning – may proceed largely in parallel, as illustrated by the following extract from a group discussion in one local authority:

> Participant 1: *There's a clear view here that the childcare teams will do the child protection stuff, the legal stuff, the safeguarding stuff, and…they will look to us to*

complete those assessments. I don't think they follow through that process. Yes, we're doing the assessment of people's suitability but ultimately, they're responsible for this child, they will write the final care plan, so it is part of their role as well. I understand why they don't see it, because they're so busy.

Participant 2: *I think the model we've got doesn't lend itself either because the social worker is always so pressured it's almost like as a practitioner it helps you 'I do this bit and somebody else does that bit' and never the twain shall meet. And you kind of need that, don't you, because the workers are so overwhelmed, you do need that. But actually, in terms of the planning process it doesn't help, it can be a hindrance.*

Participant 3*: And I guess the childcare social worker – when I thought someone else was doing a bit of it was like 'happy days'.*

Participant 4*: It's a relief isn't it? You refer off to the team and you have X weeks of thinking 'OK I can concentrate on the others that are in proceedings and someone will give me an answer at the end of the line'. I'm not saying I don't understand why they're doing it, but I just think if we can be more joined up at the end of that assessment, there would be a much better outcome for that child.*

Addressing the issues with frontline teams

Practitioners described a number of strategies they were using or planned to use to tackle these problems. Establishing clear processes and expectations. Flagging up issues early. Formal mid-point reviews:

Having clarity about how you're going to approach the work is important. And the structural bit underneath. We have a process flow, people know in localities if they have family members they make a referral, that referral might mean organising a viability assessment together. Without that firm process people do their own thing and get lost.

We're trying to set up internal processes in terms of having mid-point reviews during full assessments so that we can discuss any issues and address them before the final care planning. And at viability stage as well, flagging up any issues.

Specialist input into the viability assessment was seen as an important way of minimising future disagreements, with several practitioners/teams doing joint visits with the child's social worker:

Officially the lead for the viabilities is the safeguarding team, but what we're seeing at the moment is that they are very quick to make viabilities positive, then they fly it up to us and we have to do the assessment. They're getting very canny at doing that.... I spend a lot of my time doing joint visits with newly qualified social workers, supporting them with viabilities, and around what makes them viable to go on to become a family and friends foster carer, whether an SGO might be appropriate or whether it's not appropriate to move on to any further assessment.

I think if we go out jointly on them and we have a worker from our team with the child's social worker then I think they work really well. Generally, the workers work well together because we've got the long term and the oversight of what, from a family placement point of view, is needed in the placement and they've got the bit about the child and the immediate risk etc. That's the bonus of the joint viability. If

they're not done jointly there's the risk that you often get somebody who either isn't fully committed or hasn't understood the process, or isn't suitable.

More broadly, practitioners spoke of the various ways they were trying to share practice and expertise with frontline workers, whether through formal training, attending team meetings, running clinics, or regularly sitting in frontline teams:

One of the things we are trying to do is to be quite proactive with social workers. We see it as part of our role, to enable social workers to know what it is that we want. We have been out to team meetings to talk about what it is we need. We have meetings with senior managers to talk about the process... I think it is incumbent on us to be quite proactive, to get out there, for social workers who are in a very busy whirl.

We have little workshops, on TACP, SGOs etc and we've gone round to team meetings. Reminding people, talking to them, explaining 'this is our process, this is what you need to be doing'. And getting the managers on board.

Very much part of my role (as senior practitioner for special guardianship in another authority) *was going out and holding what we call surgeries once a month in each of the district offices. That worked quite well because there were ongoing conversations with social workers about cases and SGOs as a permanency option and that's the model we want to try for here.*

(When they introduced the unified assessment[15]) *we did three kinship workshops which involved the team manager and myself, the Heads of Service and Service Managers, going out to deliver I guess informal training around the unified assessment tool, what we expect from them and what they could expect from us. And the follow-on plan was for members of the team to go and sit in the childcare teams once a month so that we could have some informal discussions about the appropriateness of referrals. I think that's the way in to do it. Because I don't think childcare social workers take kindly to us trying to tell them. It has to be done in a way where it's an interaction rather than a training.*

It was emphasised, however, that because of the turnover of social workers and managers, and the employment of agency staff, such efforts had to be regularly repeated:

It's an ongoing challenge. Some teams we work really well with because we've got that relationship, but it only needs a change of manager or a change of worker and that can be lost again. So it's almost like you have to do it six-weekly or monthly, visiting the teams. So it's keeping that on the agenda all the time.

Where there are changes of staff, that's when it becomes more difficult. And managers, because you're constantly having to update. It's an ongoing process.

Issues with fostering panels

As noted in the previous chapter, practitioners recognise the need to adopt a flexible approach to kinship fostering assessments. However, even if they are satisfied that the carers are suitable, the fostering panel has to concur. It was evident that for many practitioners this had been, and could still be, a problem:

[15] An assessment framework suitable for use for the full range of legal options which might be considered ie kinship foster care, special guardianship and child arrangements orders.

Panel have a very high standard and lots of our carers who come forward are a bit rough round the edges.

Panel's understanding of relatives and friends placements is not a great as it could be. I think where the panel is so used to a threshold being a very straight, horizontal line, when it comes to relatives and friends placements you do not get that straight horizontal line, it's very convoluted. And I think that's where the difficulties come in.

I think sometimes our carers don't present well at panel. Some of our carers continue to smoke, and I think panel will get caught up on health grounds. Often when they get to panel there are overcrowding issues, children sharing bedrooms, which wouldn't normally be in mainstream fostering, often sharing a bedroom with an adult aunt or uncle, which isn't ideal, Some might have a history of our involvement with their own children and sometimes that's difficult. Some of them have offences, in their youth. So there all those issues.

Typically, however, they emphasised that panels were becoming more accepting of the differences:

There's been a shift in the attitude of the fostering panel. Three years ago the panel were saying 'absolutely not' to some cases we'd put forward. Now they've shifted. The question now is 'how can we make this work for the child', not making them fit. For example, we had some overweight grandparents. We can deal with their attitude to food.

It's been a steep learning curve for panel. ...I think it took panel some time to get their head round it, because they're used to meeting, I would say, on the whole, middle class mainstream foster carers, who are doing it because they want to, and it's chosen, whereas some of our family and friends carers will say 'no, it's not what I wanted to do, this is not how I wanted to spend my retirement, but this is what I will do'.

The professionals who would have given us the hardest time would be fostering panel. Ten years ago it would have been 'if they can't pass the fostering panel then they can't take the children'...but now, I think they are much more accepting that this is a different type of arrangement, which has to be treated differently. We have a really good dialogue with our fostering panel and yes, they raise the same issues, sometimes again and again, but they also know that this is life. For instance, here housing is always going to be an issue, people don't have spare bedrooms so you've got cousins sharing a bedroom. The fostering panel are much more accepting of that now, that's how families are.

In terms of the factors contributing to this change some practitioners only spoke in general terms: '*taking the panel on a journey*', '*a lot of work being done with the panel over the years*', '*developing relationships*', or, more combatively:

I think it has rocked the boat a bit because we are trying to force things through fostering where before the panel were quite clear in their own views about what a suitable foster carer is and now we're trying to force these through so it's shaken up their kind of standards.

Specific facilitating factors identified included: the approach of key individuals such as the panel chair, panel advisor, or legal advisor; having a member of the kinship team on the

panel; bringing a kinship foster carer to talk to the panel; and workers who are prepared to challenge any negative views:

> *I have confident and capable workers who go into panel, and who would rightly challenge any derogatory comments or assumptions about family and friends carers. But we've got a strong chair as well, who just wouldn't allow that. We have a good education rep. We've had family and friends carers coming to talk to panel.*
>
> *I think it depends on the panel advisor... I used to prefer one of the panel advisors. He got kinship care, over another one who was from an adoption viewpoint and the rhetoric was a bit skewed. It can depend on so many things.*

An additional, external, factor impacting on the panel's approach, it was suggested, where there are care proceedings, is the possibility that if the panel is not prepared to approve a prospective carer as a kinship foster carer the court may well make an SGO, which may provide insufficient protection and support to the more vulnerable arrangements, even with the addition of a supervision order:

> *A couple of times I've been to panel and said 'look, we need to be realistic here, the courts are going to place this child whether the carers are approved or not and we need to make sure that this placement and this child get the best possible start, to monitor this. If we don't approve* (as a foster placement) *and the child is on an SGO and we're saying this placement is vulnerable, then we're setting this placement and this child up to fail'.*
>
> *We have had circumstances where the judge has said 'can you let fostering panel be aware that we are going to place and if they're not prepared to approve we will place on an SGO'. Not very often but yes, we have had that. Which can sometimes work to your advantage and sometimes to your disadvantage. But it does make a mockery sometimes of panel.*

The Agency Decision Maker (ADM), who takes the final decision on approval, may also take into account the likely decision of the court:

> *I know that the ADM has had to overturn a couple of panel decisions that I'm aware of, in order for that child to be placed on a care order rather than an SGO, so that we could have parental responsibility and oversight of that placement. Panel weren't prepared to back down because they were very clear in what they were saying and they weren't prepared to be manipulated by court. They were very clear, 'no we're not going to make a recommendation for approval'. Then it went to the ADM and the ADM overturned panel but made it clear she was only overturning panel on the basis that she was left with no other option so that this child could be on a care order.*

In some cases where a carer does not meet the requirements to become a foster carer a special guardianship order may be appropriate. What concerned practitioners, however, was the use of SGOs where they considered a care order was needed:

> *There is pressure to go down the SGO route. If carers won't meet the fostering standards.*

I have had some attitude, even from our legal department, saying,' oh well, if they don't get through fostering regs we'll just go for an SGO'. I've been very vocal in my view that special guardianship is not a second-best option.

We're trying to fit square pegs into round holes where we try to make people suitable for fostering because we feel they need support, because that seems to be where the intervention will come from, but they don't meet the standard so we go down the SGO route and the SGO support services are not developed, it's very patchy, if at all.

A few examples were given of cases where either the assessor, the care planning team or, in one instance, the panel itself, considered that the placement was the right one for the child and that a care order would afford the best support and protection but the carer could not be approved as a foster carer. The assessing practitioner in one such case voiced her frustration:

The placement is so vulnerable it needs the protection of a care order but because of its vulnerabilities the panel might not approve it. This is where we get a lot of these anomalies where the panel say this doesn't reach the threshold for a placement which would offer monitoring and support so (the carer) *is going to have to go off and get an order which offers very little in the way of monitoring and support. It's so frustrating.*

What was needed, some practitioners argued, was a different regulatory framework for kinship foster care:

I struggle with the whole concept of fostering regs and relative carers being matched against the same mark, as it were, as 'professional' foster carers. It seems a bit of an outdated practice. Why does somebody have to have a formal fostering assessment for a child to be placed within their care. It feels at times that there needs to be another order.

I think the fostering panel expectations just outweigh anything we've got. And they're weird. You're frightened that if they don't get through panel, they've got all these issues, we know the court will give them an SGO. But panel's expectations are running under fostering. I think if we had a different arrangement for kinship carers, if we had a different framework, it would be much easier. We are trying to still match them into fostering, which is a good framework, I'm not arguing that, but it's not right for kinship care.

As noted in chapter 1, the Public Law Working Group (2020, para 47) recommended that the fostering regulations relating to family and friends foster carers should be subject to 'further analysis and enquiry' to determine whether they needed review and revision.

Issues with the courts

There are some iffy arrangements being made in the courts.

The courts are doing some very strange things at the moment.

The courts are looking to place with family and friends.

As the third quote indicates, courts were generally seen as very much favouring kinship placements. While there were no reports of positive assessments of potential kinship carers being rejected, many practitioners expressed concern about the opposite scenario, both at

viability stage and following a full assessment. This was reported as having changed over recent years:

> *We're finding it's an increasing struggle. If we do say no for whatever reason, the courts don't accept that. We're under so much scrutiny now with family and friends that if we do say no, the court will absolutely go over it with a fine-tooth comb to make sure and even then they're often not satisfied. That's the worry, that we're being placed under so much pressure to place with family and friends when we don't necessarily think that is the right plan.*
>
> *Kinship care isn't always right. Where we have identified that as far as we are concerned it is not the right plan for a child, whereas prior we would have been able to take that to court and evidence that, what we're now seeing is that we take that to court, evidence it, and then get directed to assess again. Then we take that back to court and say no again. They're not happy with that then they'll ask for an independent assessment. It's like they're afraid to make placement orders* (allowing a child to be placed for adoption) *and they constantly want us to reassess and reassess and reassess until you feel like you're being asked to give in and say 'alright, we'll place with family and friends'. I am a very strong advocate for family and friends care but sometimes it's not right, it's not always the right placement for that child. And, being the advocate for family and friends that I am, if I'm saying that I will be saying that with evidence.*

Several specifically related this perceived change to the impact of recent case law on adoption:[16]

> *I think things have changed even more since Munby reinforced adoption as a last resort. Now, in terms of the childcare teams going into court with a care plan for adoption, I think much greater emphasis is now having to be given to the kinship carers and why we would rule them out. We're almost in a position now of having to evidence why it isn't good enough. When I've been doing these assessments previously, I've been trying to evidence why these carers can meet the child's needs and why they can provide good enough care and I think that has been reversed.*
>
> *I was ordered to do a full assessment after a clearly negative viability: the potential special guardian had chronic mental health problems. The Judge said s/he had to consider Re B-S. But there is case law on only needing to consider realistic options.*

Cases involving babies were considered to be particularly likely to reflect different perspectives on thresholds. One practitioner spoke about a case where a baby had been placed under the TACP provisions but the full assessment was negative and the care plan was therefore for adoption.

> *The court didn't want us to move the child so they issued a Child Arrangements Order and then went on to make an SGO with a supervision order. The child's physical needs were being met but there were concerns around safeguarding...The court directed some further work to be done with the carers and that work still wasn't*

[16] *Re B ((A Child) Care Proceedings: Threshold Criteria))* [2013] UKSC 33; *Re B-S (Permission to oppose adoption order)* [2013] EWCA Civ 813

positive but the court felt that there weren't enough grounds to make a placement order.

In another case ending in an SGO to a grandmother rather than a placement order the judge was reported to have explained the decision by saying '*there is a glimmer of hope, and therefore we have to place the child with granny':*

> *With all due respect that just seemed frankly ridiculous. Because this mother needed granny's support and help and in all likelihood was going to face significant challenges in terms of mental health for the whole of her adult life. It just did not feel safe to put that baby into the mix of that. And obviously the worry is that if granny can't cope and isn't able to juggle competing needs then that child comes back in at three or four, and the prognosis then for adoption or for another placement is compromised.*

It should be emphasised that not all practitioners reported being at odds with the court and that among those who did, it was not an everyday occurrence. Nonetheless it was clearly a matter of concern, both directly, where negative assessments were not accepted and indirectly, as noted in chapter 2, because of the feedback effect this had on local authority decision-making and practitioner confidence in their own judgement.

From the practitioners' perspective, part of the problem was that the courts did not necessarily have their understanding of the factors which could impact on long-term placement outcomes and tended to take a fairly short-term approach. Specific issues mentioned included the relevance of historic concerns about the carers' parenting; placement with distant relatives not known to the child; and sibling placement:

<u>The relevance of historic concerns</u>

> *We've had a number of cases where we have robustly made the case for non-suitability, projecting it long term, based on historic behaviours and family history, but we've come unstuck. When you have a grandparent who has parented three or four children and all those children have had what I would call significant issues. When there isn't any evidence of their ability to change in terms of parenting capacity or they haven't gone on to parent other children successfully, the last piece of evidence you have as an assessor is that these people failed. But that argument sometimes comes unstuck.*
>
> *The time they count as historic, defence solicitors like...The time we would call historic is the past 10 years, but they would say well nothing's happened in the past 18 months and off they go.*

<u>Placement with distant relatives unknown to the child</u>

> *Sometimes we're doing assessments on people who've never met the child, and the court might think it's a great idea to do an SGO assessment for a 10-week-old baby for a family member who has come out of the woodwork.*
>
> *We're currently on a case where the child could be living in* (a specific African country*) if placed with kin. We're saying no, the child hasn't met any of their relatives there, it is not a fair thing, even if it is a family member, to send this child across to*

another continent. In terms of the child's timescales, how long the process will take, assessment, immigration. Although it's not a family member it's more viable that this child remains in the UK.[17]

Sibling placement

There was one where we felt that a carer's capacity had been reached and they wanted to place a number of children with her. We felt she was at her capacity, the medical report suggested it would impact on her mental health, and her ability to provide care for her own children, but the guardian felt that she would rather keep all the children together. We felt that caring for such a large group of children, the outcomes for all those involved wouldn't be positive.

There was one case where we had huge reservations about placing two small children together. The SGO assessment wasn't great, the carers were ambivalent at best, they wanted the little girl but they didn't want the baby (boy). *The children were packaged together, the court convinced them to take both, the SGO was made and that's broken down. It's just not right that that happened. We were advocating adoption for the baby and the little girl going to the kinship carers. That was right for her. The children had had quite different experiences. But that wasn't an option, they're going together, they're going to aunt and uncle. But it was quite clear they didn't want him.*

As reported in the previous chapter, practitioners emphasised that in assessing potential carers they are not taking a snapshot of their current understanding and capacity, but see it as a process during which any vulnerabilities can be identified and where possible addressed. In one unusual case, however, which emerged from a group discussion with a specialist team, the court was reported to have rejected a negative assessment because not enough had been done:

Participant 1*: The judge just threw us all out really. The carer didn't make it through fostering panel because they said there were too many risks. The judge said he didn't agree and he made an SGO. Then we asked for a supervision order and he didn't agree with that either.*

Participant 2*: The feedback we had from that was that the judge's view of the local authority was that we needed to broaden our standard in terms of a kinship carer. That we were too harsh on her, I suppose. ...The child's social worker was in agreement with us. The children's guardian was in agreement. But the judge felt we'd been too draconian.*

Participant 1*: The judge said I had highlighted vulnerabilities but when I was on the stand giving evidence, he said, 'tell me what the local authority has done to work around that?' So it went from an assessment to an intervention, and when we were trying to explain he was like' that's not good enough'. The biggest thing he was saying, he was quite plain, I'd said she didn't understand the impact of domestic violence on the children. He didn't accept that. Then he pulled the social worker back on the stand and said 'so tell me what you've done to address that vulnerability'. And of course, neither of us, we were just stood there. He said 'you're not enabling these*

[17] In *Re A (Special Guardianship: Competing Applicants*) [2018] EWCA CIV 2240, where the scenario was very similar, the local authority proposed such a placement and it was the children's (Cafcass) guardian who objected.

people to move forward'. Which again I think is down to time, isn't it? Because we had to get it to panel and then to court so none of us had any time to do any work with her.

Participant 3*: We've heard that argument a few times, that okay, there are vulnerabilities, but with sufficient support... and we struggle there then, in terms of the nature of the support we could provide. And also, because we do projections, in our assessment we think it could take 10 years for this to change.*

In all care proceedings cases the court will have an independent view from the children's (Cafcass) guardian. The court also has the power to appoint an independent social worker (ISW). Several practitioners reported feeling that their expertise was being devalued and that where there was professional disagreement, with either the children's guardian, or an independent social worker, taking a different view to the local authority as to the suitability of a placement, that view would prevail with the court:

The court seems to be very primed on what the guardian is saying. If the guardian is supporting a family it doesn't matter what the local authority says really, that's my feeling on it.

They have so much say in court, so much power, it can be quite disillusioning sometimes that their viewpoint is given more value than a social worker who has spent months and knows the case inside out, knows the child, knows the family. You've got a family and friends assessment as well and all that evidence is put before the court as well but the court will look to the guardian who has probably only spend an hour with the child.

This issue of courts reportedly prioritising the views of Cafcass guardians is identified as a 'consistent theme' in the research on Special Guardianship by Harwin and colleagues (2019a).

Two concerns were raised in the current study. One was variability among practitioners:

If you get a (Cafcass) *guardian who is very pro-family, if it's a bit borderline you know the case is going to shift to an SGO – it's not going to be brilliant and we are going to have problems in years to come – then you get another guardian that is a little bit more adoption-led who thinks this isn't good enough and makes the carers jump through hoop after hoop. It just seems to be really dependent on the group of professionals you've got involved.*

Don't get me wrong, there are some very good ISWs, but I've also had some very questionable assessments back.

The second was the robustness of the assessments:

Where you go for one visit people can be very plausible, whereas when you're doing an assessment you're monitoring and observing and seeing that they're not necessarily learning from those mistakes.

I think there are differences in what we would accept as a local authority and what they would accept. I don't think the ISW assessments are as intrusive as ours', they don't dig down as much. They're basically...a lot of their analysis is based on self-reporting I feel, especially if they don't have the statutory checks. Or if they're just

basing their information on what's in the legal bundle. And they're very...not that we're not accommodating but we like a level of motivation and willingness to engage with the local authority, and maybe sometimes ISW's are a bit more accommodating, they will do late visits, they will go out and see family members, and maybe they guide them through the assessments whereas we, especially if the child isn't placed, we're there to assess and make a recommendation whereas may the ISW is a bit more leading than we are.

Overall, disputes with the courts as to the suitability of particular placements seemed to be generating not only concerns about the long-term outcomes for children but some resentment that their own professional judgement was being devalued:

You do get frustrated because we put a lot of value in the work we do. You put such a lot of effort into getting things right so to go to court to be told 'we'll do what we want anyway' – that's the sort of attitude you come across, which I find incredibly frustrating. I think that's the biggest bugbear for me, how they devalue us.

Indeed, occasionally practitioners went so far as to call into question the capacity of the judiciary to make such decisions:

The other thing that's interesting for me, is that general relationship between social workers and the court and the understanding. Now that judges are overruling viabilities that are negative, I know it's not happening loads here, but how are those people qualified to make safety decisions?

I think sometimes for me, it's looking at who they're held responsible to, because at the minute it feels like they're all powerful and they're not beholden to anybody, there's nobody. Because ***we're*** *all beholden to somebody, we've got regulations, we've got higher management, and we've got Ofsted, we've got all these bodies that we're responsible to, who monitor what we're doing, but in terms of the judiciary, there's nobody. I think that's what I look to, because you think, well, who sort of regulates them? Where does that go? That's the bit that's problematic, because for us, us little people at the bottom, it doesn't seem like we can do anything. Even though we shout and scream a lot it doesn't seem to get us anywhere.*

Summary

At the end of chapter 2, the challenges for practitioners in reaching their own judgement about carer suitability were documented. This chapter, which has focused on thresholds, explored the tensions which can arise with other parts of the system involved in the decision-making process.

Issues with front-line and care planning teams

- Front-line teams may be willing to accept lower standards of care, or not appreciate what is required to make a placement sustainable in the long term. Viability assessments carried out without the involvement of specialist workers may result in inappropriate referrals for full assessments, or in unsuitable placements made under the provisions for temporary approval of kinship foster placements. Differences of opinion may persist into the care planning process.

- The reasons cited for these tensions were: the pressure that front-line workers are under; their comparative inexperience of kinship placements; poor communication and lack of joined-up working between the assessment and childcare teams.
- Strategies to tackle these problems included: establishing clear processes and expectations; flagging up issues early; formal mid-point reviews; specialist input into viability assessments; sharing expertise through formal training, attending team meetings, running clinics, or regularly sitting in frontline teams.

Issues with fostering panels

- Many practitioners reported tensions with fostering panels over the suitability of particular kinship carers, either currently, or more commonly, in the past. Work was needed to bring the panel to greater acceptance of the differences between kinship and mainstream foster care applicants and to become more flexible in their approach.
- Specific factors identified as facilitating this change included: the approach of key individuals such as the panel chair, panel advisor or legal advisor; having a member of the kinship team on the panel; bringing a kinship foster carer to talk to the panel; and workers who are prepared to challenge any negative views.
- Some practitioners argued that what was needed was a different regulatory framework for kinship foster care, with a few problematic cases being cited where the protection of a care order was needed but could not be sought because the carer could not be approved as a foster carer.

Issues with the courts

- Courts were seen as very much favouring kinship placements, with many practitioners expressing concern about negative assessments of kinship carers being more frequently rejected than in the past, whether at viability stage or following a full assessment. Some attributed this to the impact of recent case law on adoption.
- While not a common occurrence, such clashes were of concern, not only directly, where negative assessments were not accepted but indirectly, because of the feedback effect on local authority decision-making and practitioner confidence in their own judgement.
- One reason for the differences of view, it was said, was that courts tended to take a short-term view and did not necessarily appreciate what was needed to achieve permanency. Specific differences in perspective mentioned were the relevance of historic concerns about the carers' parenting; placement with distant relatives not known to the child; and sibling placement.

- Where there are differences of opinion between the local authority and a Cafcass guardian, or the court seeks a second assessment from an independent social worker, practitioners could feel their expertise was devalued. Some practitioners questioned the robustness of the assessments undertaken and the variability of practitioners.
- Occasionally, the capacity of the judiciary to make decisions about the suitability of a kinship placement was questioned.

Chapter 4 Court timescales

As noted in chapter 1, the brevity of the time sometimes allowed by the courts for the assessment of potential special guardians in care proceedings, particularly since the introduction of the 26-weeks rule, has been of concern for some considerable time, both to practitioners and researchers. It was by far the most dominant issue emerging from the interviews in this study:

> *I understand their pressures about court timescales but it shouldn't be at the expense of that journey we take families on. If they want robust assessments, if they want assessments that have really good decision-making and analysis and all the things we need to do and try to do, then we need the time to be able to do that.*
>
> *The timescales, the pressures we're under at times can be daunting. I completely understand why the courts have their timescales and why things happen but sometimes it feels like it's at the expense of the work we do and the sensitivity to the family that's needed.*

No minimum period for kinship assessments is prescribed in legislation. However, some idea of what is considered necessary may be gauged from the fact that kinship carers making a private application for a special guardianship order are required to give 13 weeks' notice to the local authority and that 16 weeks is allowed for a fostering assessment, which can be extended for a further six. These periods are considerably less than that typically allowed for the assessment of other permanent placements (adoption and long-term unrelated foster care) even though the task is perceived, by practitioners, to be more complex.

What concerned practitioners, however, was that the timeframes in which courts were expecting them to complete assessments were considerably less even than the periods legally permitted, even when the child was not already living with the prospective carer at the outset, as was envisaged in the provisions governing special guardianship:

> *My biggest bugbear is the PLO* (Public Law Outline), *which has skewed the quality of assessments. You're supposed to complete care proceedings in 26 weeks. By the time you get the court referral you get two weeks to do the viability and six for a full assessment.*
>
> *We are more and more getting shorter timescales from courts. It used to be 10 weeks and then it became eight and recently we were given six weeks to complete an assessment.*
>
> *The timescales are just unrealistic. That's the main thing. Everyone you talk to in kinship circles will say that.*

Although some practitioners reported that realistic timescales had been agreed locally, either directly with the courts or with their local Family Justice Boards (LFJB), these were not always being adhered to:

> *The timescale that was agreed was 10 weeks. But very often the courts are giving directions to file within eight.*

The LFJB says 16 weeks but the courts are now saying 8-10. Sometimes they are giving less than six weeks if someone appears late in proceedings.

We tried to develop a process with the judges: we would have X time to do the viability and Y time to do the full assessment. They signed up to it but then something happens and they do their own thing. We had one recently where there was an adoption plan and a family member came forward at the last minute. We were directed to complete the assessment in a ridiculous time, three to four weeks.

When an assessment can be completed within the 26-week timeframe for proceedings, judges were generally reported to give realistic timescales. But anything which meant the proceedings would have to be extended was typically not agreed to, even though, as noted in chapter 1, there is provision for this in the legislation, and that this has been emphasised in case law:

The 26 weeks is all powerful. If there is time in the proceedings, they will usually give you extra time but if there is no time then you're not going to get an extension.

I think we're into another world of league tables. It's all about courts now, and court timescales being published, and judges being absolutely crystal clear 'this is not going beyond 26 weeks'... you get very short shrift if there's any suggestion we're not going to make the timescale.

There are times when the court can be accommodating, but it's if it fits in with their 26-week timetable.... On occasion the timetable is extended if they feel the circumstances are extenuating enough but I think, on balance, they wouldn't necessarily consider just a kinship assessment, the timescales for that on its own, necessarily enough reason to extend. There are usually other circumstances around or within that that would make them consider extending the timetable.

While some local authority lawyers were said to be '*quite good in challenging the judges, saying why we can't do an assessment in a silly time'*, others were, reportedly, not prepared even to ask:

With our legal department, if you suggest (an extension) *it's almost like you have a bell round your neck shouting 'unclean'. What gets thrown back at us is that if it takes us over the 26 weeks we'll have to pay a hefty fine and also we'll be scrutinised by more senior judges for creating delay. Our legal department don't want to take us into that.*

Moreover, it was said, even if the local authority does say they cannot do an assessment in the time given, the court is likely to appoint an independent social worker (ISW) who can. Several practitioners expressed concern about this practice and the quality and robustness of such ISW assessments:

The difficulty we have is that we argue that we can't do it within that timescale but they will go to an independent who will say they can do it. My argument would be that they wouldn't do it to the standard or quality that we would want. So then we're faced with 'do we bite the bullet and say we'll do it?' That's the tack we normally take, rather than it being somebody we don't know saying they can do it within that timescale, and not being sure about it.

If it's partway through court proceedings and an assessment is directed and we say that's not realistic, it's not within the timescales we would want to do a thorough and robust piece of work, then they would say 'we have contacted X independent assessor who says they can do it within three weeks or four weeks'. What that probably means is that they are bombarding the family with visits to get that information. So yes, they probably could do it within that timescale but whether it's robust enough, whether it's fair to the families to go in there with the aim of getting all that information and not doing the sort of counselling work within that. And the longer-term implications of what that family might need, giving them that reflection time, that wouldn't necessarily be able to happen within a very short timescale.

One practitioner gave this case example:

The child had been in (mainstream) *foster care for nearly two years and the carer was thinking of adoption. Two months before the final hearing dad came up with a distant relative who had not even met the child. The court said 'do an assessment, within four to five weeks'. We said 'it's too quick, we won't be able to do it'. The court said 'if you can't do it then have an ISW do it'. So the ISW did it and it was a positive assessment. The child was placed with the relative but the placement is almost breaking down now. One, it was rushed, second, there was no existing relationship and third, we were not even heard when we said we need more time to assess this person. We need to weigh all these things to assess whether it is the right place for the child.*

Reasons for concern about court timescales

Practitioners were understandably exercised by the pressure short timescales put on themselves and their colleagues, particularly since the number of kinship assessments was perceived to have increased dramatically in the last few years.

What was striking, however, was that this was emphatically **not** their main concern. Rather it was the impact a) on the capacity of the worker to produce a robust, considered and fair assessment, b) to work with families in a sensitive way, c) to enable families to reach an informed and considered decision, and d) to adequately prepare them for the challenging task they were taking on.

Impact on the quality of the assessment

We know what we're looking for, and what we should be doing, but good practice is compromised by the timescales. We're being asked to turn assessments around now in six weeks rather than 12, which is what we should be having, and then the ability to do a quality piece of work in terms of projecting parenting capacity over time, is diluted.

There is a tension about timescales, about us really wanting to do a good job, the court having a timescale, everybody working to that timescale, that timescale feeling a bit too short to do a really good job. Special guardians, we're looking to assess them until the child is at least 18. We've got a long-term view, like we have in adoption. So we need to be really clear that these are the right people. We're pretty keen to do a really good job. To be pushed to a timescale that doesn't feel right; I think that's a bit of a tension.

Short time scales mean that practitioners may not have all the information they consider they need to make a robust assessment. There may be extensive files to go through; reports from other agencies or local authorities; issues to pursue with the family:

> *Some of the really short timescale ones, you've got a whole history of archive files to go through and unpick. It's just not realistic to be able to address all that information. You do what you can in the time you've got. It goes back to being good enough because courts are wanting these assessments.*
>
> *We're sometimes being given four weeks to do an SGO assessment. All the time it's: 'we need this done in this amount of time'. It's like 'hang on, it's about doing it right, a robust assessment. I can't do a robust assessment if you're only giving me four weeks'. Most families, there are little bits of information that haven't been shared with other family members, there's always going to be information that is going to be complex and needing unpicking and sometimes that doesn't give you the time to do that.*
>
> *Frequently we will come to know some aspect that is coming up where we need a bit more time to establish this, establish that, but because of the pressure on time you would end up either ignoring it or rushing through those areas.*
>
> *I can see the differences in the assessments I used to complete three or four years ago and those I do now. Not necessarily in the amount of work, just sometimes it feels like you're going with unanswered questions.*

An equally important theme was that the assessor did not have adequate time to reflect on the information they had assembled:

> *You can put words to paper but it doesn't enable you to reflect.*
>
> *My biggest criticism is of not having the time you need. Some of it is what I need, because I have to sit back and get my head round it and understand it all.*
>
> *If you do a quick assessment it's very superficial; there's no time for the worker to reflect. And the report is very factual.*

As a result, practitioners could feel they were presenting assessments in which they might not have total confidence and which could result in more fragile placements being made:

> *If you've had 12 weeks to do an assessment you can feel confident. If you've only had five you are worried.*
>
> *We've been asked to do assessments in four weeks. Four weeks is dangerous, you'll miss something. You'll only get the narrative. The placement will break down or unravel. It's creating difficulties for the future.*

Impact on the work with families

Practitioners were even more emphatic about the need for families to have time to reflect:

> *It's not just social workers saying this is too quick, what we're being asked to do, it doesn't give the family time to reflect, to consider the impact on their lives. It's not that my team are saying 'we want more, it's a resource issue'. Families are saying 'you want to see me three nights a week, OK, I'll be available'. But there is no time for that family to go away and reflect on the impact it is having on them.*

We're usually approaching families in a crisis. Their knee-jerk reaction is to take the child; they need time and space to reflect on whether it's right for them and right for the child. They need time to digest. We're doing a disservice to carers.

It's not because we want more time and resources. It's because people really need more time to reflect.

As should be evident from Chapter 2, the practitioner's task in conducting an assessment is not just about assembling and analysing information. The data suggest it also involves helping those being assessed to:

- accept that their relative has caused harm to the child and appreciate the risk they, or other family members, may pose in the future;
- work through any initial hostility to children's services;
- understand local authority and court processes;
- achieve a realistic understanding of the task they are taking on and the impact it will have on their lives;
- understand the impact of maltreatment on the child; how that might be reflected in the child's behaviour, and the challenges that might present;
- prepare for potential difficulties;
- think about the support they will need; what informal sources they can rely on; and what additional help will be required and from whom.

All these objectives require time and all were reported to be potentially compromised by truncated timescales:

The 26-week timescale in proceedings is a huge pressure for family members, absolutely huge. What they are saying to me is 'you're asking us to change our whole lives, doing an assessment in eight weeks'. We're asking people to make permanent decisions about caring for children long-term in a very short timescale.

So that process of thinking and reflecting with the carers afterwards on what's right for you and your family, they are sometimes steamrollered. And then the nuances, the reality of how it's going to look once the proceedings are over. There isn't time for that, because already it's a done deal, the plan is signed off.

In some instances, potential carers need time to work through the shock and emotional trauma of what has happened in their family or even to accept that it has happened; others to adjust to the changes it will inevitably bring in their lives and relationships:

When we've had more time, we're not only assessing, we're trying to enable change...there was more scope to do that (previously). *It's being curtailed and we're being, not critical, but perhaps negative about people who can't make the shift because the timescale is so limited whereas actually, we think that potentially, given more time, they might be able to make that change.*

To go back to the timescales, because we always do, that's a meaty piece of work to do with someone, to try to ascertain exactly where they are in terms of grief and loss and progress, key issues which could impact on the quality of the placement.

It's around understanding attachment, understanding the role, having a chance to come to terms with distancing themselves from their own relationships, a change in dynamics, a change in thought processes.

It was emphasised that in the course of an assessment people can shift their thinking, and if denied this opportunity because of time pressures, the child might lose the chance of staying in the family:

I think things change as well. When we have had 12 weeks, we've had carers who have started off in one place with a certain view and they change by the end of that process once they start to learn about what kinship care is and accept the reasons why that child has come into kinship care. They don't have time to do that now. So we might be ruling people out who might, given a bit of time and input, have ended up in a different place.

It's a journey from disbelief to understanding. You have to be with them on that journey, give them an opportunity to understand. It's difficult to do that in a tight timeframe.

People can shift but they need time. In a short time, you only get a snapshot. Courts don't understand this element in the assessment.

Finally, time is needed because, in order to take the family on this 'reflective journey', the social worker needs to build a good working relationship with them:

We need time to engage with the family, to take them on that journey. Timescales shouldn't be at the expense of the journey.

Time to get to know the local authority as a partner rather than an enemy.

Sometimes it takes three to four weeks for the carers and the worker to understand each other.

Some of the carers, they've said we go in and we're trying to pull apart everything and they feel they've committed the abuse, or the neglect, because they feel we're investigating them and sometimes, with a rushed assessment, that's what it feels like.

Asked what s/he was not able to accomplish in six weeks that was possible in 12, one practitioner said:

'*Build up a relationship and work **with** carers as opposed to **doing to**'.*

Addressing the issues

On the whole it seemed that while practitioners were extremely frustrated about having to complete complex assessments in what they considered to be insufficient time, reports of non-compliance, as reported in the quote below, were exceptional:

People have asked me to do it and I would say no, I'm not going to be party to that type of practice, I'm not doing an assessment in four or five weeks, because I do not consider it ethically right. I haven't had to stand there and say no to the court myself, but I have said no to the solicitors who are asking me to do it for them to feed back to the court. And if they wish to pay someone else to do it then...I suppose it's because I'm confident enough in myself as a practitioner to think 'well what's the worst thing

that's going to happen by me saying no to you? You can't sack me, or discipline me for refusing to do something that I don't think is right for a child'. That's just backward. But it's the battling bit. This constant battling about things such as timescales.

Meeting court deadlines without compromising standards or overloading an individual practitioner meant freeing them up – thus diverting resources from elsewhere – or the local authority commissioning an external assessment:

I have done a couple in eight weeks but I made it very clear from the outset that the family are going to need to make themselves very available and I would not be taking on any other work if they expected me to do it in that timescale.

There are pressures, I'm not saying there aren't. You just have to match your resources. So, in my team, if we don't have a social worker who can do it in that time, we look for an independent person, or we hold off on other things, you just have to move the resource. If you're asked to do that piece of work in that time you have to have the time to do it, you can't have five or six other priorities at the same time. So there is a discussion, the managers will sit down and see how it can be done, if it's not possible they'll come to me now and say I need to go outside and find someone who can. It's about being organised.

Some practitioners argued that local authorities needed to get better at arguing their case for a realistic timescale:

There's no negotiating around timescales, everyone wants it done quickly. But maybe that's the bit we need to get better at, negotiating those timescales, at the start, putting cogent arguments forward – this is about good practice, it's not that we're sitting around twiddling our thumbs saying we're not going to do it.

Maybe we should stand our ground. I went to a special guardianship conference recently and one of the teams there said that they wouldn't accept an assessment in under 12 weeks and if requested (to do so) *they would write a statement for the court.*

Others took the view that judges needed to have a better understanding of what was involved in a kinship assessment:

There isn't enough of a link between what it is we do and the reality of what they expect from you. Maybe judges have some responsibility themselves to go and understand.

For me the biggest thing is their understanding of the families, that you're going from nothing, to asking them to commit to children until they're 18 and beyond. Put yourself in that position, if your grandchild was put on you today, this is your grandchild and we're asking you to permanently care for them. The complexities in that, that actually it's not as simple as will they do it, will they not, or are they able to do that, it's about a whole process for a family, grieving, the whole process they need to go through to get them to the place where they're ready to do that. When there are issues or areas highlighted in an assessment which need further work, we need to allow time for that to happen.

In some areas, efforts were being made to establish a dialogue with their local courts on the issue:

We are trying to have some kind of discussion with judges, saying that we understand the court timescales but if the assessment is not given enough time it will not come out as robust, if we don't look at all aspects before saying yes or no. We have a manager who will go and meet the judges. I think that is helpful.

We have a court liaison officer who meets regularly with the judges.

Sometimes agreements had been reached on appropriate timescales either with individual judges or through the local Family Justice Board/Family Justice Network. Despite this, however, as reported earlier, quick assessments were still being ordered:

We spent quite a long time trying to develop a process with the judges quite recently where we've come out with this new process where viabilities will be completed in X time and full assessments in Y time. It's all great and wonderful and everyone signs up to it, including the judges, then when you get into court something will happen and they do their own thing, which is an absolute nightmare. So, on the face of it, when they're sat there in front of you on a one to one or as part of a development focus group they say 'yes, we'll do this or yes we'll do that', but actually being consistent with that, and keeping to that agreement is a different story.

Accordingly, some considered that a minimum time scale for assessments needed to be set down either in legislation, statutory guidance or a Code of Practice, to balance the perceived dominance of the 26-week 'rule'.

We've got legislation that quite clearly says you cannot go over 26 weeks and that is all-powerful and what everybody works towards and everybody is absolutely terrified of going over timescales and nobody wants to go past the 26 weeks. That's shown that having that in place does work. So for me I don't see why there can't be something in place from our end on assessments. Because there does seem to be leeway for family assessments, but when it comes to family and friends there just seems to be an expectation that 'no, you will just do what we tell you'.

The danger with minimum assessment periods, however, one person pointed out, would be that if they were not combined with greater willingness on the part of courts to extend the timescale for proceedings, they could result in viable carers being ruled out. One 'solution, it was suggested, was to 'stop the clock':

There was an article in Community Care where somebody had suggested that because the 26 weeks is problematic, that there's a bit of a stop the clock approach during the proceedings, especially when we've got relatives who've perhaps come in later, for that assessment to be done in a proper time scale. So it's going to extend the period but stopping the clock. I quite like that idea.

Earlier identification of potential carers

Ideally, of course, as envisaged in the Public Law Outline – and emphasised in the Public Law Working group report on special guardianship (2020) - potential carers should be identified at a very early stage in the care proceedings, if not before proceedings commence, giving adequate time for a thorough assessment to be completed within the 26-week timeframe. That timeframe is most likely to be problematic where that is not the case, when,

for instance, a relative only emerges late in proceedings, typically at the point where it has become clear that the child will not be returning home:

> *You're meant to be using the pre-proceedings, the family come forward in pre-proceedings, and then by the time you get to court the assessment is underway. That isn't always happening. And not always through the authority's fault, it's that family members aren't putting themselves forward, they didn't realise how serious it was, and then they're coming forward maybe week five, six into proceedings, which only leaves you a few weeks. It's like you run out of time but the family members need to be assessed and the court are saying to get everything else done we need the assessment done in six weeks.*
>
> *Another thing that is really annoying is when family members are put forward right at the last minute, particularly in cases when there is a plan for adoption, and parents will throw relatives or friends in right at the last minute and we'll be directed to complete an assessment, which is OK, but then, because they don't want to extend care proceedings, they'll give us an absolutely ridiculous timescale because it's at the end of care proceedings and they don't want to pass the 26 weeks. Then you're expected to do assessments in three or four weeks, which is ridiculous.*
>
> *It's people hoping till the last minute that the plan will be for reunification. People who've felt that if they're being assessed and the birth parents are being assessed they will be going up against their son or daughter. They don't want to be in that position, so it's only when that's negative, they can put themselves forward.*

Another complicating scenario cited is where there are multiple potential carers to be assessed, either sequentially or simultaneously, with up to 14 viability assessments being reported in one case. One practitioner gave the following example of a current case:

> *We have been in court for five months. We have negatively assessed five people, four at the viability stage, one at the full assessment stage, then we went to court saying the alternative was adoption. We have been offered eight more viability assessments. This was the parents coming up with these people and the court is saying 'complete the assessments in the next three weeks'. Eight of them. What we are trying now, with the eight, we are saying to the parents, 'give us an order of priority'. We will do the first two or three and if they are positive then we don't need to go to the rest. But there is a slight danger because if, at the full assessment, those become negative, then you have to revisit the fourth and fifth. By that time you will have lost the time the court has given you. So eventually, it falls on your shoulders to say it was our decision to do this, now we will try to do these assessments within a shorter timescale. It is not like you have a priority order and if the first ones are negative you will get extra time to do the other assessments, it doesn't work like that, you have to work to the timetable.*

Interestingly, no practitioner expressed the view that courts should take a more robust approach. Several, however, argued that local authorities needed to do more to explore and engage with the family network well before proceedings were initiated:

> *People have often been very critical – 'that bloody judge is saying we've got to do these assessments in nine weeks'. Actually, let's take away from that and have some responsibility as a local authority. If you had your processes in order of early*

identification of carers, you can start those assessments before you get into your court-directed timetable.

Why are we not putting more emphasis (on the extended family) *earlier on, why are we only doing it when's it's broken down, because if these family members are there, and they're so supportive, then why are we only looking at them at the point the child needs to move to live with them?*

I would like to see family members included as early as possible where children might need alternative care.

In addition to reducing the likelihood of potential carers only being identified and assessed late in proceedings, practitioners suggested that earlier engagement would benefit the assessment process in other ways - such as carers having greater understanding of the nature and seriousness of the local authority's concerns and the opportunity to begin the reflective journey which is considered to be an essential part of the assessment process but may be severely compromised by truncated court timescales.

Although the specialist kinship practitioners taking part in this study may only become involved with families at the point potential carers have been identified, some did refer to ways in which early engagement with family networks could be/or was being facilitated, notably the use of ecomaps and genograms by frontline social workers; the Signs of Safety model;[18] and family group conferences, standard in some areas, embryonic or non-existent in others:

This local authority has invested very heavily in family group conferences. One of the things we've said is that there are no receptions into care without one, the director will not allow that. So the family has, somehow, to put something in place while everyone has a think. We're looking at using FGC's for children in need, we want to target that next, looking at families at an earlier point, identifying potential carers even before it gets to Children's Services.

My local authority came to these really late, the idea is that the FGC would work out the most appropriate candidates, e.g. two people. Sometimes we were having five or six assessments happening simultaneously. I devised a workflow plan which is being explored at the moment. I suggested that when there is a child protection plan, at the first review conference there should be an FGC, looking at the family becoming part of the plan. At the FGC you would have identified family members who could care if it came to care proceedings, so they would already have been assessed.

I have a big issue with my local authority. I came from a local authority where, unless you were dealing with an immediate issue, you would not get into court without there having been a family group conference. They don't do that as standard here and I think that's a massive failing. Because you not only identify potential carers within that forum, you identify wider family support, which is key.

[18] See www.signsofsafety.net

Summary

- Concern over unrealistic timescales being set by courts for the completion of kinship assessments in cases involving care proceedings was by far the most dominant issue for practitioners in this study. Requests for adjournments which would mean proceedings exceeding the 26-week rule were usually not agreed to, despite provision for this in legislation, as emphasised in case law.
- Although short timescales clearly put pressure on practitioners it was notable that this was not uppermost in their minds. Rather they emphasised the impact on the capacity of the worker to:
    - produce a robust, considered and fair assessment
    - work with families in a sensitive way
    - enable potential carers to reach an informed and considered decision
    - adequately prepare them for the challenging task they were taking on.
- In general practitioners seemed to feel fairly impotent in tackling the issue and non-compliance seemed rare. Timescales deemed by the local authority to be unrealistic were not always challenged by their lawyers; or where they are, the court is likely to respond by appointing an independent social worker. Local agreements on minimum timescales were not always adhered to by the judiciary. Thus, resources had to be diverted from elsewhere in order to produce a rapid and robust assessment without overloading an individual practitioner, or an external assessment had to be commissioned.
- Suggested ways of tackling the issue more effectively included:
    - local authorities getting better at arguing for appropriate timescales
    - greater judicial appreciation of what is involved in a kinship assessment
    - a minimum time scale set down in legislation, guidance or a Code of Practice
    - 'stopping the clock' in care proceedings to allow adequate time for assessments without compromising court targets
- It was also acknowledged that local authorities needed to do more to involve extended families at an early stage to reduce the likelihood of potential carers only being identified when proceedings were underway, since it is in these circumstances that truncated timescales for assessments typically occur.

Chapter 5 Concerns about Special Guardianship Orders

Special Guardianship Orders were originally envisaged as a means of providing greater permanence for children who were already living with the potential special guardian. Children who became subject to SGOs with kin could previously have been there in entirely informal arrangements, on residence orders (now Child Arrangements Orders) or placed as a looked after child, with their carers having been approved as kinship foster carers. In all these circumstances, however, the arrangement would have been established and tested over time. The carer would be responsible for making the application, which was expected to be in private law proceedings, local authority involvement being limited to making a report to the court.

It was exceptional for the practitioners in this study to voice any concerns about SGOs made in these circumstances. Nor did they express any reservations about the order itself. Rather it was the way it was sometimes being used in cases involving care proceedings, with many expressing fears that this would lead to placements either breaking down or not meeting children's needs:

> (In our team) *there's an expectation that the people we are pushing through now are not going to succeed and children will come back into the system. There is a worry about that.*
>
> *We have increasing disruption rates; it's grown hugely in the past five years. We're now seeing the need for support. It's a ticking time bomb. We've had some nightmare stories.*

While any placement breakdown is likely to have a negative impact on the child, the breakdown of a kinship placement was seen to be particularly detrimental, worse than that of a placement with unrelated foster carers:

> *There's nothing worse than seeing a family and friends placement that breaks down. It's one thing a stranger placement breaking down, but to have a child move from the parents to family and friends and them for that disruption to happen is absolutely devastating for that child. An SGO breakdown is doubly devastating, that's just something you need to do your best to try and avoid. When you look at the reasons we would promote a family and friends placement it's because they will have that established relationship, it's keeping them in the family, and we think it's what's best for that child, and there's an expectation that 'oh, you can't be with your parents but the next best thing is for you to be with your family, so we're going to put you with them'. Then that breaks down, for that child it's double rejection, rejection from parents, and then rejection from your family. And where do you go from there?*
>
> *What we don't want is for that child to go to a placement with family that breaks down, because that's another loss. In the situations where that has happened, those family members have found it very difficult to maintain a relationship with that child, whether it's through grief or guilt or whatever. So that child then experiences a double loss. Because if we'd been able to predict that, they may still have had a relationship with their aunt or uncle or grandparent, but because it's broken down,*

and it's been a devastating experience, those carers haven't been able to maintain a relationship with the child, which is really sad. That's happened on a couple of occasions.

A number of factors, most of which have been covered in more detail in previous chapters, underlay these anxieties. First, orders being made where the child did not have an established relationship with the proposed special guardian– very different to the circumstances envisaged in the original legislation - were seen to carry a higher risk of breakdown:

It's common-sense, really, when you don't already have a relationship with the child, it's not going to be impossible, but it's a factor for breaking down. And also, if the child isn't a relative.

There were worries about SGOs being made for very young children who might previously have been placed for adoption, particularly following the decision in *Re B-S*:[19]

Special Guardianship is being used for children it wasn't designed for – (which were) *asylum-seeking young people, children languishing in care. But increasingly, as we all know, it's being used for younger and younger children, they're being placed in special guardianship arrangements rather than adoption.*

SGOs being used for babies. Re B-S, that was a seminal moment. I don't think the legislation was ever meant for babies. Re B-S just changed that.

If these placements were to break down, the chances of making a successful adoption placement may have substantially diminished:

We have a number of children we are aware of as early warning for adoption, go to a family member on an SGO and two years later come back for an adoptive family. That is causing significant damage...Or it's later than that and it's too late for adoption.

Rigid court timescales could lead to rushed/inadequate assessments or insufficient time to adequately test the arrangement:

Because you are still trying to establish the risks and the difficulties you tend sometimes to overlook, or not address them as much, so you are saying yes in a rush. We've seen that coming back to us in the form of placement breakdowns in SGOs.

(There needs to be) *a recognition from the court to extend the timescale to perhaps allow a placement of a child to observe how things went, how the placement was panning out, and then going back to court after the 26 weeks to give an indication, wouldn't be against that child's best interests rather than making a judgement for permanency when there is still vast uncertainty. Because we'd introduce a child to adopters, we'd have a two week introduction, quite intensive introduction, and if that wasn't working between child and adopter, or one wasn't connecting, or there wasn't that relationship, we wouldn't go ahead with an adoption plan. You don't often get that luxury with SGOs, it's just a decision.*

[19] *Re B-S (Permission to oppose adoption order)* [2013] EWCA Civ 813

Increased emphasis on family placements, lowered thresholds and SGOs being made where carers did not meet fostering standards were also cited as grounds for concern:

> *I find there's so much emphasis and so much pressure on family, that isn't always necessarily the right plan. I think we have seen more disruptions. Prior to Re B-S our disruption rate was probably non-existent, we had a really good record. I think that's had a knock-on effect, thresholds have come down.*
>
> *I thought the introduction of the unified assessment was going to be fantastic for families because I thought some of the red tape of fostering, where there were issues around the practicalities of care we could opt to look at special guardianship – where they were suitable, they could safeguard, there was no offending history, there were just some practical issues, we could use the alternative order to make things less intrusive for that family. OK, we accept that it isn't good enough in terms of fostering because of X, Y and Z, however, your ability to keep this child safe and meet their needs is there so we can look at an SGO. But the way it's being used is that we are going down the SGO route where there are some vulnerabilities about their ability to provide basic care and safeguard, where there have been safeguarding issues about those applicants, whether with their own children who have become involved with offending, substance abuse, sometimes the applicants have breached PLO agreements or child protection plans.*

Finally, an issue which will be covered in subsequent chapters, many practitioners cited the potential risks flowing from the limited support available to special guardianship arrangements, especially compared to that routinely accessible in kinship foster care:

> *There's a higher risk of breakdown if the support is not in place. They go from loads of support* (as kinship foster carers) *to nothing.*

Where there are concerns about the wisdom of making an immediate SGO, but it is considered that the proceedings need to conclude, the court may decide either to make a full care order or bolster the SGO with a supervision order.

Care order or SGO?

This is an area in which practice, in both local authorities and the courts, seemed to vary (see also Harwin and Simmonds, 2019) and in some instances had clearly changed. On the one hand there were areas where it was said to be very unusual for proceedings to end with a care order, and even carers who had been temporarily approved as kinship foster carers tended to finish up with an SGO:

> *There's been a massive shift to SGOs. That's a challenge, we have had to adapt. Our whole remit changed overnight. That came from the drive to reduce the numbers of looked after children – 'let's miss out kinship foster care'. Before it would be kinship foster care, then three to four years on they might move to an SGO.*
>
> *Whereas before we would have approved people as kinship foster carers and carried on supporting them, we cut the apron strings very early now. So we do all that work with engaging people and building relationships and preparing them and then we're gone, very, very, quickly.*

They don't stay foster carers for very long. They may be approved foster carers for a matter of...I had one for three days and then they got the SGO. They very quickly come off.

Some of these practitioners reported difficulties with their own management when they proposed to recommend a care order:

I've had battles with the head of service if I'm asking for a care order rather than an SGO where there's been no pre-existing relationship.

There've been quite a few cases where I've advocated for a care order before an SGO, then that gives us time. I do think that is valuable. I think social workers need to be bolder – and legal departments need to be bolder as well- just in terms of having the gumption to say that if we're finishing in 26 weeks, we're not happy to place a child cold, we want to do it under a care order, then the family can make their own private application with our support down the line. I don't get a lot of support saying that though. If there's a choice between children remaining looked-after or not, people chose not to have them LAC.

On the other hand, there were areas where this did not seem to have been an issue:

For us to be confident that the person could provide a placement on an SGO, which would be without the oversight of the local authority, they would have to demonstrate they have a higher standard of care. For me, if there were issues or concerns about the support which would be required, then I would be recommending a full care order.

I hear horror stories (from other local authorities) *where the message is every case has got to be an SGO, there's no discussion, no debate – 'these children are leaving the care system'. Here there has been no pressure on carers, it's 'is this something you would like to consider, something you might like to consider in a year's time?' Sometimes we will go to panel and say, 'we're all agreed, we're talking kinship foster care for now, but the carers are very interested in pursuing an SGO later but want this to be more settled, they want this tackled, or they want to sort out contact'. That was absolutely fine and seen as acceptable and good practice, very fair and reasonable.*

Other practitioners reported attitudes changing back towards seeking care orders:

This is what I've tried to work on with our senior managers, that if we let people go too early, they're going to come back to us. I have to be confident that the carers can manage any big challenging behaviours that have been identified and that the support is out there for them. That's been quite successful. It can be difficult at times, if senior managers are asking why we have so many family and friends foster carers. But actually, we have had very few SGO breakdowns. So seeing the bigger picture and being able to evidence that as a team, cost-wise, and I think that what's local government are looking at 'how much does this cost'. It's better, more successful.

We had a push here maybe a couple of years ago – 'you will take people to fostering panel on the rarest occasions, the expected route is SGO or whatever'. But we've pulled back, both the judiciary and higher management, particularly in cases where there's perhaps not a strongly established relationship with the child. It's not necessarily the norm but it's more common to approve as a kinship foster carer for maybe a year and then transfer. It seems to work well.

> *There has sometimes been an attitude of 'well if we can't get foster care, we'll go for an SGO' I think that is happening less and less, that happens rarely now. I think we're not frightened now to say 'actually this should be a care order rather than an SGO' and I think there has been enough of a shift in thinking that we're not going to recommend an SGO because it's the easy option. I think, as well, it's because it just wouldn't get through the courts now. I think if you're in front of Judge (X) you're not going to get a dodgy SGO through, s/he just wouldn't have it.*

Indeed, as this last quote suggests, some practitioners reported that the impetus towards making a care order rather than an SGO was coming from the court arena rather than the local authority:

> *There are some where we have recommended an SGO and a full care order has been made. I think that is due to concerns surrounding birth parents and their ability to adhere to contact arrangements and pressure that might be placed on the carers.*
>
> *There are more SGOs but that can be a battle at court because of people being advised 'you want to be a foster carer because then you get more support particularly financial support and on-going involvement'. The* (Cafcass) *guardians and the courts seem to think that the local authority will walk away if an SGO is made and will provide nothing - which can and does happen.*
>
> *What the* (Cafcass) *guardians tend to say is, if they're not actually been caring for the children, they will say 'well, it's untested, so it needs to be fostering' and then we'll look at an SGO in a year or so's time. Now whether that actually happens in reality. It's very difficult to shift that back to an SGO. And if you're talking about a very young child, you're talking about them being in care for a very long time.*

From the local authority perspective, a potential drawback to making a care order with a plan to move onto special guardianship in due course is that it is then up to the carer to make that move and they may be reluctant to do so, because of fears about the support they would be able to access once the child was no longer looked after (see also Hunt and Waterhouse, 2013):

> *Sometimes, what we'll do, is say in our minds, right, I'll approve these people for 12 months. Then in 12 months they'll apply for an SGO. Well it's up to them if they make that application. So we end up with looked after children 10 years down the line. The local authority plan was quite clear, and even written in the final direction, - 'after 12 months we'll look to...'- but there's a reliance on them to then go and apply.*
>
> *We have one family who are umming and aahing about going for an SGO because they're worried about long term support. We're hoping that over the next year we will be able to support them and show them that we're not just going to abandon them, that there is the adoption support fund there now for therapy, pupil premium and those sort of things, they will still be supported so they will feel confident enough to go down their route. They were stung by another local authority with an older sibling who is on a residence order. It's not that they're not committed, it's more showing them that they can trust us.*

Several practitioners reported concerted efforts – even '*big drives'* – to reduce the numbers of looked after children in their authorities by encouraging established foster carers,

including family and friends carers, to take out an SGO. Indeed, one of the practitioners in the study had originally been employed specifically for that purpose, while another referred to the creation of a separate special guardianship team with this remit:

> *We have a separate SGO assessment team. They're a very small team, being piloted at the moment. What they're doing is looking at the discharge of care orders where a child may be with a foster carer or a connected person for over two years and looking at stepping that down to an SGO. Within that process there is another assessment using the standalone SGO document, with the SGO regs about what we have to look into, the carer's insight into the child, the previous harm the child has faced. How skilled and equipped they feel into dealing with behaviour that may present in the future. And again, their ability to advocate for the child, to promote contact, to supervise contact and to work with universal services to advocate for the child's health and education.*

In some instances, these efforts had clearly been successful – one practitioner reported that the number of kinship fostering households had halved as a result. Elsewhere there were reported to be still too many children in kinship foster care who, it was considered, did not need to be there.

SGO plus supervision order?

As with care orders, both variation and changing practice were reported in the use of supervision orders alongside SGOs (see also Harwin et al, 2019a):

> *It seems to be the in thing to do.*
>
> *We're getting an increasing number. We have a lot of them.*
>
> *We are not getting as many as most local authorities, though there have been more recently. Even compared to neighbouring boroughs who use the same court we're quite low.*
>
> *They're not doing that anymore. I've been* (in this local authority) *10 months now and there were a lot still being made when I first came. But since then there's hardly any. I think that is something about the courts starting to trust the local authority to put together a support package.*

In some instances, a supervision order might be made on the recommendation of the local authority. Typically, this seemed to be where there were concerns about parental contact or family dynamics:

> *We would only recommend a supervision order if birth parents could be tricky and the special guardians need extra help. 'It's a great placement, we want the child placed with you but mum and dad are going to play merry hell about contact. We're not ready to back out yet but you're not a foster carer because you don't meet the regulations'. That's where you use a supervision order, to monitor contact.*
>
> *Some relatives are cautious of contact issues and want to make sure that they are supported and that the local authority are going to support them with the contact if need be, with complex relationships. Often I feel that if family members are seen to be working in partnership with the local authority, it can be quite divisive to family*

relationships. It's a very fine line for them to tread. At times they feel quite isolated by other family members. So it's ensuring that everything is in place so when we do move away that they are confident and happy to carry on.

There are loads of issues around contact. It's the biggest issue for carers. That's when we get a supervision order attached to the SGO. There are all the family dynamics around contact. Sometimes the family have split, there can be deep-rooted issues. Placing the child in the family can exacerbate the problems. There could be grandparents on both sides, both wanting the child. Or the siblings are split. How will contact work? One carer may allow the child to stay in the other carer's house, the other refuses.

Other reasons given were where more work needed to be done with the carer or where the placement had not been adequately tested:

You might get a supervision order where carers need to change something. They've done some of that during the assessment but we want to do more work with them, and see that the change is maintained. For example, I had a carer who was very child-centred but the standard of hygiene in the home was verging on a health and safety issue. It was cluttered, she hoarded things, like toys. It was to do with her own background. I had to work really carefully and slowly and nine months on it was much improved. Sometimes it's to do with setting up routines. Sometimes it's to do with schools, or skills and employment. It's the 'befriend and support' bit about supervision orders. We can work with that.

Sometimes it's about wobbliness but I have to say it's not necessarily about the carer, it's about not having tested things and wanting to make sure there's support or a safety net underneath.

Only occasionally did practitioners report that a supervision order might be sought when there were doubts about the placement, either because the assessor was not entirely certain or the childcare team wanted the child to remain but the placement would not meet the fostering regulations:

I would say that on the whole we're confident about the recommendation when we make it. There are occasions where we're not 100% sure, you get one or two borderline, and that's when you end up with a supervision order. ... You err on the side of caution I guess.

People accept that it doesn't meet the standard for fostering, but when you're looking at SGOs the message we've been given in our team is that you're then looking at a standard of good enough. So then you get to a default position where you're saying OK, they're not going to be foster carers but the childcare team would still like that plan to go ahead, the child's there, how can we manage the risks? So sometimes what I think we're doing is to identify some vulnerabilities from our point of view in terms of the carers' capability and then the childcare teams will try to put a robust support plan in place, to try and address those issues. In my opinion that doesn't bode well for permanence. And in terms of a supervision order and putting things in place to address those issues, sometimes, where there are significant issues, people will need long term input, rather than a year.

Indeed, one practitioner was adamant that if either the local authority or the carer had concerns about an SGO, a supervision order would not be recommended:

> *We would rather keep them approved as foster carers for a period, if we had concerns or they had concerns, if they are in agreement with that. And have a plan to move to an SGO. We've done this within a 12-month period. And then we look at a personal development plan, supporting them with contact, having a fostering support worker alongside them, and kind of easing them into an SGO that way, if they had anxieties.*

Practitioners reported a range of scenarios in which courts made supervision orders which had not been sought by the local authority and may even have been made against their advice. These included: cases where the SGO was being made on the recommendation of an ISW following a negative assessment by the local authority; those where a care order could not be made because the carer could not be approved as a kinship foster carer but was deemed to need monitoring or support; cases where there were doubts about the level of support the local authority would provide; and those where there were uncertainties about the placement because of truncated court timescales:

> *What was happening in* (my last authority) *was that the fostering panels were saying 'actually, these carers are not going to be able to get through panel, so we're not going to be able to have them as foster carers'. We were saying 'these are the type of carers that do need monitoring and support'. But then we go to court and the courts were saying 'that's fine, it doesn't matter, we'll put a supervision order on it and everything will be fine'. Then it was really disjointed, the supervision order was just about holding in terms of 'is everything alright?' – but there wasn't much engagement really. So it was really difficult to put in the work for the families that really needed it and were the more risky families.*
>
> *I think it's a way of making sure the local authority remain involved and there is some support provision.*
>
> *I think it's about the timescales...It's the finality of the SGO, at that very early stage. The* (Cafcass) *guardian's hands are tied too in lots of ways - we're dealing with the same law and the same process. I think the supervision order is often their contingency so that issues can be picked up during that year.*

This latter circumstance attracted particular criticism:

> *If you want a proper assessment done then give us the time to do that rather than make a supervision order that we can't do anything about and put the onus on us to come back and say we're really concerned and want the supervision order again.*
>
> *When you're given four weeks to work with families and then the court says 'we'll just put a supervision order on and you can work with them' and then the family don't actually work with you. It's just not sustainable.*
>
> *Don't make a permanency order if you're not sure.*

As these quotes suggest, supervision orders made where there were uncertainties about the arrangement were considered to be a weak device – '*a cheap fix'* as one practitioner put it.

One reason given was that its effectiveness depended on the cooperation of the carers, which might not be forthcoming; a second, that some of the problems it was intended to address might need longer than a year to bring about change. A third was that responsibility for the supervision order would lie with a frontline social worker who might not have the necessary understanding of the issues involved in supporting a permanent placement or the capacity to do so:

> *I think the difficulty is around some of the stuff we're predicting, further forward, in terms of permanence, where the carers will need support, is that from a childcare perspective their view is the here and now and about the safeguarding, so that if you've got 20 cases with a safeguarding issue, and one where you're perhaps taking a longer perspective, about difficulties down the line, it's a very different path - life story work and the attachment issues that brings.*

Summary

- Practitioners rarely expressed any concerns about SGOs made in the circumstances for which they were originally designed, i.e. to provide permanence for established arrangements through a private law application. Nor did they have reservations about the order itself. Their concerns focused on the way it was sometimes being used in care proceedings, leading to fears that arrangements would not meet the child's needs or would break down, which was considered to have a more traumatic effect on children than a breakdown of a placement outside the family. Anxieties included:
    - Orders made where the child and guardian did not have an established relationship;
    - SGOs for very young children who might previously have been placed for adoption;
    - Rigid court timescales leading to rushed/inadequate assessments or insufficient time to adequately test the arrangement;
    - Increased emphasis on family placements, lowered thresholds and SGOs made where carers did not meet fostering standards;
    - The potential risks flowing from the limited support available to special guardianship arrangements.
- Practice varied – and in some areas had changed – in relation to concluding care proceedings with the child placed with kin under a care order when there are doubts about the wisdom of making an immediate SGO.
- Variation and changing practice were also reported in the use of supervision orders alongside SGOs.

Chapter 6 Supporting special guardianship: Support plans and the organisation of services

The importance of legal status in determining the support available to kinship arrangements has been documented in previous research (Hunt & Waterhouse, 2013; Selwyn et al., 2013). The former describes a 'hierarchy of provision' in which kinship foster care arrangements were best served, with special guardianship coming a poor second best, even if somewhat better then support for those with residence (now child arrangements) orders or no order at all. This was also a strong theme in practitioner interviews in this research:

> *If the children are looked after the carers are pretty much treated as* (unrelated) *foster carers, all that is pretty much organised and everyone is clear what support is available.* (With special guardianship) *they get this intensive intervention at the point where local authorities are making decisions but once it's finalised it kind of all disappears. That whole dilemma is not resolved and the issue for local authorities is that different legal statuses equal different levels of support. Guidance and legislation tell us that that shouldn't be the case but that's the reality on the ground. So for me that's a big frustration. That's the area I think needs a lot more thought and structure.*
>
> *We're trying to fit square pegs into round holes where we try to make people suitable for fostering because we feel they need support, because that seems to be where the intervention will come from, but they don't meet the standard so we go down the SGO route and the SGO support services are not developed. It's very patchy, if at all. When you write the assessment and you're saying they are going to need this support, that support, you know that's not going to be forthcoming. You're setting people up to fail really. The children come into kinship care and sometimes that doesn't work and then we have no resources to pull on to make it work, we just have to let it all fall apart and go back to square one.*
>
> *Much as I hate the idea of professionalisation of these family arrangements, at least if they come under LAC there is a legal framework under which they receive support. But it shouldn't have to come to that.*

Some also highlighted the anomaly (see Hunt and Waterhouse, 2013) that support varied according to *previous* legal status, with children who had been looked after prior to the SGO being in a more privileged position:

> *The Adoption Support Fund has been fantastic for some of these children. I would just like it to be extended to non ex-LAC, because they are equally as needy.*
>
> *Pupil Premium, they would have that access if they were previously looked after, but not the ones that were removed and then taken straight to the grandparents. It's another instance of discrimination. Some schools have offered financial support for trips, some don't, it varies.*

Support was viewed as inferior to that available in adoption:

> *I think they get a second-class service. They don't get the same as adoption. I hope that here we are building that up and developing that.*
>
> *When SGOs and SGO support services were first talked about, it was adoption and special guardianship support services but special guardianship got a bit lost in all of*

that…Within adoption, each local authority should have an adoption support services advisor. The idea is that you should have one person identified in each local authority that somebody can go to with any question about adoption, what support services there are in the area. So it's a link. Everyone has to have one. If there was that sort of link within a local authority for special guardianship, you'd know who to contact.

The existing legal framework, it was argued, meant that paradoxically, the most vulnerable families could end up with the least support:

It's a reversal in how people access services. At the moment, in this framework, the people who are most able usually meet the fostering standards and therefore have the most support, the people who are least able are sent on their merry way. In any other form of social work, the people who are least able and have the most need have the most services. It's completely top to bottom.

For me one of the key things is that we're giving the most damaged children, with complicated backgrounds, to some of the most under-prepared, under-trained and under-assessed family members and walking away, apart from giving them a bit of dosh if they're entitled to a special guardianship allowance. And the only contact we have with them is the annual assessment, and that isn't always done. That's the bottom line with special guardianship.

Standards for kinship foster carers are higher but they get the most support.

Special guardianship support plans

In theory, special guardianship support plans provide a mechanism to ensure that before the order is made the particular support needs of the child and carer/s are identified and how those needs are to be met is specified. Previous research, however, (Hunt and Waterhouse, 2013; Wade et al, 2014) has highlighted the variable quality of these plans, with poorer ones being criticised for being vague and generalised rather than focusing on the specific needs of the individual family; brief and limited in scope; considering only short-term needs; and signposting to other services rather than identifying the services to be provided by the local authority.

Some of the practitioners in this study also commented on continuing variability:

I think there are geographical differences, differences between local authorities, particularly in support plans. Different courts, different areas, have different views.

Support plans vary very much by practitioner.

However, others emphasised that the quality of the plans in their local authority had improved, at least in part because of the input from specialist kinship practitioners carrying out the assessment:

We're working with children's social workers to unpick support plans, they used to be very vague. Working on the support plans together has made a difference.

They've become more detailed, more specific. And more easily reviewed. We're not so much saying 'universal services will provide'. They're still in there but we're saying where things are coming from if they need them. We help very much with support

plans, help (the child's social worker) *draft them, make sure all our support services are contained in them or any other services the children are entitled to, like leaving care services.*

That's something we've worked on. Because the ones we've had before were wishy-washy, with no detail, and it left special guardians in a very vulnerable position.

In some local authorities dedicated *kinship support workers* would also be involved in the preparation of the support plan:

We get involved early, so that we can get to know them before the order is made. We tend to link with the team managers about children who might be coming through to us, so we can track them. Before the final hearing we'll meet with the child's social worker and the assessing social worker, we think about what the child needs and what the prospective guardian needs. And we'll go to permanency planning meetings, LAC reviews, to really gather information about the child so that by the time the order's made, we know them quite well.

Practitioners raised surprisingly few issues about preparing support plans other than emphasising the need for them to be robust and drafted in time for the prospective special guardian to be able to make an informed decision:

(Children's social workers) *can't just draw up a plan and give it to the carers. They've got to have a good plan that the carers can look at, read, get legal advice on. They're sort of 'we've got to have it done by Friday, in court'.*

However, one practitioner spoke about the challenges of assessing support needs which might change during proceedings and another about unreasonable expectations in the local court about what could be in the support plan:

I think one of the difficulties is the changing family dynamics and the family needs, from one week to another sometimes. We're supposed to complete an assessment and follow it up with a support plan that is agreed with the special guardian. By the time we type the assessment something else has happened, mum has come back into the children's life, whatever. It's really hard to pin them down...Also, there are so many issues that are nothing to do with the SGO. Adoption support assessment is so much easier. (In SGOs) *there are so many issues around - illness, lack of support, isolation.*

The judge here is demanding details of long-term support for an SGO. S/he wants the local authority to put in everything. But the support plan shouldn't be static. If that much detail is needed is an SGO the right order?

One practitioner highlighted the value of new Special Guardianship regulations in England (subsequently replicated in Wales)[20]:

That's part of the new Regs, isn't it, understanding the harm, what it means to look after this child until they're 18 and what support they're going to need.

However, some members of a focus group argued the need for more specific guidance:

[20] Welsh Statutory Instruments 2018

We need clearer guidance on support plans – a template and examples of good practice. The support plan needs to be revamped. Perhaps taken from the Adoption Support model.

The organisation of special guardianship support services

In kinship foster care both carer and child are entitled to a package of services and each will be supported by their own social worker with specialist experience of foster care. In special guardianship the level of local authority involvement post-order is much more diverse and not regulated. As noted in chapter 1, local authorities do have a legal duty to establish special guardianship support services. How those services should be provided, however, and by whom, is not specified. Practitioners in this study reported a wide range of arrangements and levels of provision, with some explicitly commenting on variation between local authorities or the approach within a local authority changing with changes in personnel:

There's such a difference in what areas do, it varies massively.

It's all a bit ad hoc what people get, depending on senior managers. I'm not saying just here, it's more general, it depends on what a local authority thinks is the right thing to offer or what services they already have in place that special guardians can fit into.... At one point we did have a kinship team. That was disbanded and a lot of things were lost. So now that is being pulled back and we are working towards that again. Again that comes down to higher management and what their views are. It does seem to be very dependent on what that view is as to the kind of service you can offer. I think that's unfair, we're asking people to take on their grandchildren or other family member and it's a big ask. Actually, for them to be able to come and get some support is really important.

I wish nationally they would have some standard support in place for these arrangements.

At the most minimal level, once an SGO is made, unless otherwise specified in the support plan, or there is a supervision order, there would be no on-going involvement with Children's Services, the case was closed. If the special guardian subsequently required advice or assistance, they would need to '*come in through the front door'* like anyone else, and may, or may not, be deemed eligible to receive services for children in need, or be directed to early help. Thus, there was no institutional recognition of the unique circumstances of kinship families and, as one practitioner put it:

In the early help area, there are not many workers (with experience of adoption or permanence) *who might understand the trauma the children have been through and who might understand the behaviour that they're presenting.*

At the other extreme, support was provided through a specialist kinship support team, with continuing input for at least the first 12 months:

We need to ensure that SGO support is solid. The first 12 months is crucial, if you put in the right support. During the proceedings they're on a massive roller-coaster, they're on a high, then there's a lull. In the first year they have a worker from the

kinship team. Then there is a review of the support plan. If they wish they can keep their worker. You need to know your carers. Some I visit monthly, others it might be every two or three months.

Most of the authorities in the study fell somewhere between these two extremes. In some responsibility would pass from the assessment team to an adoption and permanence/SGO team, where, some reported, special guardianship kinship arrangements might not be given equivalent or active attention:

> *We would prepare a support plan, then it goes to the adoption and permanence support team, where it usually gathers dust. They're not a proactive team, it's up to the carer to approach them.*
>
> *Our SGO support is currently within the adoption/SGO support team and I have to say it's an adoption team that does a bit of SGO support. It's probably about a quarter of what they do. They don't see it as their job; it's something they do on top of their job. I would want an actual SGO support team and not one that is being tagged on to adoption. It should be an entity in its own right, with its own legitimate purpose.*

It should be noted, however, that one of the most comprehensive packages of services for special guardians was being provided from such a team. Hence the structure may be less important than the recognition of the needs of special guardianship families and the commitment to support them.

A few authorities had specialist kinship support teams or one or more support workers within kinship teams. In others support was provided by kinship practitioners who were also responsible for assessments, which could be problematic:

> *Because of the team set up there is that dilemma we do have in terms of being able to provide support. We do the best we can but there are times when it can be a priority to meet court timescales.*

Indeed, in the course of the study, partly because of these pressures, one kinship team took the decision to divide into two teams, to enable some workers to be able to focus on support. Sadly, in a couple of local authorities, the kinship support team had been disbanded; elsewhere, a post intended to develop support services had been deleted:

> *It's an area where we are quite lacking, I would say...The frustration has been felt from my part that we have not done more to develop support. We've tried. There were two of us in the team but the other person – a social work assistant - decided it wasn't for them. Her role was developing the services and looking at how we could move things forward but it didn't go anywhere. She wasn't replaced. I did raise that as an issue but I got short shrift. I said we had all these ideas about things we could do, and were motivated to do. My comments were that as per usual we would be five years behind everyone else. You've got an opportunity, why can't we be the local authority that people look at and say 'look what they're doing in SGO support'. That's what I aspired to.*

The degree to which services took a pro-active approach, making regular contact with special guardians, or relied on the special guardians taking the initiative, also varied. In most

authorities it was reported that special guardians would have a place to contact, sometimes even a named worker, which would be their first port of call if they needed help:

> *We have our own special guardianship social worker who is that point of contact if they need support at any point. She would just refer straight through without them coming in through the front door. She will be able to signpost them to any service it's identified they need.*
>
> *We don't hold them open here. It's making sure special guardians know where they can come and ask. It's in the support plan – 'you can contact us Monday to Friday for support and advice'.*

Some were – or had been - more proactive. A couple of local authorities, as mentioned earlier, were offering on-going support routinely for a period. Another practitioner reported that, prior to the team being disbanded, they had undertaken six-monthly, rather than annual, reviews of the support plan:

> *We don't have a dedicated SGO support team, unfortunately. At the moment we are offering 12 months support from a foster care supervising social worker. That could be in the form of advice and guidance as and when they need. They will be visited every 12 weeks for 12 months.*
>
> *We did reviews every six months which meant we went back to the family. We had a review form we designed where we looked at the health of the carers, were there any problems with the child's health, with safety, schooling. I know there would be some who wouldn't want any services involved and would say 'yep, we're fine'. But the majority, they looked forward to seeing us, to having that review and most of all they looked forward to telling us how well they were doing, showing off the children and saying 'this is what they've achieved'*

Then there were services which varied their approach according to perceived need:

> *The baseline is that the carers will know who their person is. I've got two lists. In total I've got 65 SGOs on my caseload, who might ring me at any time. It's often a spot service, like attending a TAC* (Team Around the Child) *meeting, or doing a contact. But there are about 20 where it's quite active and you get to know them very well. I've got a few as well that I kind of will ring, from time to time – these are the older SGOs, they don't want to disturb you, they think you're very busy and so on, so I just ring and say 'just touching base, how are you?' And usually something comes up and then you do a home visit and things come out and you help them with that and then that's alright until the next time. If I haven't heard from certain people for a few months I'll give them a call.*
>
> *Not in every case, but in the SGO support plan, if we can see that there is an anxiety from the carers or that contact is going to continue to be contentious, in those cases we say there will be a named social worker, sometimes it's for six months, sometimes a year. There are some where we don't do that, and we say 'we're here if you need us, come back if you need us'. But if the writing is on the wall and we know there are going to be problems we will allocate a worker.*

Practitioners working in services which were more pro-active, either routinely or according to need, argued for the value of this approach; those who had seen this disappear expressed regret at what had been lost:

> *We're doing it for the children, aren't we, and at the end of the day we want to make sure these children are OK and happy and they grow up into really successful human beings. And we need to put that extra work in to support people and make sure that happens. Prevention is better than cure and without it they'll be at the front-door again. There are some people who say 'oh, if they need help, then they've got to come in the front door like everyone else'. Where's your preventative work?*
>
> *Over the years I have felt passionate about my work and seen the value in what our team have offered, always being proud to introduce our service as a good model to others...our support over the years in many cases has prevented breakdowns in arrangements and offered protection from children becoming at risk. It's such a shame, something that was working so well. And minimal breakdowns. Special guardians couldn't always access the same support as foster carers, but they still had to deal with the same behaviours with the children and most of them weren't equipped to deal with some of the emerging behaviours as they grew older. So that was also part of our role, to try and sort out the support they required. Now, all those people who had on their support plans that our team would offer support, there isn't a team anymore. They have a phone line, answered by admin staff and if there is an issue it will go to duty.*

While practitioners accepted that some special guardians might not need any support, there was also concern about those who did but made no contact, or only did so when they had reached a point of crisis:

> *I'm paying a financial allowance to 286 children. I went to the support group and there were eight families. How do I reach that gap? If they don't want to be* (supported) *that's fine. But if they just don't know about it?*
>
> *You don't hear from most special guardians. If they have issues, they just get on with it. By the time they do come back, they're worn out.*
>
> *Although we've opened things up – they can have access to training, we've developed a support group, things like that - I think we're still missing people. People do come back to us on occasion, a year or so later, because they're struggling with contact, or other things. We need to do something about that really. The Head of Service has recognised that and is open to proposals, so that's a 'watch this space' one. We might grow a bit more.*

There was a particular concern about carers whose orders might have been made some time ago, with several practitioners talking about not only wanting to provide better services for new carers but to make inroads into the 'backlog':

> *I'm very much aware – I talked about having a backlog of people – we're at a crossroads, we want to change our offer, moving forward to people who are getting that Friday afternoon knock on the door, but I'm also aware that we need to capture that backlog of people.*
>
> *People don't know what services we can provide, that we're here really.*

Over the last couple of years, we've become more aware of SGO carers' needs, through them telling us and through us doing more and more assessments. The idea is that we will eventually get to a stage where we will know where all our SGO carers live, that they are all getting invited to support groups/coffee mornings, that they know what training is being offered, that if they live out of our county we've liaised with their local authority and they're getting information from them.

The team interviewed in this last quote were taking active steps to achieve this objective:

We've compiled lists. We've written to them. I'm doing telephone interviews initially, because a lot of these carers haven't had contact for some time. So we wrote saying we'd like to hear from you, telling them what our team does. Then they can ring in and book a telephone review. We've just started having people ringing in saying they'd like to speak to us.

Another practitioner reported positive outcomes from a similar initiative several years ago:

When we picked up the work, they were very largely residence orders, and none of the families had had any support, other than financial support. And they hadn't seen a social worker from the day they got their order. And some felt initially threatened (by being contacted), *but we didn't go into the homes with a heavy hand, we went in with 'we know you have been managing, we've just come in to make sure there isn't anything you require'. And as they got to know who we were and trust built up, we had good working relationships. There were other families which were absolutely desperate for support and didn't even know who to go to to receive it. We were able to pick them up and work more intensively with them.*

It was recognised that some carers who might benefit from help might not want to be reached or be reluctant to contact support services, perhaps because they feared the consequences or because of earlier negative experiences of local authority involvement:

You can't admit you're struggling because if you do, they'll take them away.

The people who come to the SGO support group (run by a voluntary organisation) *say they wouldn't want to come to the local authority for help, they've had really horrible experiences. They don't want to see the local authority in a million years. But someone will have passed my name around and they will have rung up.*

One practitioner suggested that this was mainly a problem with SGOs made some years ago and that those with more recent orders were more likely to engage with support services:

I think, historically, the SGO carers with older orders are probably not wanting our involvement, probably because of their experiences at the time, so it's 'just leave us alone to get on with it'. But our newer carers coming through, I would say are wanting support and advice, not necessarily demanding it, or wanting it all the time, but just knowing there is something there. They want to be able to utilise our expertise and want to engage in training. They're almost a different group of people. Carers with older orders aren't very keen on coming to things, even though they're invited to training and things, but the carers who have come through in the last few years are a lot more...Is that because of how we supported them in the past? I don't know. If it was a fight with the local authority for them to get their grandkids or a fight to get financial support or a fight to get anything. Do they think 'I'm getting financial support, I'm just keeping my head down and doing what I need to do'. It's something we would

like some feedback on but we struggle to get it. We are looking at ways we can get that.

Another practitioner, attending a focus group organised by Kinship, suggested this was one way in which a third sector organisation could help:

> *In lots of cases, unfortunately, those people are very angry and very upset, for reasons I might support, with the local authority. So that is a challenge and I think organisations such as yourselves can help us with some of those barriers. Because just because someone has had a negative experience, that's not to say that's the experience they're going to have and we want to try and make it right.*

At the same time as wanting to reach out to special guardians, to '*improve the offer*', however, some also voiced concern about their capacity to deliver:

> *How do I reach out? ... We're here and willing to help. But we don't want everyone knocking on the door at the same time.*

Summary

- A strong theme in the practitioner interviews was the significance of legal status in determining the support available for special guardianship families, which was inferior to that provided where the child was in kinship foster care. It was also not on a par with adoption support and support was more available where the child had been looked after prior to the SGO. Paradoxically, this meant that families most in need of support in reality could receive the least.
- Although special guardianship support plans were still seen as variable in quality, some practitioners considered that they had improved, partly due to input from specialist practitioners, either those carrying out the assessment or by specialist support workers. It was emphasised that plans needed to be robust and prepared in time for the prospective special guardian to be able to make an informed decision. Some saw a need for more specific guidance.
- Considerable variability was evident in the organisation and delivery of special guardianship support services:
    - At one extreme, the case would be closed unless otherwise specified in the support plan or the SGO was accompanied by a supervision order. Carers who subsequently wanted support would have to come in through the front door, like any other family. At the other, support was provided through a specialist support team, with continuing input for at least 12 months post-order.
    - Some authorities had specialist kinship support teams or one or more support workers within kinship teams. In others, support was provided by kinship practitioners who were also responsible for assessments, which could be problematic since assessments would have to be prioritised. A couple of

teams had therefore split into separate assessment and support teams or were considering doing so. Conversely, elsewhere the kinship support team had been disbanded.

    - Local authorities were reported to differ in the degree to which they relied on special guardians taking the initiative in seeking support or took a pro-active approach. In most, special guardians had a place to contact, sometimes even a named worker, which would be their first port of call. A couple routinely offered a period of on-going support; one had undertaken six monthly reviews of the support plan. Others varied the approach according to need.
    - Practitioners in services which took, or had taken, a pro-active approach argued for the value of this.
- There was concern about special guardians who needed, but did not seek support or only did so at the point of crisis, perhaps because they feared the consequences or had earlier poor experiences of Children's Services.
- At the same time as wanting to reach out to special guardians, however, some also voiced concern about the capacity of their service to deliver.

Chapter 7 Special Guardianship: Support Needs and Service Provision

There is now a considerable and consistent body of research on the types of support kinship families need (see Hunt, 2020b for overview). Financial assistance is a major theme, with study after study reporting the financial burden placed on carers when their costs rise but their income either stays the same or even drops. Non-material support needs reported range from broadly based community services to more specialised input such as therapy or counselling for children and/or carers. Help with managing contact and difficult child behaviour have emerged as important issues, as has carer isolation.

Although support for special guardianship families is discretionary, local authorities have the power to provide a wide range of services. In previous research (Hunt and Waterhouse, 2013) it was reported that while none of the social work practitioners taking part indicated that a complete suite of services was available in their area, between them they identified the following: support for contact; help with managing children's behaviour; respite care; counselling; direct work with the child, including life story work; privileged access to therapeutic help for the child; carer training; peer group contact; newsletters; assistance with referrals to other services; advocacy; access to an out of hours service. However, while some authorities were providing a high level of service, elsewhere there were said to be many gaps in support. Variation and the need for more support are also themes in other research (Bowyer et al, 2015a and 2015b; Harwin et al, 2019a; Wade et al, 2014).

This chapter examines practitioner reports about the special guardianship services provided in their local authority, focusing on four key areas: contact; children's emotional and behavioural difficulties; peer support; and finance. It also looks briefly at the issue of support for special guardians living outside the local authority responsible for providing support.

Variety was again evident, with some practitioners reporting higher levels of provision than elsewhere, but as will be seen later, many expressing a wish to enhance services:

> *I've been to some meetings where professionals* (from other local authorities) *were fairly negative about the arrangements and felt that families were being put upon to have the children and that it was a cheap option. I've never felt that way because we had always offered a full support package, money, support, intensive support where it was needed, and referrals. Every area appeared to be covered. That was largely down to our manager, who was very dedicated.*
>
> *We do a lot of enabling, to strengthen the resources and resilience of the carers and have support groups and training, that sort of thing. That's the emphasis in social work, isn't it, enabling people.*
>
> *Here people know there is someone they can phone. There are support groups providing emotional support. We have input from therapists. And courses. All dealing with similar issues but at various levels.*

Parental contact

> *It's a major issue. It's often what special guardians come back to the local authority about.*
>
> *Contact - that's the real part of our work and the real stressor.*

As noted in chapter 5, concerns about parental contact were often cited as a reason why either a care order might be made rather than a special guardianship order or a supervision order might be attached to an SGO. Issues around contact were also cited in chapter 6 as one of the most common reasons why special guardians might come back to the local authority for help or why the case might be kept open after the order was made, sometimes with an allocated social worker.

Practitioners identified a number of ways in which they assisted carers with contact issues. Sometimes carers need information about their legal rights:

> *Often what they're saying is...I'm having issues with contact, what can I do, what's my rights? We had one recently with grandparents who were really struggling with contact because mother just kept letting the child down and they thought that because this level was agreed at court, they could do nothing about it. But of course they can. It's reinforcing what their level of control is, their rights.*
>
> *They don't know what legal rights they have, e.g. about saying no to contact. They need information prior to the order so they can make an informed decision, as well as support post-order. Some don't understand the concept of parental responsibility, and parents definitely don't.*

As this latter quote indicates, this suggests the need for better preparation of both special guardians and parents before the order is made. Indeed, a couple of practitioners reported that some parents' solicitors give their clients unrealistic expectations about contact:

> *To be frank sometimes it seems that the carers are being set up because advocates representing parents will often kind of convince them to go quietly and say yes to an SGO because then they'll be guaranteed loads of contact and then afterwards the carers say actually 'no, there do need to be some boundaries around this' and then we're in conflict on day 1 almost.*

Other carers were said primarily to need reassurance they were doing the right thing, or to be able to use the authority of the worker to back up what they wanted to do:

> *Sometimes they just need a bit of emotional support to say 'you're doing it right'. One of the families I visited in that scenario, we talked through it all, I just put some questions like you would in a solution-focused way and they got to the outcome themselves. They just almost needed someone to rubber stamp – 'if we do this, we are allowed to do this, aren't we?'*
>
> *These families have had their lives turned upside down, they've been left, largely, to manage the changes in their lives, often having to shut the door on their own children, and not allow them to visit, for their own safety. A lot of the families needed some reassurance that that was OK to do, it's easier for them to say that a worker*

has advised me that contact should be out in the community, rather than in their home where they don't feel safe.

On occasion the worker might try to mediate the dispute, although accepting that at the end of the day it is the special guardian's decision, even when this is contrary to the worker's advice:

> *Although we can try, and sometimes it works, we have a meeting and try to sort out those issues, in some of the cases where the special guardians have said, even after our advice, no, this is our decision, we have to respect that. We have to inform the parents that they need to seek legal advice. Our main approach has been to advise parents to work with the special guardian, because they are the primary carer, they have the final say as to what is suitable for the children.*

Somewhat similar frustrations were expressed by another practitioner:

> *Because my background is adoption and working generally with people who want to be worked with, and to be supported, part of my own frustration is about going to see people, talking through the issues and problems they're encountering, giving them some advice and trying to give them support and make suggestions, for instance, 'do you want to get me involved in doing some form of mediation around contact? We could put together a contact arrangement so everyone knows exactly what the contact is going to be, when it's going to be, who needs to do what, is it going to be supervised, where, all that sort of stuff'. They say 'oh yeah'. But then what they do, because they're feeling so guilty about parenting their own child's child and that changing dynamic, they then back-pedal from that, and then you ask how they are and they say 'it seems a lot better now, I've had a chat with X and things are better'. Then two months later they're in exactly the same position or worse.*

Children's emotional and behavioural issues

It is now widely accepted that children in kinship care have very similar profiles to those in traditional foster care and that, as a result many are likely to experience emotional and behavioural difficulties which carers might struggle to manage (Farmer and Moyers, 2008; Selwyn et al, 2013; Wade et al, 2014). Services to address such problems may be provided directly by the practitioner, typically by offering advice and support to the carer, although some workers also described working with the children:

> *A lot of the work is about helping children to be understood by the grown-ups around them, so helping the carers provide therapeutic parenting, going to the schools and supporting schools and understanding their needs, that sort of thing. So we don't always work directly with the children, but we can provide that service for them. But I do see some children; I do sessions with them and use tools – e.g. with smaller children using Playdough so they can access their feelings while they're touching something.*
>
> *I came from a family centre where we were working therapeutically with children in care. So my role, and that of one of my colleagues, we came in because we could work with the carers. We could help them understand the behaviour of the children and their experiences. We brought those skills. I have also supported the young people and often I'd make a point of seeing them on their own, if there were any*

problems. But only if there seemed to be problems and with the permission of the carers.

A few practitioners said they were able to refer to specialist therapeutic workers within their local authority, not specifically provided for SGO families, but accessible by them:

There is a play therapist who does quite a lot of work with the SGO children. And counselling workers, that would be open to SGOs.

The adoption and permanency team have 2.5 workers providing psychiatric support for adoption and looked after children. We've been able to link into them for SGOs.

Where such in-house services were not available, or more specialist input was required, then the family would need to be referred to an external agency. One practitioner, in an authority where the dedicated support service had been closed down, described the work the service had been able to offer:

Many of the children had really difficult behaviours, associated with the abuse and neglect they had experienced and the move. Part of what we did was writing to the GPs to ask for referrals to CAMHS[21] as a matter of urgency. Trying to get services for the children, being their advocates. We obviously had access to the history so it was easier to write that, in letter form, if the school was questioning the behaviours but didn't have access to the background. Going to meetings, I've been to several school meetings, to TAC (team around the child) *meetings. I've written numerous lists for psychologists of children's backgrounds, a summary of what they've experienced, so they have greater understanding of where they are coming from.*

A commonly reported issue, however, was the difficulty in finding appropriate therapeutic resources, with several practitioners citing issues with CAMHS:

Agencies are often full, there's a shortage of resources. CAMHS – here it's like pulling teeth.

CAMHS have an SGO support team but the waiting list is so long. I made a referral in December; the initial consultation is not till July.

CAMHS is really patchy.

The extension of the Adoption Support Fund (available only in England) to children on SGOs who had previously been looked after, was welcomed as a means of funding therapeutic services, either on an individual basis or as a group programme. It needed, however, it was argued, to be made available to all children on SGOs:

It doesn't make any sense. They're the same children. So many SGOs stop these children going into care. They were on the edge of care and (carers) *intervened to stop that and it feels like they're being penalised. And for those carers it's like 'if we had let you make an order and then done this you would help us. We saved you*

[21]The Child and Adolescent Mental Health Service

making orders because we didn't believe it was in their interest and now we end up not being entitled to the same support'.

In addition to interventions at an individual level, training - on issues such as attachment and trauma - is another potential way of helping carers deal with children's emotional and behavioural difficulties. This would be routinely provided for traditional foster carers. For special guardians, however, the picture reported by practitioners was more variable.

At one extreme, some practitioners reported that their authority offered dedicated training for special guardians, in addition to access to training designed for foster carers:

We offer some very good training, specifically aimed at SGO issues - contact, communicating with children, behaviour management. That has gone from strength to strength over the last 18 months. We've expanded it, based on what our carers have told us. And they are able to attend the fostering training. We are trying to develop our service to be able to do the Fostering Changes training so we can run it specifically for SGO carers.

There are three training sessions offered post-SGO – covering attachment, managing behaviour, contact.

At the other end of the spectrum, there were a few local authorities where it was reported that special guardians did not even have access to training provided for foster carers, or it was restricted to those who had previously been kinship foster carers, or it was not readily available. Practitioners in these circumstances typically drew adverse comparisons with the training routinely available to foster carers:

If there could be some training they either do as part of the assessment or can access after. Particularly around those key matters of attachment. Special guardians here can't access foster carers' training or anything. Re-parenting these children, that's what we're asking these carers to do, with no training and limited access to services. You are throwing these kinship carers up this route and they don't have any understanding of any of that; they're going into it with the feeling that with enough love it will be OK. But love is sometimes not enough for children, or with severe attachment issues they're not going to be able to feel that love is safe anyway...If there are those concerns around a carer being able to meet the children's needs in that way, that's where we should have a care order, then the carer can get training. But what do you do about those people who don't meet the regs? It's a very unequal state.

The improvement (when working in a kinship support team) *I would have liked to see would have been to have allowed special guardians to have access to CAMHS specialist training programmes offered to foster carers. And that they could have that access without question. I think they might eventually have been able to get it but they would have had to jump through a lot of hoops rather than it being offered automatically. The fostering team ran things completely differently and they had completely different budgets which allowed them to do so much more. We were the poor relations.*

In between these two extremes were authorities where special guardians could access training designed for adopters or foster carers, some focusing specifically on therapeutic

parenting, others covering issues such as attachment and behavioural management as part of a broader programme:

> *The KEEP programme works well. It lasts for 16 weeks. About half the graduates on the last one were kinship carers. Some special guardians attend.*
>
> *We run Attachment Matters – it's a six-week course run by a psychotherapist and a therapist. It is primarily run for adoptive parents.*
>
> *We run a therapeutic parenting course we use for adoptive parents - Family Futures. We use that a lot for our kinship carers.*

Opening up courses designed for adopters or traditional foster carers to special guardians may not be an ideal option, either because the material is not sufficiently geared to their concerns and needs, or because mixed groups may be problematic. However, where the number of special guardians likely to attend is low, the unit cost of running a targeted course may be prohibitive, as one practitioner pointed out:

> *With the therapeutic parenting programme, I ran it two ways. The first time we invited special guardians we invited them alongside adoptive parents. We've had some debate about how that fits for participants. The second time we invited them separately and only four of them came. I can't keep doing that. I can't offer that because it costs me too much money. Obviously, I can apply for funding through the Adoption Support Fund. You get £5k per child. The therapeutic programme costs me £4.5k. So the cost per head drops the more numbers you have but the reality is, I'm not going to pay four and a half grand for a trainer to come and deliver a training programme for four people. If you're coming back to me later and want some other form of help I've got to weigh that up.*

Peer and community support

Previous research has documented the problem of social isolation for many kinship carers (Hunt et al, 2008; Farmer and Moyers, 2008; Hunt and Waterhouse, 2013; Selwyn et al, 2013). Peer support, commonly through support groups, sometimes through mentoring, is seen as one way of alleviating such isolation and providing much needed emotional support and there is evidence that this is appreciated by carers (Aldgate and McIntosh, 2006; Grandparents Plus and Adfam, 2006; Marden and Bellew, 2014; Templeton, 2010; Wellard, 2011). One study (Hunt and Waterhouse, 2012) found that only half the kinship carers interviewed knew any other kinship carers and more than half expressed interest in attending a support group.

Some of the practitioners in this study reported thriving support groups in their area, whether run specifically for special guardians or set up for kinship foster carers and opened up to special guardians:

> *We have an SGO support group. We have increasing numbers coming - 20-25 people.*
>
> *We're now running a third support group; we're getting a lot of interest.*

Others however, reported either low attendance or groups which had folded:

> *We invite them. A small group attend. We usually try to get a speaker along – benefits, life story work, contact, health, education, mindfulness is coming up, housing coming up. They've been very helpful to the carers who've attended. We have one carer, it's a private* (special guardianship) *one, the support group is her only support and it's really important for her to come to that group. We've put quite a lot of effort into trying to encourage other kinship carers to come along. But it's quite hard.*
>
> *Here we've never been able to get a support group off the ground.*
>
> (I would like) *to have another go at support groups. In my previous authority we had a big launch and it just didn't really work. Here they had tried before as well and there is another plan to have another go at that.*

Several possible reasons were put forward for this. One was that carers are a diverse and often geographically spread group; another, carers' sense of shame and stigma:

> *The carers are all over the place and they're very disparate.*
>
> *There is blame attached to it, isn't there, 'you brought this parent up'. There's that. I think a lot of carers feel that and they talk in the group about a sense of shame and of that being exacerbated by people's attitude - 'the reason they don't want to come to the group is they don't want to admit they are kinship carers because of the shame'.*

A third reason suggested, however, was that some carers may be reluctant to attend groups under local authority auspices. Hence other arrangements may be more successful:

> *I think the best support groups are the self- starting ones – I think carers don't want professionals, they want real practical support from people who know what they're talking about and to be able to moan about the system. I do think that's partly why.*
>
> *I said to the person running our support group - 'would you like me to come and talk to them' and she said 'they don't come, because it's local authority'. But the group we've set up in conjunction with a school, that's well attended. So now the authority will promote that. Because people don't want to come to a local authority one, they'd rather go to the school one.*
>
> *We are looking to set up our support group again; having a group that isn't necessarily directly connected to the local authority. Having Grandparents Plus* (Kinship) *on the advertising empowers carers to come because it doesn't feel like it's owned by the council.*

Apart from support groups, only one practitioner mentioned any other form of peer support – a social media group for special guardians set up by a kinship carer. However, another was enthusiastic about a project about to start in their area (which would be run by Kinship, modelled on their Relative Experience project in the North East) which would, among other things, offer mentoring:

> *That's something I'm very interested in because when you start talking about one-to-one support, mentoring, that sort of thing, that's really needed. And from my perspective, as a social worker you're so caught up in the day-to-day stuff, in*

finalising the plans for the children, making sure they're settled, they've got allowances, all the day to day stuff, then once it's all finished you kind of heave a sigh of relief. And it's on to the next case. But it doesn't stop there for the carers. The idea is fantastic, offering mentoring by kinship carers, one to one support, advice, CAB type of stuff, advice on benefits, all the stuff that our post-order support team get overloaded with. So for us it would be exactly what we need.

A broader, but linked theme, mentioned by a few practitioners, was the need for more community services to be available and/or responsive to the particular needs of SGO families (and other kinship families):

We need a lot more options for people in terms of access to community groups. There needs to be a lot more prevention, so rather than leaving people to cope until they can't, then they come back to us and they're in crisis, there need to be ways of supporting them through those difficulties. Certainly where we are there are very few organisations or groups that provide the sort of support that kinship carers need. Compared to Australia where a lot of that social work support is offered by community agencies, I don't see that reflected here, I think people expect the local authority to deliver everything, where it would be nice to have a bit more choice in what you can refer people to for that mentoring, one to one, or buddying type support.

I think we need support that is community-based. It's not normal family life is it to ring Social Services when you come unstuck. Your first port of call should be firstly within your support network and then within your community.

The people I support in my service do have a good level of support, but if there are people out there caring for their grandchildren, or other family members' children I think it's really difficult for them to get help. I think education, housing, need to get on board and realise they need to support people, it shouldn't have to come through social care's front door, or something go wrong before they get help. Health visitors know where grandparents are caring for babies, because they're turning up at clinic. They can tell children's centres. Schools know who these children are, because they're sending the reports to them. They just need to recognise that they need a little bit of different support and then (carers) *are empowered and can run with it. They're not asking for a lot here. Why do we have to stigmatise them by bringing them into social care? If we all had a bit more responsibility for our kinship carers. Because they're such a diverse group.*

Financial support

As mentioned at the beginning of this chapter, finance is a major issue for carers. It is also an issue which troubles practitioners, because it is a matter which can adversely impact on their relationship with carers but over which they have little control:

The problem is that so often the conversation becomes about finance and money. It's really frustrating for me because I want to help people, including financially, but the reality is I can't. I go as far as I can within the constraints that I have. I haven't got a bottomless pit of money.

: The reality is it's bigger than the workers. Unless the government provides the money, that money just isn't there.

They're ringing us and we're the ones that are trying to give a response. It isn't the one that you really feel in your heart, it's the one you've got to give, you're paid to give. You're trying to meet people's needs with the resources you have.

Faced with this dilemma, one practitioner reporting advising carers to seek independent advice:

We have asked special guardians to contact Grandparents Plus (Kinship) *where there have been situations where we have had to say 'we are not able to offer this particular support in terms of say a financial allowance, do you want to have a discussion with Grandparents Plus to see if that is something they think needs to be provided'. Yes, we should possibly be more aware of what we should be providing to special guardians but there are budget pressures, there are issues where you can't go all the way and support them, so you have to say 'this is what our position is based on our resources'.*

Practitioners were keenly aware that local authority policies on financial support vary, which is not only inequitable, but can lead to challenge:

It's a post-code lottery because where payment and support is discretionary, a lot depends on which local authority the families are in.

Local authorities are in different places on this. There are different practices on means-testing and how it's done and how long they will pay for.

There's such a difference in what areas do, it varies massively. I think people often get hung up on financial support, that's a whole conversation in itself. The impact of doing things differently is that...I was in court the other day and it was 'oh, but, in X local authority they commit to paying Y (amount)*'. Well we don't. It is difficult when you have people saying 'if I was a special guardian in X, I would get so and so'. That is difficult for local authorities to deal with.*

It was also thought that local authorities which had taken a more generous approach to financial support might have to reconsider. Indeed, some had already reduced their offer, because of the 'drain' on budgets:

Some of these local authorities that pay and pay and pay aren't going to be able to continue doing that.

We're looking at a £1.8m overspend for special guardianship allowances because they're all now matched against fostering rates. Local authorities just don't have that sort of money.

At the present time we have a no financial detriment policy for foster carers if they progress to an SGO. That's not the case in other local authorities. ...I think it will change, in the very near future. We cannot continue to fund at the level we are because we haven't got the finance.

The SGO allowance here is limited now to two years.

One focus group which involved practitioners from different local authorities raised the issue of private SGOs, i.e. those where the children had not been previously looked after and were least likely to get financial support, which could again lead to challenge:

Practitioner 1: *It's a grey area where we've not had involvement. I can't get clear legal advice. Currently we would only support if children have become or were LAC. But a judge has challenged – 'surely you should be offering?' I know there is a duty*

to assess but it's 'may' provide. The law is wishy-washy. We don't normally pay a regular allowance. We might pay bits e.g. laptop, school uniform. But it's a restricted budget, we have to go to panel to get resources.

Practitioner 2: *We have the same policy but we've had serious push-back from lawyers. We have made exceptions. It's those that shout the loudest. For the local authority it's 'how do you make judgements where you've had no involvement'. It's a huge issue which won't go away for a long time. We have families with SGOs coming to us eight years on and asking 'why not us?'*

Within the current framework, it was argued, there needed to be a transparent and equitable process for making financial assessments so that special guardians were clear, from the outset, what financial support was being offered and for how long, which had not always been the case:

We have guardians who think they will get money for infinity, because it has never been explained to them, or they haven't taken it on board, that it's subject to means-testing and it could go down. I think as long as they're told that repeatedly, all the way through, they get it and they're OK with that; it's when they're not given the information. That has led to a bit of chaos really.

I guess the differences between my old and new local authority are in relation to SGO allowances, which are better here, there's a much more transparent system for getting and reviewing allowances.

I think for families, the one they got hung up on was financial support, understandably, children aren't cheap, and we had some people who, for want of a better word, got stitched up by the local authority about it, and that's not a great place to be. These people have got to the end of proceedings, they've got this child in their care, and then the rug's been pulled out from under their feet regarding finances. And the end of that relationship has left a sour taste in everyone's mouth. What a way to end, to disengage from this relationship with a client. That doesn't happen so much now because the courts are really saying that there has to be a financial assessment, and they want it all to be looked at now, so there is much less likelihood of that happening.

Some practitioners, however, also argued there needed to be a new, national framework, in the form of guidance, regulations or even central government funding:

I would like the guidance to be clearer on financial assistance because it seems each authority has their own way of doing things, some don't pay anything, some pay something, we do pay and we have a clear process on that, but it would be good if that was a bit more of a national thing really. I was a bit disappointed that the Fostering Network aren't doing their thing on what they think the allowance should be for the child because that's what we used to base our SGO allowances on. That was really helpful because it was almost 'this is what has been recommended and we follow that'.

We were hoping the new (Special Guardianship) *regulations would go a bit further. I would have liked to see some kind of discussion about a national allowance. There are a small minority of cases where I think money gets in the way, and having a flat fee across the country – 'this is what an SGA is' – I think would help.*

> *I would like to see the New Zealand model. I know Grandparents Plus* (Kinship) *have lobbied for this, but ministers have said it would be too expensive. The model is basically that there is an allowance for each child and that allowance follows the child whoever is caring for them. And it comes from central government rather than local authorities. That is so much tidier.*

Out of area support

In the sections of the legislation dealing with special guardianship support services,[22] the issue of support for children previously looked after by one local authority but placed with special guardians in another is a matter to be dealt with by regulations. In the subsequent English regulations (issued in 2005, and carried forward into the 2016 amended regulations) the responsibilities of each local authority are set out in some detail. The placing local authority retains responsibility for all services for the first three years after the order was made, after which responsibility for all support other than financial transfers to the 'host' authority.

Research by Wade and colleagues (2014), however, revealed the difficulties experienced by some special guardianship families in accessing support both within and after the three-year period and stressed the need for improved, well-structured arrangements:

> Access to services was severely restricted unless local authorities were willing to cooperate and clear contracting arrangements had been established. ...Transitional arrangements, where former looked after children moved from one LA to another or where service responsibility was transferred at the end of the required three-year period, were not always smooth (p242).

It was clear from the practitioners taking part in the study reported here that out of area placements still presented many issues. Within the first three years, there were the sheer practicalities of families living at a distance accessing services available in the placing authority:

> *It's the reality of providing support at the other end of the country.*

> *We had one order yesterday to someone who lives around 150 miles away. She's not going to come down here for a support group or a coffee morning.*

Some practitioners reported being able to link families with services in the host authority from the outset, but this was dependent on the availability of services, which was variable:

> *When we do the support plans, when people are in another local authority, we capture the information about what the resources are in that LA, because we can link with that, or even pay for a service there. They're pretty good, as long as they've got a service, they will say 'oh, we can invite your carer along to our support group', if they've got one. But also, some of them are saying, 'we did have a team but it's closing'. So they might get the chop because of cuts.*

[22] The Children Act 1989, as amended by the Adoption and Children Act 2002, sections 14A-F.

> *There's a lack of consistency. Here we have a strong offer to special guardians but elsewhere... They get our newsletters and they get frustrated.*

After the three years, where appropriate services are not available in the host authority, some practitioners reported having to continue the support they had been providing as the placing local authority:

> *I know that in law they have to provide a service for that child. But when we get to the three years and we want to transfer a child, we've ended up carrying on working with our special guardians because otherwise they won't have a service. And of course there are so many, they come in, but they don't go off the list so our list gets bigger and bigger.... So that gets to be a challenge. Because you don't want people struggling, losing out.*

Indeed, sometimes after a considerable time had elapsed since the order had been made, one practitioner reported that the placing authority might still find itself involved in securing services in the host authority:

> *I've been in arguments, no discussions let's say, with other LAs, when my carers have come back to me and said 'I know it's eight years ago that the order was granted but my LA say they can't help'. My manager gave them a letter with the bit from the SG Regs set out that they could send to their LA. That brought in a service. That worked for her. That was smashing. Because in law they have to provide a service. We've had to be quite robust; they've turned round and said* (the placing authority) *will do it. We've said 'we want to but in law you need to be doing it. And also, while we're doing your job then there's someone here who isn't getting a service they're entitled to'.*

The need for a framework clarifying the respective responsibilities of each authority was a major theme in an event organised by the Welsh government as part of the consultation on its 2018 amended Special Guardianship Regulations. This may have been because the original Welsh Regulations made in 2005 said very little about the question. The amended regulations made in 2018 rectify this and the matter is addressed in more detail in the accompanying Code of Practice, which addresses the provision of services both within and outside the three-year period. Time will tell whether these changes result in improved provision for out of area arrangements within Wales.

Summary

This chapter examined practitioner reports about the services provided to special guardians in their local authority, focusing on four key areas: contact; children's emotional and behavioural difficulties; peer support; and finance. Variety was again evident.

Practitioners reported assisting carers with *contact issues* by providing information and advice about their legal rights; reassuring them they were taking the right approach; sometimes seeking to mediate disputes.

Services to address children's *emotional and behavioural problems* could be provided directly by the practitioner, typically working with the carer but also sometimes with the child. In some authorities, specialist therapeutic workers were available. Difficulties were reported in finding appropriate therapeutic support externally with several practitioners citing issues with CAMHS. The extension of the Adoption Support Fund to children on SGOs who had previously been looked after was welcomed as a means of funding therapeutic help, but needed to be open to all children on SGOs.

Training was also seen as a way of helping carers deal with children's emotional and behavioural difficulties. While routinely provided for traditional foster carers, access for special guardians varied, from authorities where dedicated training for special guardians was available to those where they could not even access training organised for foster carers or adopters.

With regards to *peer support*, some areas had thriving support groups, whether run specifically for special guardians or set up for kinship foster carers and opened up to special guardians. Elsewhere, either attendance was low or groups had folded. Apart from factors such as distance, diversity and possible feelings of shame and stigma, it was suggested that support groups run under local authority auspices might deter some carers. Hence other arrangements might be more attractive. Only two practitioners referred to any other forms of peer support – social media groups and peer mentoring.

A few practitioners also identified the need for more services responsive to the needs of special guardianship – and more broadly, kinship - families, to be available in the community.

The question of *financial support* exercised practitioners as a matter outside their control but significantly affecting their relationship with carers. They were very aware of variation in local authority policies, which was deemed to be inequitable and could be challenged in the courts. There were doubts that the more generous local authorities could sustain this, and some had already reduced what they were offering. The process for determining financial support needed to be more equitable and made clear to carers from the outset. Some practitioners argued for a new, national framework set out in guidance or regulations, or even central government funding.

Finally, the chapter looked at the issues arising in *out-of-area* special guardianship arrangements. Difficulties were reported both during the period in which the placing authority remained responsible and subsequently, when responsibility transferred to the host area.

Chapter 8 Supporting kinship foster care

Although, as reported in earlier chapters, practitioners raised many concerns about kinship foster care, these were almost entirely related to two issues: first, the processes of assessment and approval; second, the use of special guardianship orders in cases where there would previously have been a care order, with the carer approved, at least for a period, as a kinship foster carer. In contrast, very few concerns were raised about *support* for kinship foster care. This, of course, was not unexpected, given what was said in chapter 6 about special guardianship being its poor relation.

It also chimes with previous research (Hunt and Waterhouse, 2013) which reported practitioner perceptions that support for these arrangements had improved, and while this had not been the case in the past, the level of support available for kinship foster care was, in most respects, now more likely to be equivalent to that of mainstream foster care. The main exception to this was reported to be financial and material support, with just over a fifth of Children's Services staff who responded to a survey stating that *kinship* foster carers were treated differently to mainstream carers, most commonly because, although they would receive the same basic allowance for the child, they were not entitled to the fees available to mainstream foster carers to recognise their skills, experience and training. Only a few practitioners reported that kinship carers in their authority were able to access such fees.

Since that survey was conducted, the judgement in a case dealing with this issue (*Re R*[23]) was delivered. According to practitioners participating in the current study this seems to have produced a change in policy:

> *I guess what has changed since the Tower Hamlets judgement is more clarity around financial allowances. In my previous local authority, the allowance was made up of two elements, the allowance for the child which was exactly the same* (as for mainstream foster carers)*, and that had been the case for ever in that authority and here too. The difference became after the challenges around the fee element. What we did in my previous authority and what happens here too, is that any kinship foster carer going through the assessment process, we should be talking to them about, if they want to be considered as professional foster carers, for want of a better expression, then they need to complete the Skills to Foster course and if they do then they get the fee same as any other foster carer.*
>
> *It's been a bit of a journey for kinship foster care. They all get Level 1 of the fostering allowance, and traditionally they stayed there. But kinship carers often say they are hard done by; the children are challenging; it should be Level 2 or 3. Now this has been opened up to kinship carers. The decision is based on the children they are caring for and their experience.*

[23] *R (on the application of X) v London Borough of Tower Hamlets* [2013] EWHC 480

In practice, however, particularly where the fee element is dependent on carers participating in specific training, this change may not make a difference to many carers:

> *A few* (take it up). *Many of them don't, they say 'it's not about the money and I don't want to do that, I'll stick with my allowance thank you'.*
>
> *Some carers do want to go up the scales, they're keen to do training. And some go on to become unrelated foster carers. But it's a real mix.*

One practitioner, in contrast, who, it must be emphasised, was otherwise very positive about kinship care and fervent about carers' need for support, saw potential negative effects as well:

> *Please don't get me wrong, I have absolutely no issue whatever about paying exactly the same allowance for a child - kinship carers should get every penny of that, it should be exactly the same. But when we got into paying a fee in some cases then for many, many, families that is significantly more money than they have ever had. And when those carers weren't prepared to do the training, or the preparation course. I'm saying this really badly, I can just hear myself, I must sound really horrific. In 98% of cases there isn't ever* (a financial motive). *It's about 'I need your help to provide for the child'. But there are some where it just doesn't add up, 'something isn't right here'. I've spoken to other practitioners and there are always one or two cases where people are saying 'this child is a cash cow for this family'. There have been some where we are paying phenomenal amounts of money and the children's experience is awful. And you can't then lose that amount of money, can you, so people hang in there.*

Training

The major *support* issue raised about kinship foster care in the current study was training. Practitioners identified a whole range of topics they considered relevant to kinship foster carers. Some were aimed at enhancing carer understanding and capacity to manage particular issues such as the child's behaviour, parental contact, and helping the child to understand how they had come to be in kinship care and to explain their position to outsiders. Others were more specifically connected with being a foster carer.

The problem, as many practitioners reported, was that although training was available, and some carers – especially newer carers – were willing, even keen, to make use of it, others were difficult to engage:

> *I have to say that many kinship carers love the training and say 'this is my first opportunity, I've never had the chance to take part in anything like this and love it, but many don't.*
>
> *We struggle to get carers onto training events. They are sent out the calendars every six months but I only know two or three carers who go on regular training. A lot of the kinship carers I've assessed just want their grandchildren to be what they call normal and they don't want to be part of any process. What they really want to do is pick up a phone, speak to somebody who knows their situation and can respond to them immediately when they're struggling.*

While sometimes this reluctance could be for practical reasons such as distance or other commitments, practitioners were also conscious that carers might be put off either by the very notion of 'training' or the nature of what was on offer, particularly where it was primarily designed for, and shared with, mainstream carers:

> *The training calendar, I have to say, is really designed around the mainstream foster carers. There are some things there that are suitable for kinship carers but it's not driven by the specific needs of kinship carers.*
>
> *The format we've got is very off-putting because it's all linked to* (X) *framework and how many hours of training it equates to, so I think when kinship carers see it, they think 'oh, this isn't for us. So I think the format is wrong'.*

Recognition of these difficulties, including through consultation with carers, had resulted in some areas developing, or planning to develop, training specifically geared to kinship foster carers:

> *We've always offered our family and friends foster carers the mainstream training, we've never separated it but we're about to. That's a direct result of the feedback we've received from family and friends carers. We have bent over backwards for mainstream carers offering evenings and weekends when they're not at work but what family and friends carers say is it would be helpful if it was available during school time, so nobody else is looking after our children. They don't want any form of delegated childcare. So we're going to offer them an abridged training that just focuses on family and friends foster care. One of my workers is working on the programme now and we're about to launch it in the next year.*
>
> *We do post-approval training, which is akin to Skills to Foster Training. It takes some of the elements of that. We look at things like PACE and attachment, what it means to be a looked after child, those kind of things, but with a kinship focus.*
>
> *We've piloted contact training just for kinship foster carers. They enjoyed it. What they found most useful was sharing situations and experiences, and what they've done.*

It was also important, it was said, to find ways of making training a less daunting experience. This could be by arranging for carers to be accompanied to training events or by the way training is presented:

> *It's how you talk to people about training. You need to approach people in the right way – 'things have changed since you brought up your children'.*
>
> *We have other carers who go with them to training. They can feel it's like going back to school. That gets them past that stage.*

It could also be by taking a more flexible, creative approach to training:

> *I think some departments can get very stuck in 'this is what they have to do, because this is what foster carers have to do'. I think services need to respond flexibly and creatively to what, in my view, should be a more general development plan than a training plan. In my previous authority we made some changes to the expectations around training requirements and got much more creative about talking with kinship foster carers about watching a documentary or extracts from soaps and writing that*

up as a reflective discussion and we'd count that as half an hour's training. I just think you have to be prepared to be flexible. It's not the same. I think when the regs were updated a lot of people thought 'that's it, they're the same as foster carers now, and we have to treat them the same and while that's true in some areas we also have to recognise the differences, and particularly the challenges for people who very often, if we're talking about grandparents, who have done their raising children and they find themselves back in a position where we're telling them 'you've got to do 20 hours training' or a year. I think we have got to be sensible really.

One area was addressing the issue of poor carer engagement by incorporating training into a support group, which, following consultation with carers, was solely for kinship foster carers:

We decided to have a consultation event with the carers to see what they wanted. And they wanted to get together really with people in the same situation as themselves. It was quite powerful, that first session, because they talked about things like their own relationship with their sons and daughters who were the parents of the children, and the impact of what they're doing on relationships with other family members, with their partners, their sisters, and the support or lack of support they would get, because some would say 'what are you doing at this stage in your life' and the pressures and the sadness about what's happened with their own children.

We started running workshops, where we try to do a bit of training in a more relaxed environment – it's usually a cup of coffee, cake but there's still an element of training. Our numbers have grown steadily - between 8 and 12 carers. And the ones who do come, come regularly and they're involved in other stuff then. It's been going for a year. We have a different topic every month. We've done one on managing difficult behaviour, one on SGOs, the processes and the pros and cons, we've done one on telling children difficult information, life story work, internet safety – how to set parental controls up and managing internet use, social media sites. The hope is that from January we will have six identified workshops that carers have picked and we'll have a rolling programme.

The success of this scheme was also, it was said, because the workshops were not held in Children's Services premises.

One factor potentially contributing to the difficulties in engaging kinship foster carers in training is that, unlike mainstream foster carers, formal training is not part of the approval process and does not precede placement. Hence it was considered important to at least start talking to potential kinship foster carers about training during the assessment process. This was possibly one reason why, as mentioned earlier, some practitioners reported that more recent carers were more likely to come to training. One practitioner also suggested that it might be because Children's Services' approach to kinship carers had shifted:

Now local authorities are having to demonstrate that they have explored all family members, that empowers families to think 'we've been asked, we've been approached', rather them having to shout 'it's me over here'. There are lots of things we can do to say 'these things are around to support you in your role', help them understand their role. Maybe that's the bit that's different, we're saying 'it's not

necessarily an easy task, these are the issues you may need to consider, and we've got the training that could help you with that', so they're feeling that they can say, 'oh yes, I'll come to that', they're not feeling put down because we say there's a gap there, because we're saying there is training that will help you with that. I don't know, that would be my view that maybe that's the message that over time it's been less of a fight with the local authority to get what they want.

As noted in the previous chapter, however, if carers live out of the local authority area, even if they do wish to access training, it may not be logistically possible for them to attend:

> *We have carers all over the place. And even if we've got carers nearer – we've got some in* (neighbouring county) - *it's still a long way for them to travel if they've got family, jobs, other children, they can't just take a day out and even though it's only 40 minutes down the road, if you've got childcare commitments....*

Hence it is a question, it was said, of trying to link carers in with training provided by another local authority or developing e-learning. This was reported to be already available in one area, while a practitioner in another was mulling over the idea:

> *I think that was part of the rationale behind the First4Adoption web-site, and the e-learning that they developed, it was about how you enable people to have a level of training and knowledge. So if I ruled the world, I think I'd try to replicate that for kinship carers, access to some sort of e-learning. Most people have the internet now, and even if there were issues in terms of their literacy skills, it might be something we could work with them together, as part of our visits.*

Summary

In contrast to the many issues relating to the assessment and approval of kinship foster carers reported in earlier chapters, practitioners raised very few concerns about *support* for these arrangements**,** which was considered to be so much better than for special guardianship. Even the discrepancies in remuneration reported in previous research seemed to be less of an issue as the result of court decisions.

The major support issue raised about kinship foster care in the current study was training. While practitioners identified a whole range of topics relevant to kinship foster care, some carers, particularly those with long-established arrangements, were said to be hard to engage. In addition to practical difficulties such as distance or other commitments, practitioners recognised that the very idea of 'training' could be off-putting, particularly where it was designed for, and might be shared with, mainstream foster carers.

Responses to these issues, sometimes as the result of consultation with carers, included:

- developing training specifically geared to kinship foster carers;
- finding ways of making training a less daunting experience, such as arranging for carers to be accompanied by another kinship foster carer to the first sessions;
- taking a more flexible, creative approach to training;
- incorporating training into a kinship foster care support group;

- using non-local authority premises;
- introducing the idea of training to potential kinship foster carers during the assessment process;
- where carers live outside the local authority area, linking them in with training provided in the host authority or developing e-learning.

Chapter 9 Specialisation

As kinship care has become increasingly recognised as a valuable placement option for children who require substitute care, social work in this field has emerged as a distinctive area of practice, requiring particular expertise (Bowyer et al, 2015a and Bowyer et al, 2016; Hunt and Waterhouse, 2013). Government guidance for local authorities in England (DfE, 2011) highlights the importance of staff having 'appropriate training and understanding of the issues' kinship carers face and 'are competent in this area of work' and suggests that 'dedicated workers or teams may be an appropriate way of ensuring this' (para 4.12). A number of researchers have also favoured the development of specialist workers, and, where feasible, teams (Davey, 2016; Heath, 2013; Hunt and Waterhouse, 2013; Thurman, 2013; Wade et al, 2014). Heath's research in the south of England found that:

> A higher level of knowledge and therefore improved practice is advanced, if there is a designated team responsible for the understanding and progression of the kinship policy and agenda within an authority (p111).

Similarly, in Scotland, Thurman reports that:

> Some local authorities have "taken ownership" of kinship care and improved their practice, by introducing kinship care teams, thorough assessments and a 'designated person' for kinship carers. This has had a positive impact on the quality of placements and contentment of carers (page 5).

Like those in earlier research by the author (Hunt and Waterhouse, 2013), practitioners in the current study emphasised that the skills and knowledge needed differed from that required in mainstream fostering and in front-line childcare work, although it needed to draw on both:

> *In family and friends* (assessments) *you've very much got your foot in child protection and your foot in fostering, and it's those skill sets that you need to be able to mix that makes it quite dynamic. You need to have a child protection head on that you don't necessarily need to have when you're looking at mainstream foster carers.*
>
> *As with child protection work you've got the court timescales and things are very fast-paced, you need to move quickly, adapt quickly. You need to be able to adapt your viewpoint very quickly, because things change very quickly from one visit to the next. So that ability to assess those situations as and when they arise, to be able to make decisions quickly and move things on very quickly. In mainstream fostering things move at a more leisurely pace.*
>
> *We do have to have different sets of skills from a locality social worker because we have to look at the possibility of placement breakdown, we're looking at long-term, the child's future and how capable the applicants are to meet the child's very unique needs long-term. So we have to predict future harm, against their strengths, to be able to protect against placement breakdown; we have to look at the child's outcomes and life chances and how does this family member's skills lend to providing for the child long-term. In child protection you're very much fire-fighting, you're looking at a snapshot in time, the risk as it presents today, whereas for us we*

have to consider that information but also consider the historical context, the matching needs of the child as an individual and the family member's capacity, and always linking that back to the child, what does that mean for this child now and what does it mean for the child long-term, projecting what that child's journey is going to be like and considering that child's journey in terms of where they've come from.

I think you need additional skills apart from those you bring from child protection work. You definitely need to be on board with the child protection aspect and the potential harm, but you also need to be able to analyse and have insight into family dynamics, and also the intergenerational dynamics that are taking place between family members. You need that extra bit, I have come to realise.

Because, as noted in chapter 2, the circumstances in which prospective kinship carers are being assessed are very different from those of applicants seeking to be mainstream foster carers or adopters, assessors need to be well versed in what is known about kinship care from research and practice experience; understand the issues facing carers; have the personal attributes and skills to develop an open and trusting relationship; and take prospective carers on the 'reflective journey' which is seen to be crucial. They also need highly developed analytical skills:

I think the assessors need to have quite a lot of empathy and sensitivity. They need to go in recognising what an emotive time it is for families, and to really think about what it means to the families and show that to the families. They need to build up good working relationships with the people they're assessing. They need to have a really good understanding of the implications of kinship care.

I've had to develop skills in opening a box with these families. You are going into things in their lives that they would probably never talk about to anybody till the day they die, but in the nature of the assessment you are having to unpick.

I think you need to have a good understanding of family dynamics, of systems theory, how each system will impact on the rest. I think you need to have a good understanding of the research which is out there, if there are vulnerabilities about these family members, what things can act as protective factors.

Specialist teams

Most of the practitioners taking part in this study not only specialised in kinship care themselves but had experience of being part of a dedicated kinship team. Some of these teams were large and well-established; others were relatively new; a few had been disbanded or re-absorbed into other teams. They also varied in their scope and remit, with some combining assessment and support, others focused on only one of these, typically assessment. All the teams undertaking assessments covered kinship foster care and special guardianship, but those providing support alongside assessment did not always include special guardianship support.

Notwithstanding this variety, it was clear that practitioners were very positive about the concept of a specialist team, as evidenced by comments such as:

Having a specialist team is a feather in our cap.

I'm mindful that we're quite lucky here, because in a lot of local authorities there isn't a team like ours.

I'm actually quite proud that we've got a kinship care team. Not every local authority has one.

I think the concept we have in place, if the numbers and the timescales were suitable, it would be a fantastic service.

As in earlier research (Hunt and Waterhouse, 2013), specialist teams were seen as facilitating the development of practice by bringing together a group of practitioners committed to this area of work, who can focus on kinship without competing demands and pool knowledge and experience:

I think you lose something when you become more generic. You need social workers who are focused and trained and have an interest in kinship. You need people who are interested and passionate about it. I don't think it works particularly well when you're forcing people into it.

I think one of the biggest things is being able to focus on that area and not have competing demands. I think it gives people an opportunity, if they haven't got competing demands of a different role, they're able to really invest in that role, they take pride in enhancing their skills and being an expert in that area. For me, and I know other local authorities do it differently, and for some people it works and maybe mixing it up a bit, if people are able to manage that it could be an advantage, but for me (as a manager) *it hasn't worked. We've tried it. I think it dilutes the expertise they can have.*

The team is very cohesive, they gel really well, they share experiences, knowledge and expertise, they bounce ideas off each other. And when new team members have come in they have automatically mentored that person. So there's a lot of support, a lot of knowledge, and a willingness to share and be supportive to each other. The level of expertise and confidence, being part of a team.

Apart from the benefits to individual practice, specialist teams, it was said, make it easier to see how services might be improved and, provided there is adequate capacity, to work towards that:

I think in terms of development work. Because we concentrated on the family and friends side, we were able to have quite a lot of workshops around developing our own forms, around developing skills and tools for assessments.

We're so small, our capacity to manage everything and develop is quite tricky. I think, since we've become a team, we've done remarkably well with a small amount of staff. There's a huge amount of enthusiasm to improve practice and we've started doing things like support groups and offering training and generally looking at how we can support our kinship SGO carers. We're always looking for ways to get over hurdles, solving problems.

We are developing services all the time to meet the demand. We know where we want to go. We know what we want to look like.

An important element in that development work is likely to be working with local authority colleagues; establishing clear procedures; and engaging in local authority processes, such as care planning meetings, child protection conferences and family group conferences/family

meetings. While practitioners did not explicitly cite this as being dependent on having a dedicated team, it seems evident that such activities would be more difficult for individual workers also having to manage a caseload. A kinship team manager is also probably in a better position to achieve system change:

> *In the kinship team when I first started it was about getting out there and sharing practice, talking to colleagues about what the processes were so that we had a shared understanding. You need to be willing and wanting to work in partnership with colleagues across your service.*
>
> *The relationships we have with the other team managers is very good. If there are problems, something that comes to me that I'm not happy with, it's 'well what is the problem and how can we work to resolve this'. So there is joint working between the team managers and that all comes down through the teams. I think fostering was very much in isolation, in our own silo, a few years ago, and that's not the position we're in now.*
>
> *I meet quite regularly with the legal team, with the principal solicitor for looked after children. I have a really good working relationship with him and difficulties that we face in terms of ISW* (independent social worker) *assessments, how we transfer that into panel, issues that we are facing, I will ring him and we will have discussions. He will also put on a learning lunch for the solicitors, highlighting issues that I have raised, and best practice for them, how they can assist us.*
>
> *We didn't always lead family group meetings, but because of the negative way they were being handled we decided that we would become more involved.*

The creation of specialist teams reflects the growing recognition, within local authorities, of the importance of kinship care as a placement option, and the value of concentrating expertise. At the same time, it can also serve to raise the status of this area of work:

> *We were quite protected, in terms of higher management, because they were saying the forefront at that time needed to be the family and friends team. We had our own status, family and friends work was seen to be important. Previous to that it wasn't. A lot of the work was done in the safeguarding teams, kinship carers weren't seen to have the status of foster carers. They weren't given the support they should have. And I think, in terms of developing a specific family and friends team, carers were given the status of foster carers, it was about recognising that they are foster carers and there was the support and training that any foster carer has. Until we had that little team, they were sort of seen as the poor cousins. And on the mainstream fostering team it was all about recruitment and placements, that sort of fostering element, and family and friends was just seen as something you had to get on with to get done. Whereas when we had our own team it was given a status, that it was just as important. It helped to develop it that way.*
>
> *I do think the* (specialist team) *model is a really good model because for me it reflects the importance of kinship care and puts it on a par with adoption. We have dedicated adoption services, there are many dedicated fostering services for mainstream foster carers, and to me it puts kinship care up there.*

Summary

Working in kinship care, practitioners argued, required a special mix of skills and knowledge, which draws on both child protection and mainstream fostering practice, but also requires

understanding of the particular issues kinship care presents, and skills to work with this unique family form.

Most practitioners not only specialised in kinship care themselves, but had experience of being part of a dedicated kinship team.

These teams were very varied in terms of size, longevity, scope and remit.

All practitioners were very positive about the concept of a specialist team, and those whose teams had been disbanded expressed considerable regret.

Dedicated teams were seen as facilitating the development of practice by bringing together a group of practitioners committed to this area of work, who can focus on kinship without competing demands, and pool knowledge and experience.

They also make it easier to identify where improvements are needed, to engage in development work; and, through working with colleagues within the local authority, to achieve system change.

Chapter 10 Sharing Practice, Informing Policy: The Kinship Care Professionals Group

Background

The Kinship Care Professionals' Group, as it is now called, was the brainchild of a London social worker, practising in kinship care, who contacted all the other London boroughs inviting fellow practitioners to an initial meeting. Although it has not been possible to find out exactly when this was, by February 2004, the date of the earliest available minutes, the group was sufficiently established to be meeting on a quarterly basis, and discussing its future organisation and possible funding to ensure sustainability. It was suggested, for instance, that each local authority might make a contribution to costs, or that a link might be made with another organisation, such as The Fostering Forum. At this point the venue for each meeting moved around London, there was no fixed chair, and the minutes were taken by 'volunteers' and distributed by one of the group members.

By February 2005, although keen to 'spread the word' more formally and reach out to other practitioners, it was recognised that on its current organisational basis, this was beyond its capacity. Even managing the mailing list was problematic. Jean Stogdon, then Chair of Grandparents Plus, now Kinship, who had been actively involved in the group from an early stage, had earlier suggested that this organisation might be able to assist with the administration, and by May 2005 this had been agreed.

Jean, however, was very clear that the role of Grandparents Plus (Kinship) was to facilitate, not run the group:

> *This group does not require leadership, it's their group. It's a group for social workers, their safe space.*

This ethos continues, although 'facilitation' has gradually come to be more than simply acting as a secretariat. Kinship now usually chairs meetings and sources speakers as well as taking and distributing minutes, sending out reminders and agendas for meetings and keeping the mailing list updated. Kinship has also had more of a presence, with usually more than one representative, and sometimes several, attending. However, as was emphasised by the Chair of Kinship in 2017, at what became the inaugural meeting of a northern practitioners' group:

> *It's your forum, you can invite the people you want. We want to be responsive to your needs and wishes.*

Format of the meetings

The group has continued to meet quarterly, almost always in Islington Town Hall, an arrangement which came about through the good offices of one of the early members of the group, and has continued through changes in personnel.

External speakers have been a regular feature of the meetings from at least 2004, ranging through professionals with expertise in related fields, civil servants, researchers, and kinship practitioners speaking about particular initiatives or issues. Kinship often provides an update on case law, policy developments or their own work – such as the annual surveys of carer experiences. However, in each meeting, time is usually reserved for practitioners either to raise issues or update the group on developments in their own area. From time to time, focused discussions have been organised – these have included assessment, viability assessments, special guardianship orders and contact.

Over time, particularly since Jean Stogdon's death, meetings have become more structured. As one regular attendee put it:

> *The group was in transition after Jean's death. Her free-wheeling, no agenda style. She could do that because of her charisma and who she was. GP+* (Kinship) *are doing it differently now.*

However, although - as will be discussed later - practitioners had a number of ideas about how the value of the group might be enhanced, there was no indication from the interview material that the new regime was unwelcome. Indeed, for the practitioner who highlighted the change:

> *The group works for me in its current format. Having speakers, enabling practice sharing.*

Attendance

Attendance data was available for 43 meetings between Feb 2004 and Sept 2018. In that time a total of at least 180 practitioners from 47 local authorities are recorded as attending. On average 12 local authority practitioners attended each meeting, though this varied from five to 23.

The number of local authorities represented at any one meeting has varied from five to 16 but over 14 years averaged out at nine. Practitioners from most of the London boroughs have attended at some point (only five, all from outer London, have not). However, the group has also attracted practitioners from a wide range of other local authorities, in all directions and at considerable distance from London, including a couple in the North of England.

Although primarily attended by local authority social workers, the group is also open to others with an interest in kinship care. Other attendees (apart from speakers) have included representatives from third sector organisations - such as BAAF/Coram BAAF, PAC, Adfam, Fostering Network - students, researchers, and independent practitioners.

The value of the group for practitioners

> *These children are being cared for by these wonderful family members who have not anticipated being in this situation and are having to change their whole world around. I do think it's our job to make sure we're doing the best we can for those kids and*

> *their families and any little extra bit that we can find out and get feedback on and make sure we're doing stuff properly, the better. And I feel that* (the group) *is just an easy way of doing it. Four times a year, it's not a big ask.*

The data in this section is largely based on an examination of minuted meetings (50, dating between 2004 and 2018) and three group discussions - attended by the author - involving a total of 25 practitioners. This is supplemented with material from individual interviews with four practitioners, including two who also took part in the group discussions. A total of 20 local authorities were represented.

The dominant theme in the data is the value of the group in enabling practitioners to share issues, practice and ideas with committed peers. This will be the main focus of the next section. It is important to note, however, that the format of the group, and its facilitation by a national organisation, also brings additional benefits. First, it offers tailored opportunities for busy practitioners to keep themselves informed about broader developments in law, practice, policy and research and to discuss the implications for their own practice. This might be through presentations from external speakers, arranged by Kinship following consultation with the group, or through direct input from Kinship.

> *The group is useful for aligning what we are doing with national approaches, e.g. finance.*
>
> *It's great when they have a speaker and there are different things to think about. That's wonderful.*
>
> *It's important to bring people in. Get the latest information about kinship care.*

A second benefit is giving practitioners the chance to feed into policy developments and research, whether indirectly, because of the involvement of Kinship which can act as a conduit, or directly, when, for example, civil servants from the DfE attend. One meeting was specifically used as a focus group by DfE to discuss proposed changes to the Special Guardianship Regulations in England.

> *I like having the panel from GP+* (Kinship). *It feels as if you're part of something.*

Raising issues and sharing practice with committed peers

> *I really like attending because it connects me with other people, networks, other people doing a complex and difficult job where it's not clear cut. I admit the people who are often there are from the authorities that are very much supporting kinship and have a very positive attitude towards that but I think that's helpful towards developing my service. I've picked up some ideas, and reassuring ourselves that we're on the right track and that it is a difficult task. It's really support for myself in this role because it's a very expert area and keeping in the loop with the issues going on.*

As the above quote reflects, the opportunity to meet with other social workers who are engaged in a complex area of work and understand its challenges is a core attraction of the group:

For me, it's an opportunity to come and touch base with other people who are in the work and know the real live issues. Being around other social workers who get it, that's the nicest thing, they understand the client group and share the frustrations.

It's about talking to each other, getting support.

I like the philosophy of supporting each other.

Indeed, for those who are not in specialist teams, it may be their only opportunity:

It's really isolating doing this work. We are only two kinship workers in a team of 20. It's really helpful to meet others.

It would be easy, of course, for such a group to become no more than an opportunity to ventilate frustrations. However – as the author's attendance at many meetings over the years attests, and both the interview material and minutes show – while this may happen to some extent, the group provides more than this. A key motivation for practitioners is learning from others in order to develop their own practice and that of their local authority:

I think it's really important to talk to other people outside your own little world, to see what other people are doing, to get feedback and share ideas. Just stepping out of your workplace into another setting, just to reflect 'are we doing everything we could, should we be tweaking anything?'

It's hearing what others are doing. We're all very different. You get ideas. It's a forum for bringing all the bits together.

You learn from other people's experiences. You can discuss practice issues. How can we improve our own practice and how can we influence practice?

Being able to liaise with people in other authorities and say 'what would you do?' Not about specific cases, obviously, but having ideas. I think it's a really good opportunity.

Indeed, some practitioners reported making use of information about how other local authorities were tackling particular issues as a lever to shift the approach in their own:

It adds weight for me going back and saying 'we need to do this to improve our service. We need a (carer) *support group, we need to do more* (carer) *training'. It's given me that empowerment to go back and say to my managers 'this is what we need'. Then it's 'OK, get on and do it'. Things I know from here, it's empowered me to think 'Oh, we could do this, and think about things differently, be a bit more creative'.*

It's helpful if you have beef locally, you can go back and argue that it's different elsewhere.

Sharing practice can also provide reassurance and validation. As one practitioner commented:

I find it really useful to come here because basically you come away feeling quite good about your local authority, thinking 'oh actually we're doing some things right'. OK, I think this group can be used as a sounding board or to discuss things that are going wrong but it's actually quite nice to feel that we are trying our best and we are doing quite well and moving things along. That's great.

Analysis of the minutes indicates that three topics have been the main focus of attention: assessment, support, and special guardianship - which bridges both. Assessment was discussed at 29 of 47 meetings and support for kinship carers at 28. Many of the discussions around these topics revolved around, or included, special guardianship, which was specifically covered in a total of 32 meetings. Other topics have included carer training/preparation (17); issues with the courts (14); the structure of local authorities' kinship services (12); issues with other parts of Children's Services (10); family group conferences (10); contact (8); residence orders (6); legal issues (6); funding of legal advice for carers (4); data collection, information for carers and policies (3 each). The next section looks in more detail at the three main topics.

Assessment

Three dominant themes emerged from the minutes in terms of assessment. First, the need to develop tools and processes appropriate to this form of care; second, concerns about timescales, particularly court timescales; and third, issues about differing thresholds.

Tools and processes

From the very earliest meetings, practitioners were expressing concerns about '*the square peg in the round hole syndrome';* '*the existing format and process is not suitable for family carers'* – and discussing whether there should be a specific panel to approve kinship foster carers. There was uncertainty about how, and to what depth, residence order applications should be assessed, and whether there should be a mechanism for providing oversight, such as a panel – '*there was a consensus that this was a grey area and no-one had it sorted'*. There was frustration that, where court proceedings were involved, practitioners were often required to produce their assessments in different formats to meet the needs of the court and local authority processes (an issue which has now been addressed in many local authorities by developing unified assessment formats, which can be used for both purposes):

> *Everybody wants something different. It's about bringing all the different bits of legislation into one form. There's a gamut of routes carers can go down, different assessment forms. It's having to fit it into the bureaucracy.*

There was also concern that there was no consistency, with different assessment formats being used and some local authorities developing their own.

Over the years these concerns generated many, many meetings in which practitioners shared information on the tools and processes in their local authority, with some meetings having the assessment process as their main focus. However early efforts to systematically

share the actual assessment tools – in 2004, 2005 and 2006 – seem to have proved unsuccessful and, on the available evidence, it was not until 2013 that this actually occurred on a group basis, although it is possible that some informal sharing may have occurred. The group was also able to share concerns and ideas with representatives from central government in 2005, 2009 and 2015.

Concern about ***court timescales*** was also a recurrent theme:

> *Court timescales do not give enough time for an assessment, a minimum of three months is needed.* (2004)
>
> C*ourt timescales are very tight, courts don't understand their timescales for assessment are not feasible.* (2007)
>
> *Four to six weeks for an SGO assessment leads to problems in service quality and means Children's Services cannot reasonably be expected to know the person and whether they are suitable.* (2010)

From 2013, however, these concerns, in the context of increasing demands, seem to have multiplied:

> *We're having to progress too many special guardianship assessments too quickly so applicants don't have time to think through the implications of what they are taking on. Post-order feedback indicates many carers didn't realise what it would be like and how this was different from raising their own children.* (2015)

Expressions of concern about ***thresholds*** and the lack of a shared understanding about the issues kinship care presents also have a long history. Thus in 2004 the minutes record '*concern that frontline workers may be more tolerant of poor parenting due to pressure to place the child*', while seven years later they include statements like '*locality teams are reluctant to say no'; 'the front-line focus on the here and now'; short term pressures mean they don't think through the care plan'.* In 2012 there are '*disagreements with the front-line'* and in 2014 '*lack of communication with the front-line'.*

Similarly, conflict with the courts was noted in 2005; 2009; 2010; 2011; 2013; 2014; 2015 and 2017:

> *What happens if the panel rejects (a carer) but the court makes an order anyway* (2005)
>
> *It's courts versus social workers* (2009)
>
> *Sometimes it feels like kin at all costs* (2010)

Support for kinship placements

Discussions about support for kinship families covered a large variety of topics: financial help; different forms of non-material support (support groups, life story work, respite, contact, educational and therapeutic support); and the nature and duration of post-order support for families with private law orders. However, there were two overarching themes: first, the link

between the support available and the legal status of the child; and second, the variation in local authorities' policies and practice and the need for greater consistency.

Legal status and support

> *Services should not be related to legal status. We are starting in the wrong place. We should start with the child.*

Concern about the link between legal status and support, and the inequity which often arose as a consequence, was a consistent feature in group meetings, from the earliest meetings to the latest. Typically, practitioners highlighted the disparity in treatment between families in which the child was a looked-after child and the carer was a kinship foster carer, and those where there was a private law order (a residence order in the early days, subsequently more commonly an SGO):

> *We run a really good contact service for foster carers, but it's not the same for special guardians. Access to CAMHS is good for looked-after children but not for other kinship children.* (2010)
>
> *There was agreement in the group that looked-after children get support but non-LAC don't.* (2017)

Such inequity, it was reported, could lead to children being inappropriately brought into, or remaining in, the care system because that was seen as the only way to secure the level or type of support needed:

> *There is pressure on kinship foster carers to go for a residence order. Carers often don't want this as they're anxious about the loss of support, including financial support.* (2004)
>
> *Kinship foster carers are reluctant to apply for an SGO because support is not defined. They will only be supported while the child is in the care system.* (2006)
>
> *A solution within the existing system is that children become LAC and carers kinship foster carers, then they become special guardians. (*2017)
>
> *Carers feel the only way to access support is to become foster carers but often they don't want to...Is it ethical to take children into care so we can provide support? (*2018)

Being a looked-after child, it was also noted, not only advantaged them and their carers while the child was in care, but subsequently privileged them over those who had never been looked after, when they moved to special guardianship. Thus, practitioners highlighted differential access to the Adoption Support Fund, which was extended to special guardianship but only where the child had previously been looked-after, Pupil Premium Plus and the remit of virtual school heads:

> *The ASF is only available to SGOs where the child was previously LAC. Many carers in greatest need cannot access the fund.*
>
> *The Virtual School Head should be available to all kinship children.*

Variation between local authorities

> *Every local authority does its own thing.* (2005)
>
> *There has to be equity across the board. Whatever is decided has to be the same no matter where you are.* (2017)

Within the overall picture which emerged of differential treatment according to the legal status or previous legal status of the child, there were also indications in the meetings that policy and practice were not the same in all local authorities. Thus, some practitioners reported that their local authority either did not differentiate or provided a high level of service to families where the child was not LAC:

> *All kinship carers have the same status and support as foster carers, including financial, regardless of legal status*. (2010)
>
> *Our team provides monitoring and support for all kinship carers where the child is not looked after. We provide very extensive support. Email and phone support, support groups, newsletter. All carers get an annual review to identify their support needs.* (2008)
>
> *We don't use CAMHS. We have a therapeutic social work service, set up to support post-adoption and fostering, which offers five sessions to special guardians.* (2012)

Over the years, different approaches emerged in relation to several elements of support, particularly for special guardianship. Financial provision for example – what allowances were paid, to whom, and for how long; whether, and for how long a case was kept open after a private law order; access to therapeutic services; peer support; assistance with contact. For the most part these arose as a result of informal discussion about the issues. However, on some occasions there was an explicit agenda to share practice. In 2013, for example, it was reported that '*there was a discussion on support for kinship carers versus foster carers, with social workers sharing what they think is good about what their local authority does'*. There have also been a few formal presentations by individual local authorities on various aspects of support, such as contact and training for special guardians. All these discussions provided opportunities for practitioners to learn about how other local authorities are approaching the issues around support and where necessary, to seek to improve practice in their own.

Special guardianship

> *Support for special guardians – it's a grey area.* (2008)
>
> *The big issue is special guardianship support – what is the appropriate level post-order?* (2011)

Support, or the lack of it, was undoubtedly the dominant issue in relation to special guardianship, discussions being recorded at 24 meetings, some of which were devoted entirely to this issue. It was also noticeable that, although financial provision was clearly an issue, non-material support featured more often.

As noted earlier, the core themes of differential support according to legal status, and variation in local authority provision, often arose in the context of special guardianship. It was also the area in which practitioners commonly sought to share practice. Topics included peer support (typically support groups, more rarely peer mentoring); carer training; support for contact; access to advice after case closure; and therapeutic support, including use and experience of the Adoption Support Fund.

Among the other topics reported, the increasing use of SGOs and the corresponding decrease in the use of kinship foster care was a common thread. As early as 2007 it was noted that '*most new assessments (of connected persons) are going straight to SGOs'*. In 2009 one authority reported that:

> *There is an expectation that if a kinship placement is going to be permanent – and that is usually the case – the carer would be expected to go for an SGO. Kinship foster placements are temporary*.

By 2014 one authority was reporting that '*carers are ruled out at viability stage if they won't go for an SGO*' and the minutes reported that '*it was acknowledged that family are sometimes pushed to make SGO decisions*' and '*there is a need for timely legal advice'*.

Conflict with the courts over the appropriateness of a placement and frustration with timescales for assessment typically, as reported earlier, arose in the context of special guardianship and was sometimes explicitly linked with concerns about poorer outcomes or the potential for this:

> *Courts will grant SGOs even when not recommended by the local authority and then problems manifest themselves shortly afterwards.* (2017)
>
> *At previous meetings concerns have been expressed that the time scales for assessments are too short and don't provide special guardians with the time to think about what support might be needed. There was a feeling that this might relate to breakdown.* (2017)

While in the early minutes it was unusual for concerns to be reported about the viability of SGOs, this became more of a feature in later years. In 2014, for instance, concerns were expressed about poor care by special guardians, breakdowns, and parents taking carers back to court repeatedly. In 2017 the lack of data on disruptions was raised as an issue, and in 2018 the need to collect data on the costs associated with SGO breakdowns so that '*an economic case could be argued for investment in support*'.

Suggestions for enhancing the value of the group

As indicated earlier, practitioners generally seemed quite content with the way the group was organised. However, a few suggestions for improvement emerged. These fell into three categories: enhancing the value of meetings themselves; widening active participation; and facilitating inter-meeting communication.

In terms of ***enhancing the value of meetings****,* the following suggestions were made:

- Scheduling case discussions, with one local authority presenting an individual case.
- Spending some time on '*why do you believe what you believe? How does this tie in with research?*
- Bringing in direct carer experience through occasional attendance.
- Input from legal advisors:

> *Having the opportunity for people from a legal background to attend; it would be good to have that coverage. Because there are so many issues within the courts and understanding of the legal issues and the complexities of it. I was having a conversation with our legal advisor on SGOs and she thought there was a group that runs for legal teams. So perhaps someone from that group to occasionally come along, it would be really helpful to have that link.*

- Facilitating networking at meetings:

> *You don't get a chance to mingle, it's just the two hours. Perhaps if they served tea and coffee.*

The wish to ***widen active participation*** in itself testifies to the perceived value of the group to practitioners, both those who attended meetings and those who could not, but were on the mailing list and received minutes. As noted earlier in this chapter, even within London, not all boroughs participated:

> *Some borough representatives don't come. We need to reach out to them as kinship and special guardianship rises up the agenda. Is there a way to share information so the network grows?*
>
> *Maybe there should be a push on each member* (of the group) *to contact non-attending local authorities to refresh/build up the membership.*

For many practitioners on the group mailing list, however, distance is likely to provide an obstacle to attendance, which was frustrating:

> *We get the minutes, we read what the issues are, what's being discussed. But is there more than is in the minutes*?

Two ways were suggested to facilitate a more meaningful involvement. First, moving the venue around so it was not so '*London-centred'*. Kinship has addressed this issue in the north of the country by establishing a second group, whose meetings are to be held in different locations across the region. It will be interesting to see the impact of this on group attendance.

Second, making use of technology:

> *We've got the technology. Let's start realising this is a national thing and it's a shame for some teams not to be able to go and hear those useful things. Obviously, there is something about being physically present that can be quite useful but if you can't go at all then being there virtually is better than nothing.*

During the Covid-19 pandemic, the professionals' group meetings have taken place online. If this has enabled wider participation, it may well offer a suitable model for the future operation of the group or be the basis for a hybrid model offering physical or digital attendance.

Only one person suggested it would be useful to have more frequent meetings:

> *I've not attended the group as much as I would like. It's the time factor, it takes out an afternoon and there is always a deadline to meet. If they met monthly it would be good. I know it's a big ask but then if you missed one meeting it wouldn't be so much, at the moment it means it's six months until the next one.*

However, several comments indicated the wish for mechanisms to ***facilitate inter-meeting communication,*** both formal and informal. Suggestions for *formal* communication involved Kinship drawing together, condensing and distributing key information on a regular basis, such as monthly:

> *Regular newsletters would be useful, keeping us up to date. Case law, government policy plans, publications.*
>
> *Information is all over the place. Could GP+* (Kinship) *condense all the information eg monthly and send it out.*
>
> *I would welcome an e-newsletter or more regular communication.*

Informally, it was a question of enhancing existing opportunities for practitioners to communicate with each other, either by providing a contact list so individual group members could contact others directly, or by using social media, such as by setting up a group on Facebook or a similar platform.

Finally, there were two important suggestions which went beyond these three categories. First, to utilise the experience in the group to build up a '*catalogue*' of good practice. Second, to organise a national conference of kinship workers. The first such conference – a Knowledge Exchange – took place (virtually) in January 2021.

Summary

The London-based Kinship Care Professionals' Group has now been meeting on a quarterly basis, since at least 2004. Originally set up by practitioners, it has been facilitated since 2005 by Kinship.

Over the years, 180 local authority social workers/managers working in kinship care, from 47 local authorities, within and outside London, have attended. Many others receive information via a mailing list. The group is also open to others with an interest in kinship care and has been attended by representatives from third sector organisations, researchers and independent practitioners.

In each meeting, practitioners have the opportunity to raise and discuss issues or inform the group about what is happening in their local authority. Kinship will usually provide updates on case law, policy, and research. Frequently, there will be input from external speakers.

The format of the group, and the involvement of national third sector organisation, offers busy practitioners the opportunity to keep up-to-date with developments in law, policy, practice, and research and to consider the implications for their own work. It also enables them to feed into policy developments both directly, through meeting with government representatives, and indirectly, by informing the work of Kinship.

The core value of the group, however, is the opportunity it offers for practitioners to share issues, practice and ideas with peers who are committed to the work, and understand the complexity, challenges and frustrations. Developing their own practice through learning from others in the group is a key motivation. Some reported using information from the group to influence the approach of their own authority.

Analysis of the minutes from 2004 to 2018 indicates that three topics have consistently been the main focus of attention: assessment, support, and, since its introduction, special guardianship.

- In terms of *assessment* three main themes dominated*:* the need to develop appropriate tools and processes; concerns about timescales, particularly court timescales; and issues about differing thresholds.
- Discussions about *support* covered a wide range of topics: financial help; different forms of non-material support; and the nature and duration of post-order support for families with private law orders. Two overarching themes emerged: the link between support and the legal status of the arrangement and the variation in local authorities' policies and practice.
- Support, or the lack of it, both financial and non-material, was the dominant issue in relation to *special guardianship*. Other common topics included the increasing use of SGOs and the decreased use of kinship foster care; conflict with the courts over the appropriateness of a placement and assessment timescales; and, in later meetings, doubts about the sustainability of some special guardianship arrangements.

Informants seemed generally satisfied with the way the group was organised, and only a few suggestions for improvements were made. These fell into three main categories:

- enhancing the value of meetings themselves, through:
    - case discussions;
    - examining beliefs about kinship care and the evidence for them;
    - occasional attendance by carers;

    - input from legal advisors;
    - opportunities for networking at meetings.
- widening active participation by
    - holding meetings in different places;
    - using technology to enable involvement at a distance;
    - more frequent meetings.
- facilitating inter-meeting communication:
    - *formally* by Kinship regularly distributing key information
    - *informally* by enabling practitioners to contact each other directly by supplying contact details or by setting up a social media group.

In addition, it was suggested the group's experience could be harnessed to build up a catalogue of good practice and that there should be a national conference of kinship workers.

Chapter 11 Summary of findings and implications for policy and practice.

This report has documented the views and experiences of local authority social work practitioners specialising (largely or exclusively) in kinship care. While some other UK studies have included a social work perspective (Bowyer et al, 2015a, Doolan et al, 2004; Farmer and Moyers, 2008; Harwin and Simmonds, 2019; Hunt et al, 2008; Hunt and Waterhouse, 2013; Wade et al, 2010) this is believed to be the first to make this its focus. The aim of the research was to provide a means by which their wealth of expertise could be shared with other practitioners and – hopefully – contribute to the development of both practice and policy.

The original plan was to limit the research to regular attendees at the London-based Kinship Care Professionals' Group, a well-established peer support group for social work practitioners working in kinship care. In addition to exploring their perspectives on their work, the study would also seek their views on the value of the group. However, for reasons detailed in chapter 1, the study was subsequently broadened to include practitioners from across England and Wales and the evaluation of the Professionals' Group became a subsidiary element (reported in chapter 10).

The final sample consisted of 42 practitioners, drawn from 19 local authorities in England and six in Wales. Most were either part of a specialist kinship team or had been so in the recent past. A few were specialists working within either adoption or fostering. This data was supplemented by analysis of the available minutes of the Professionals' Group meetings from 2004 to 2018.

Summary of findings

As one might expect, given the nature of the sample, practitioners were very committed to kinship care, which they saw not only as a good option for many children but a rewarding area of work for social workers (chapter 1). However, they also spoke extensively about its complexity and challenges, not only working with carers and potential carers but within systems which are not adequately attuned to the unique characteristics and needs of kinship families. Exploration of these issues has occupied most of this report.

The assessment of potential kinship carers, practitioners reported, presents different, and greater, challenges than that of mainstream foster carers or adopters (chapter 2). Issues which would rule out other applicants have to be carefully weighed against the positives which would accrue to the child staying within the family. Those being assessed may bring negative attitudes to Children's Services; not understand or accept the necessity for extensive enquiries; struggle or refuse to acknowledge the validity of local authority concerns

about parental care or its effects on the child; have difficulty appreciating the nature and enormity of the task they are proposing to undertake and its impact on their lives. Skill and time are needed to establish a relationship of mutual trust, explore complex family history and dynamics and take the prospective carer on the 'reflective journey' which will often be required.

In addition to the intrinsic and unique challenges involved in kinship assessments, practitioners were also exercised by the tensions which can arise with other parts of the system involved in the decision-making process. Chapter 3 explored the issues which can arise over thresholds of acceptability - with other social work teams; fostering panels; and the courts.

Tensions are experienced when front-line teams work to lower thresholds of acceptable care, or do not understand what is required to sustain long-term placements, resulting in inappropriate 'temporary' placements or referrals for full assessment. Differences over thresholds may persist into the care planning process. Practitioners reported employing a range of strategies to address these problems: establishing clear processes and expectations; flagging up issues early; formal mid-point reviews; specialist input into viability assessments; sharing expertise through formal training, attending team meetings, running clinics, or regularly sitting in front-line teams.

The work needed to encourage fostering panels to take a more flexible approach, responsive to the differences between kinship and mainstream foster care was commonly reported. Where this had been achieved practitioners referred, variously, to: the approach of key individuals such as the panel chair, panel advisor or legal advisor; having a member of the kinship team on the panel; bringing a kinship foster carer to talk to the panel; and workers being prepared to challenge any negative views expressed. Some practitioners, however, argued for a different regulatory framework for kinship foster care entirely.

Practitioners seemed more at a loss about how to tackle differences with the courts over thresholds of acceptability. Many voiced their concerns over negative viability or full assessments being more frequently rejected than in the past, and the impact this had on local authority decision-making and practitioner confidence in their own judgement. Courts were seen as very much favouring kinship placements and taking a short-term view, not appreciating what would be needed to secure permanence. Differences were reported over the relevance of historic concerns about the carers' parenting; placement with distant relatives not known to the child; and sibling placement. The variability of independent social workers was noted and the robustness of some assessments questioned. More radically, a

few practitioners questioned the capacity of the judiciary to make decisions about the suitability of a kinship placement.

Practitioners also seemed to feel powerless to tackle what was undoubtedly their major concern: unrealistic court timescales for assessing kinship carers (chapter 4). Requests for adjournments which would extend care proceedings beyond 26 weeks were reported to be rarely agreed, despite legislative provision, case law and even locally reached agreements on minimum timescales. Local authority lawyers were said to vary in their readiness to press the authority's proposed timescale, and where they did, the court was likely to respond by appointing an independent social worker who could comply. In addition to putting pressure on individual practitioners and local authority resources, truncated timescales were said to compromise the quality of the assessment and limit the worker's capacity to work sensitively with families, help potential carers to reach an informed and considered decision, and prepare them for the challenges they would face. Practitioners acknowledged that local authorities needed to do more to try to engage extended families at an early stage, well before proceedings were initiated, and to produce stronger arguments for more realistic timescales. For their part, it was argued, judges needed a greater appreciation of what was involved in a kinship assessment. There was also support, however, for higher-level change which would either mandate a minimum timescale for assessments, or allow the 'clock' to be stopped to give adequate time for kinship assessments without compromising court targets for completion of care proceedings within 26 weeks.

Issues about the use of special guardianship orders (chapter 5) loomed large in the practitioner interviews. Although they did not have reservations about the order itself, or its use in the circumstances for which it was originally designed – to provide greater permanence for settled arrangements through a private law application by established carers. Their concerns all related to orders made in care proceedings. These included: orders made where the child and guardian did not have an established relationship; inflexible court timescales leading to rushed/inadequate assessments or insufficient time to adequately test the arrangement; a perceived lowering of thresholds and SGOs made because carers did not meet fostering standards; orders made on very young children who might otherwise have been placed for adoption; and the limited support available to special guardianship arrangements. These all contributed to expressed anxieties about the arrangement breaking down or not meeting the child's needs. Varied - and, in some areas, changing - practice was reported in relation to ending proceedings with the child placed with kin but under a care order where there were reservations about making an immediate SGO, and also in the use of supervision orders alongside an SGO.

The limited support available to special guardianship families, which was reported to be inferior to both foster care and adoption, especially when the child had not previously been looked-after, was commonly highlighted by practitioners, who emphasised that those most in need of support could, bizarrely, receive the least (chapter 6). On the positive side, some reported improvements in special guardianship support plans, at least in part due to the involvement of specialist practitioners in their preparation, although some saw a need for more specific official guidance.

However great variation – and change - was apparent in the organisation and delivery of special guardianship support services. At one end of the spectrum the case would usually be closed on the making of the order; at the other a specialist support worker would be involved for at least a year. Some authorities relied on carers taking the initiative in seeking support; others were more pro-active, to differing degrees. Some had specialist support workers or teams; in others, support was provided by kinship practitioners who had to juggle support with the more pressing demands of assessments. In a couple of local authorities, specialist support teams had been disbanded; elsewhere they had been recently established or were being planned. Practitioners frequently expressed concern about special guardians who might need but did not seek support, or only did so when they were in crisis. While wanting to reach out to such carers, however, there was also some concern about whether the service would be able to meet the extent of need this might reveal.

In chapter 7 practitioner reports of the services being provided to special guardians in four key areas of need were outlined.

Support with contact issues included providing information and advice about legal rights; reassuring carers they were taking the right approach; and, sometimes, mediating disputes with parents.

In terms of support with children's *emotional and behavioural problems* practitioners might work directly with carers – and sometimes children – and in some local authorities could call on specialist therapeutic workers. Accessing appropriate therapeutic support externally, however, was reported to be difficult and while the Adoption Support Fund was helpful where children had previously been looked-after, it needed to be open to all those on SGOs. Access to training varied, with some special guardians being offered dedicated training, others not even able to attend training provided to foster carers or adopters.

Peer support was largely offered through support groups, either specifically for special guardians or set up for kinship foster carers and opened up to special guardians. Some were flourishing, others had folded or were poorly attended. Only two practitioners referred to any other forms of peer support – social media groups and peer mentoring.

Financial support was of great concern to practitioners, who reported that it had a significant effect on their relationship with carers but was outside their control. They were acutely aware that local authority policies varied, which was unfair and could be challenged in court; it needed to be more equitable and made clear to carers from the outset. Some also argued for a new, national framework, set out in guidance or regulations, or even central government funding.

Out-of-area special guardianship arrangements were also of concern, with difficulties being reported both during the period in which the placing authority remained responsible and subsequently, when responsibility transferred to the host area.

In striking contrast to the many issues raised about the support for special guardianship, practitioners expressed few concerns about the support available to kinship foster carers, which was considered to be superior. The main problem identified was engaging carers in training (chapter 8). Apart from any practical obstacles preventing attendance, it was acknowledged that the very concept of 'training' could be a barrier, especially when it was shared with, and/or primarily designed for mainstream foster carers. A range of strategies to address the problem were identified.

Since all the practitioners in the study specialised in kinship care, it is perhaps not surprising that they were emphatic that the work required particular expertise, which builds on both child protection and fostering knowledge and experience and blends these with an understanding of the unique issues presented by kinship care and the skills to work with kinship families (chapter 9). They were also very positive about specialist teams, both those who were currently working in such an arrangement and those whose teams, to their great regret, had been disbanded. Dedicated teams were seen as facilitating the development of practice by bringing together a group of practitioners committed to this area of work, who could focus on kinship without competing demands and pool knowledge and experience. They also make it easier to identify where improvements are needed, to engage in development work; and, through working with colleagues within the local authority, to achieve system change.

The idea for this research germinated through the author's attendance at what is now known as the Kinship Care Professionals' Group and one of the aims of the study, addressed in chapter 10, was to document members' views on its value. The most important aspect of the group, clearly, was the opportunity it affords for practitioners to share issues and ideas with committed peers and thus develop their own practice. Some reported using information from the group to influence the approach of their own authority. Two additional features were highlighted. It enables practitioners a) to keep up-to-date with, and consider the implications

for their practice, of developments in law, policy, practice and research, and b) to feed into policy developments both directly, through meeting with government representatives, and indirectly, by informing the work of Kinship.

While informants were generally satisfied with the way the group functioned, there were a few suggestions for improvements. Some were ideas for enhancing the value of the meetings themselves, some were about facilitating communication between meetings, and some concerned ways of widening participation. It was also suggested capitalising on the group's experience to build up a catalogue of good practice and holding a national conference of kinship care workers.

Analysis of the group minutes from 2004 to 2018 indicated that the issues raised in group meetings very much chimed with those identified by the broader practitioner sample, with three topics being consistently the primary focus of attention: assessment, support and special guardianship. In terms of assessment three themes dominated: the need to develop appropriate tools and processes; concerns about timescales, particularly court timescales; and issues about differing thresholds. Discussions about support covered a wide range of topics but there were two overarching themes - a) the link between support and the legal status of the arrangement, and b) the variation in local authorities' policies and practice. Support, or the lack of it, both financial and non-material, was the dominant issue in relation to special guardianship. Other common topics included the increasing use of SGOs and the decreased use of kinship foster care; conflict with the courts over the appropriateness of a placement and assessment timescales; and, in later meetings, doubts about the sustainability of some special guardianship arrangements.

Implications for policy and practice

The overarching conclusion to be drawn from this research is the need to acknowledge kinship care as an entity in its own right, a unique form of substitute care requiring policies, systems and practices tailored to its particular constellation of needs, rather than being added on to those developed for other purposes. For far too long kinship care has been the proverbial 'square peg in a round hole'.

Recognising and reflecting the uniqueness of kinship care within the child welfare system

The assessment and approval of kinship foster carers

The 'square peg' characterisation is perhaps most obviously evident in the difficulties reported in approving kinship carers as connected persons foster carers, using regulations designed for mainstream foster care. Given the differences in the profile of kinship carers and the circumstances in which they come to take on care compared to that of traditional

foster carers, that is scarcely surprising. Of course, there is a degree of latitude in the application of the regulations and standards, and the competencies required. However, while in many instances this may be sufficient it is clear that in others it is not. This may result, as reported in this research, in children who are deemed to need the protection and support of a care order being placed on an SGO or the court effectively taking on itself the local authority's responsibility to approve. In the case of *Re T*[24] it was held that although the court cannot dictate to the local authority what its care plan should be, the court can expect a high level of respect (from the local authority) for the court's assessment of risk and welfare, leading in almost every case to those assessments being put into effect.

At the very least this all suggests the need for the development of a distinct set of fostering regulations specifically designed for kinship foster care. As noted in chapter 1, one of the recommendations of the Public Law Working Group (2020) is that the English and Welsh governments should 'undertake further analysis and enquiry' into whether the fostering regulations, as they relate to kinship foster care required revision. More radically, perhaps there should be a new status of looked-after in kinship care, with accompanying tailored regulations. In either scenario, or even if there is no change, it can be argued that recommendations for approval should be considered by an appropriately constituted panel, with expertise in, and training on, the distinctive characteristics of this form of care.

Developing and sharing practitioner expertise

The unique characteristics of kinship care also indicate that the work of assessing and supporting these arrangements, whatever their legal status, should be the province of well trained, and preferably specialist, practitioners, working, wherever feasible, in dedicated teams. This is the case in adoption and mainstream fostering, is recommended in other research (Davey, 2016; Heath, 2013; Hunt and Waterhouse, 2013; Thurman, 2013; Wade et al, 2014) and, in England, suggested in government guidance (DfE, 2011). These practitioners, however, also need to share their expertise. Fostering and adoption assessment practice can perhaps function in something of a silo, since the tasks of approving applicants is separate from matching them to a particular child. Kinship care cannot. Hence systems need to be in place to ensure that other local authority practitioners and managers are conversant with this particular family form and that, as far as possible, there is a consistent approach to the work.

[24] *Re T (A Child)* [2018] EWCA Civ 650

Preparation, 'training' and support groups

The task that kinship carers are taking on is at least as demanding as that undertaken by mainstream foster carers. The latter, however, typically undertake a lengthy period of preparation prior to approval and having the first child placed with them. Kinship carers have no such luxury. Moreover, while mainstream applicants will have decided that fostering fits into their life plans and are not only willing but able to take on this new role, kinship carers typically have it thrust upon them, often in a crisis and have to adjust to the dramatic and unwanted disruption it will bring. Preparation and induction, therefore, must begin alongside the assessment process - which has implications for the time needed - and continue after the child is placed. Engaging kinship carers in training, however, can be a challenge, even when it is a requirement, as it is for kinship foster carers. This requires some flexibility and creativity. Simply opening courses designed for mainstream foster carers or adopters is unlikely to be sufficient – although not all carers even have this opportunity (see also Ashley and Braun, 2019). Consultation with kinship carers – as had occurred in some of the local authorities in the study - could help in developing training specifically geared to their needs, while ways of making it– or even the idea of it - less daunting, need to be found. Indeed, perhaps it is time to ditch the very word 'training', which can be anathema to some kinship carers. Practitioners in this research reported positive results from arranging for carers to be accompanied to their first few sessions by another carer familiar with the set-up and incorporating training into a support group. Support groups too are likely to be more attractive/helpful if they are specific to kinship carers, while some practitioners in this study thought carers were more willing to attend groups which were not held on local authority premises or were not run by Children's Services.

Parental contact and family dynamics

Difficulties over children's contact with their parents are not unique to kinship care – Farmer and Moyers (2008) report they occurred in around two-thirds of both kinship and unrelated foster care placements. The difference, they found, was that contact in kinship arrangements was more likely to be coloured by difficulties in the carer-parent relationship, which were more than three times as common. Such difficulties are a consistent theme in research (see Hunt, 2020b) – most recently in Harwin and colleagues' work on special guardianship (2019a), which reports that parental contact was an issue raised by almost all the special guardians participating in the study. Practitioners in the current study reported that anticipated problems with parental contact were one of the reasons why a care order might be made (or kept in place) rather than an SGO, a supervision order might be made alongside an SGO, or a family might have an allocated social worker after an SGO had been

made. Contact problems were also said to be one of the commonest reasons for special guardians coming back to the local authority for help.

It is, then, clearly vital to develop services to assist kinship families to establish and maintain children's contact with their parents, unless this is demonstrably not in their best interests; services which recognise the challenges they face. Suggestions in various research studies include the following: consultation and advice; assistance in drawing up/amending contact arrangements; assistance in managing/monitoring indirect contact and use of social media; mediation; family group conferences/family meetings; facilitated, supported and supervised contact; help with handovers; and counselling for carers, children and parents. These services may be particularly vital in the early stages of kinship arrangements, but also need to be available and accessible as and when required.

Data is currently lacking on what 'works' and as a recent overview of special guardianship concluded (Harwin et al, 2019b, p15) there is a 'pressing need for research on how best to ensure safe and positive contact'. It should be noted, however, that in their study of supervision orders Harwin and colleagues (2019a) report that where such an order was made, special guardians felt better supported with contact and professionals considered this a legitimate use of a supervision order. Therefore, although they also argue that there should be consideration of alternatives– such as a brief therapeutic intervention – it would seem premature to discard one of the few strategies which seem to be valued. The Public Law Working Group (2020, para 42) explicitly and emphatically seeks to bring about a 'culture change' in the practice of attaching supervision orders to SGOs, which should only be made where there are 'cogent reasons'. It is to be hoped that where a supervision order is considered to be needed to support contact, this will be accepted as a sufficiently cogent reason.

Recognising and reflecting the similarities in the experiences and needs of children requiring any form of substitute care

The experiences of children before they enter kinship care, whatever the legal status of the arrangement, are very similar to those of children placed with unrelated foster carers (Farmer and Moyers, 2008; Lernihan and Kelly, 2006; Selwyn et al, 2013; Wade et al, 2014). Most children have experienced inadequate parental care, often due to substance abuse, mental illness, or domestic violence, and many have suffered abuse or neglect. The results of these prior experiences carry the same implications for kinship care as they do for unrelated care.

First, the children are likely to need more than ordinary parenting to help them recover and thrive, which means that the assessment of potential carers needs to explore their capacity

to provide this. Second, the children themselves may well need professional help at some point. Third, carers will also probably need support to help the child and to cope with the challenges they are likely to encounter.

The first requirement has been recognised in the amended Special Guardianship Regulations in both England and Wales, which stipulate that the report to the court on the prospective guardian's parenting capacity must include 'their understanding of, and ability to meet the child's current and future needs, particularly any needs the child may have arising from harm that the child has suffered'.[25] It is also reflected in the various formats used for assessing kinship carers (Hunt, 2020a), although there is as yet no research evidence on the extent to which court reports do cover this.

The other two implications flowing from children's previous adverse experiences, however, need much more attention. A key theme in this research, as in many other studies (see Hunt, 2020b), is that the support offered to special guardianship kinship arrangements, whether for children or carers, is not on a par with that routinely available in unrelated foster care and is also inferior to that now available to adopters. Indeed, this was one of the reasons practitioners proffered for why a care order might be preferred, so that kinship fostering arrangements could access/be guaranteed the level and types of support available to unrelated foster carers and the children in their care. Practitioners also highlighted the fact that having been a looked-after child also gave these SGOs privileged status, for instance in terms of access to the Adoption Support Fund. The inescapable conclusion, again reinforcing those of many other studies (see Hunt, 2020b), is the need to sever the link between legal status and support, which means, in England at least, implementing government guidance issued in 2011, that support should be based on need, not legal status.

Recognising and reflecting the complexity of kinship carer assessments

The inherent complexity of kinship assessments flows from the need to reflect both the ways in which the task is similar to that demanded of mainstream foster carers and the ways in which kinship carers and their circumstances are very different. A further layer of complexity is added because unlike in mainstream assessments, the decision to approve a carer and the decision to place a particular child with him/her, are rolled up together. Moreover, those assessments are often made in the context of care proceedings, where ultimate decision-making power rests with the court, not the local authority, and the outcome is most likely to be a special guardianship order, which is expected to last until the child becomes an adult.

[25] Para (n)(i) of the Schedule to the English Regulations; (m)(i) in the Welsh.

Allowing sufficient time to complete the assessment

The issue of insufficient time being allowed for kinship assessments in care proceedings dominated the practitioner interviews, adding to the multiplicity of voices calling for this to be urgently addressed (Beckett et al, 2016; Bowyer et al, 2015a; Bowyer et al, 2016; Harwin et al, 2019a; Harwin and Simmonds, 2019). The practitioners in this study who argued for a minimum mandatory timescale may have been reassured by the Interim Guidance on Special Guardianship (Family Justice Council, 2019) which stated that a full assessment would usually require three months. As noted in chapter 1, however, no specific figure is given in the Best Practice Guidance subsequently issued by the Public Law Working Group (2020), so it remains to be seen how the various references to the need for 'substantial' time, a 'significant' number of weeks and 'realistic' timetabling will be interpreted in the courts. The statement in that guidance that cases extending beyond 26 weeks should be counted separately in the court returns also chimes with the views of practitioners in the study who suggested that something of this order was needed to balance the perceived dominance of the 26-week 'rule' and the court's preoccupation with their performance targets.

Beyond these external changes, however, as some suggested, do judges also need to have a better understanding of what is involved in a kinship assessment and what is compromised where this is rushed? If so, how might this be achieved?

Arriving at a shared understanding of what is required in a permanent kinship placement

A related issue is the discordance revealed in the study over what I have termed thresholds of acceptability. Within local authorities this suggests the need to achieve greater consistency in approach between assessing social workers, front-line teams and permanency panels. A number of strategies which practitioners reported as having been effective in their local authority could be adopted elsewhere: specialist workers sharing their expertise and expectations, for example, with front-line teams and having a kinship carer on the fostering panel, while joint training would seem to be essential.

Reaching a shared understanding between local authorities and the courts is, of course, more problematic since the court's role is not simply to ratify the local authority's recommendations. It is only to be expected that in some finely balanced cases the decision may not be what the local authority proposed. Nonetheless, the findings of this, and other research (Bowyer et al, 2015a; Bowyer and Wilkinson, 2016; Harwin and Simmonds, 2019; Masson et al, 2019; Ranshaw et al, 2015; Wade et al, 2010; Wade et al, 2014), do seem to suggest grounds for concern about what is reported to be a higher proportion of cases where

negative assessments are rejected, with practitioners reporting that their expertise is being devalued (see also Harwin et al, 2019a).

It was noticeable that in contrast to the variety of strategies adopted to address the difficulties arising with front-line teams and fostering panels, practitioners in this study did not report anything which had been totally effective in tackling the disjunction with the courts. This indicates that the issue needs to be dealt with at a higher level. As suggested in a number of reports by Research in Practice (Bowyer et al, 2015a and b; Bowyer and Wilkinson, 2016) this might include: dialogue between senior managers in local authorities and the judiciary; utilising local family justice boards/networks as a forum for discussion; and sharing tracking data on children re-entering the care system so the judiciary can be informed about the outcomes of their decision-making. This is particularly important given the findings of Wade and colleagues (2014) that successful outcomes were significantly more likely where the local authority had been 'highly supportive' of the placement, and their conclusion that where this was not the case an SGO might not be the best order.

It is striking that there is little research that reports on either the nature of the differences between local authorities and the courts or their prevalence (Hunt, 2020b), a gap which needs to be addressed. From the perspective of local authority practitioners in this study, and in that by Harwin and Simmonds (2019), a key reason is that the courts do not necessarily appreciate the factors which could impact on long-term outcomes and tend to take a short-term approach. Training, therefore, on the risk factors associated with placement breakdown and the issues facing children with adverse childhood experiences, would seem vital (see also Bowyer et al, 2015b; Bowyer and Wilkinson, 2016).

Arriving at a standard approach to untested arrangements

One of the challenges reported by practitioners in this study was concluding a special guardianship assessment before the arrangement had been tested, particularly where the prospective guardians and the child did not have an established relationship. Such circumstances, they argued, were contrary to the requirements for private law applications, which require a prior 12-month residence period, and make SGOs more akin to adoption, but without the mandatory testing-out period provided for in adoption legislation. It was one of the reasons underlying their anxieties about potential breakdown, which research by Wade and colleagues (2014) had highlighted as a risk factor.

As noted in chapter 1, this issue, not addressed in the amended Special Guardianship Regulations in both England and Wales, came to the fore in the case of *Re P-S* (2018) in which the Court of Appeal rejected the approach adopted by the first instance judge of making a care order, the 26 weeks having already expired, in the expectation that if the

assessment was positive, an SGO should subsequently be applied for in due course. The appropriate course of action, the Appeal Court concluded, would have been to extend the proceedings and make the placement under interim care orders. The Interim Guidance then produced by the Family Justice Council in May 2019 also took this view, adding that where an interim care order was not possible, because the carers would not meet fostering regulations, testing out within proceedings could be managed by a child-arrangements order plus an interim supervision order.

The Best Practice Guidance on special guardianship issued by the Public Law Working Group (2020) also emphasises the need for the prospective special guardians to have cared for the child prior to the order being made and recognises the difficulties which can arise where it is not possible to make an interim care order. However, it does not resolve the problem, instead recommending both 'further analysis and enquiry' into whether the fostering regulations needed to be revised and whether the legislation should be amended to provide for an interim SGO. It is therefore unclear as to whether a more standardised approach will emerge to replace what this and other studies (Harwin and Simmonds, 2019; Harwin et al, 2019a) indicate is marked variation in views and practices, or whether more radical options, such as an interim SGO or a special guardianship placement order, will need to be considered.

Institutional recognition of the unique circumstances of kinship families and a commitment to support them

As a recent overview of UK research (Hunt, 2020b) demonstrates, there are now a multiplicity of studies documenting the challenges faced by kinship carers in taking on the care of children whose needs are as great as those entering other forms of substitute care. It also, however, consistently highlights shortfalls in provision for both carers and children.

Practitioners in the study reported here typically reflected on these issues in the context of special guardianship, kinship foster care generally being regarded as well provided for. Their comments suggest a number of practices contributing to effective service provision which local authorities seeking to improve their services could usefully adopt. First, involving special kinship workers in the formulation of special guardianship support plans helps to improve their quality. Second, once a case is closed, special guardians do not have to 'come back in through the front door' but have ready access to help from a specialist worker or team. Third, that workers/teams should not have responsibility for both assessment and support since the latter is likely to become subsidiary to the more pressing demands of the former. Fourth, taking a pro-active approach, reaching out to carers rather than waiting to be

contacted, often at a point of crisis. Fifth, taking a differentiated approach which is responsive to the needs and preferences of individual families.

Working towards greater consistency in the provision of special guardianship support across local authorities; mapping and evaluating different service models

Variation between local authorities in the support kinship families are able to access is a persistent theme in UK research (Hunt, 2020b) and needs to be urgently addressed. In this research it was most evident in practitioner accounts of special guardianship support, with variation emerging in the way services were organised and delivered, as well as the availability of particular forms of provision. Practitioners themselves also commented on this variation, which was particularly visible where children were placed with special guardians in another local authority, and some argued there needed to be a national framework to bring about greater consistency.

In Wales, AFA Cymru was commissioned by the Welsh Government to produce a guide which would set out the support a local authority *must* make available to special guardians and the children in their care. Published in May 2020, this *Guide for the Offer of Special Guardianship Support in Wales* is organised around six outcomes with 13 accompanying 'offers'. A pre-publication launch indicated widespread 'buy-in' and, if this is translated into action, which, of course, remains to be tested, should result in more consistent service provision across Wales. Similarly, in England, the Adoption and Special Guardianship Leadership Board (2021) has produced a 'blueprint' for special guardianship support. Both documents give examples of good practice which provide a tool to 'level up' services across local authorities.

Variation in the organisation of special guardianship services, however, does represent a natural experiment, which it would be useful to evaluate. Sadly, the AFA Cymru guide notes, it was not possible to fulfil part of the original brief from Welsh Government - to map the current provision of services - since only six of the 22 authorities returned the survey questionnaires. That should not be taken to mean, however, that it is an impossible task, rather that a different approach might need to be tried.

Widening the focus to encompass all kinship care arrangements

In recent years, special guardianship has come to dominate both policy and research. Indeed, in some respects the focus is even narrower, restricted to special guardianship orders where the child has previously been looked-after. This is the specific remit, for instance, of the Adoption and Special Guardianship Leadership Board. The needs of kinship

carers, however, and the children they care for, are not determined by the legal status of the arrangement. It is therefore vital that horizons are extended to include all kinship families, particularly in relation to support. As noted in chapter 1, the Statutory Guidance for local authorities in England (DfE, 2011, para 4.6) stipulated that support should be based on the needs of the child rather than merely their legal status. A decade later, there is clearly a long way to go to ensure this principle is reflected in policy and practice. It is hoped that the continuing work of the Parliamentary Taskforce on Kinship Care which, unusually, gave itself a broad remit, will help to ensure that, in the much-needed push to improve support for special guardianship families, other kinship families do not continue to be marginalised.

References

Adoption and Special Guardianship Leadership Board (2021) *Key Elements in a Special Guardianship Support Service.* London, ASGLB.

AFA Cymru (2018) *Good practice guide for the assessment and support of kinship foster carers.* Cardiff, AFA Cymru.

AFA Cymru (2020) *A Guide for the Offer of Special Guardianship Support in Wales.* Cardiff. AFA Cymru.

Aldgate, J. and McIntosh, M. (2006) *Looking after the family: A study of children looked after in kinship care in Scotland.* Edinburgh, Social Work Inspection Agency.

Ashley, A. and Braun, D. (2019) *The highs and lows of kinship care: analysis of a comprehensive survey of kinship carers.* London, Family Rights Group.

Beckett, C., Dickens, J., and Bailey, S. (2016) *Outcomes for children of shorter court decision-making processes: A follow-up study of the Tri-borough care proceedings pilot.* Centre for Research on Children and Families, School of Social Work, University of East Anglia.

Bowyer, S., Wilkinson, J., and Gadsby-Waters, J. (2015a) *Impact of the Family Justice Reforms on Front-line Practice Phase Two: Special Guardianship Orders*. London, DfE.

Bowyer, S., Wilkinson, J., Tapsfield, R., Gadsby Waters, J. and Corrick Ranger, H. (2015b) *Special Guardianship: Qualitative Case File Analysis.* London, DfE.

Bowyer, S., Wilkinson, J., Tapsfield, R. and Gadsby-Waters, J. (2016) *Impact of the Family Justice Reforms: phase 3 - exploring variation across 21 local authorities.* London, DfE.

Cafcass (2015) *Case File Review of Special Guardianship.* London, Cafcass.

Care Crisis Review. (2018) *Options for Change*. London, Family Rights Group.

Cleaver, H. and Rose, W. (2020) *Safeguarding Children Living with Foster Carers, Adopters and Special Guardians. Learning from case reviews 2007-2019.* London, CoramBAAF

Davey, J.C. (2016) *The Care of Kin: a case study approach to kinship care in the South of England and South Africa*. PhD thesis Bournemouth University.

Department for Education and Skills (2007) *Care Matters: Time for Change.* London, Department for Education and Skills.

Department for Education (2011). *Family and friends care: Statutory guidance for local authorities.* London, DfE.

Department for Education (2014) *Statutory guidance on court orders and pre-proceedings.* London, DfE.

Department for Education (2015a) *Special Guardianship: a Call for Views. Government Consultation*. London, DfE.

Department for Education (2015b) *Special Guardianship Review: report on findings*. London, DfE.

Doolan, M., Nixon, P. and Lawrence, P. (2004) *Growing up in the care of relatives or friends*. London, Family Rights Group.

Family Justice Council (2019) *Interim Guidance on Special Guardianship*. London. Family Justice Council.

Farmer, E. and Moyers, S. (2008) *Kinship Care: Fostering effective family and friends placements.* London, Jessica Kingsley Publishers.

Grandparents Plus and Adfam (2006) *Forgotten Families: The needs and experiences of grandparents who care for children whose parents misuse drugs and alcohol*. London, Grandparents Plus and Adfam.

Harwin, J. and Simmonds, J. (2019) *Special Guardianship: Practitioner Perspectives.* London, Nuffield Foundation.

Harwin, J., Alrouh, B., Palmer, M., Broadhurst, K. and Swift, S. (2015*). A National Study of the Usage of Supervision Orders and Special Guardianship over Time. Briefing Paper No 1: Special Guardianship Orders.* Lancaster, Lancaster University

Harwin, J., Alrouh, B., Golding, L., McQuarrie, T., Broadhurst, K. and Cusworth, L. (2019a). *The Contribution of Supervision Orders and Special Guardianship to Children's Lives and Family Justice.* Lancaster, Lancaster University.

Harwin, J., Simmonds, J., Broadhurst, K. and Brown, R. (2019b) *Special Guardianship: A review of the English research studies.* London, Nuffield Family Justice Observatory.
Heath, M. (2013) *Developing kinship care: a case of evidence based social work practice?* DPhil Dissertation, University of Sussex.
Hunt, J. (2009) 'Family and Friends Care'. In G. Schofield and J. Simmonds (eds) *The Child Placement Handbook: Research, policy and practice*, pp102-119. London, BAAF.
Hunt, J. (2020a) *Practice Tool: Assessing and supporting family and friends care.* Dartington, Research in Practice.
Hunt, J. (2020b) *An overview of the last two decades of UK research on kinship care.* London, Family Rights Group.
Hunt, J. and Waterhouse,.S. (2012) *Understanding family and friends care: The relationship between need, support and legal status.* London, Family Rights Group.
Hunt, J. and Waterhouse, S. (2013*) It's Just Not Fair! Support, need and legal status in family and friends care.* London, Family Rights Group.
Hunt, J., Waterhouse, S. and Lutman, E. (2008) *Keeping them in the family: Outcomes for children placed in kinship care through care proceedings.* London, BAAF.
Laming, Lord (2006) *Care Matters: Placements working group report.* London, Department for Education and Skills.
Lernihan, U. and Kelly, G. (2006) 'Kinship care as a route to permanent placement'. In D. Iwaniec (ed.), *The child's journey through care: Placement stability, care planning and achieving permanency* pp. 99-112. Chichester, Wiley.
Marden, R. and Bellew, R. (2014) *Relative Experience North East Pilot: Final evaluation report*. London, Coram and Grandparents Plus.
Masson, J. and Dickens, J. with Garside, L., Bader, K. and Young, J. (2019) *Child Protection in Court: Outcomes for Children. Establishing outcomes of care proceedings for children before and after care proceedings reform.* School of Law, University of Bristol and the Centre for Research on Children and Families, University of East Anglia.
Masson, J. (2016) 'Relationships v Relatedness in Family Justice'. *Journal of Social Welfare and Family Law* 38, 4, pp456-459.
McFarlane, A. (2018) 'Crisis – what crisis? Keynote Address to the Association of Lawyers for Children Annual Conference, Nov 2018'. Reported in *Family Law*, 49, January, pp 28-3 .
Murphy-Jack, O. and Smethers, S. (2009) *Recognition, Respect, Reward.* London, Grandparents Plus.
Narey, M. (2006) *Beyond Care Matters: The future of the care population working group report.* London, Department for Education and Skills.
National Adoption Leadership Board (2014) *Impact of Court Judgments on Adoption: What the judgments do and do not say.* London, NALB.
Parliamentary Taskforce on Kinship Care (2020) *First Thought, Not Afterthought. Report of the Parliamentary Taskforce on Kinship Care*.
Public Law Working Group (2020) *Recommendations to Achieve Best Practice in the Child Protection and Family Justice Systems: Special guardianship orders* https://www.judiciary.uk/wp-content/uploads/2020/06/PLWG-SGO-Final-Report-1.pdf
Ranshaw, J., Parker, C., Elliffe, K., Salim, F. and Tunnard, J. (2015) *A Year in Proceedings: Cases issued between May 2013 and 30 April 2014, with results of final hearings to September 2014*. South London Care Proceedings Project.
Selwyn, J., Farmer, E., Meakings, S. and Vaisey, P. (2013) *The Poor Relations? Children and informal kinship carers speak out.* Bristol, University of Bristol and Buttle UK.
Selwyn, J., Wijedasa, D. and Meakings, S. (2014) *Beyond the Adoption Order: Challenges, Interventions and Adoption Disruption*. Research Report DFE-RR336. London, DfE.
Sykes, J., Sinclair, I., Gibbs, I. and Wilson, K. (2002) 'Kinship and stranger foster carers: how do they compare?' *Adoption and Fostering*, 26(2), pp. 38-48.
Templeton, L. (2010) *The Experiences and Needs of Grandparents who Care for their Grandchildren because of Parental Substance Misuse.* Birmingham, Acquarius Action Projects.
Thurman, B. (2013) *A Review of Kinship Care in Scotland.* Mentor UK.

Wade, J., Dixon, J. and Richards, A. (2010) *Special Guardianship in Practice*. London, BAAF.
Wade, J., Sinclair I., Studdard, J. and Simmonds, J. (2014) *Investigating special guardianship: Experiences, challenges and outcomes.* London, DfE.
Wellard, S. (2011) *Too old to care? The experiences of older grandparents raising their grandchildren.* London, Grandparents Plus.
Wellard, S. and Wheatley, B. (2010) *Family and Friends Care: What if we said no?* London, Grandparents Plus.
Wijedasa, D. (2017) *Children growing up in the care of relatives in the UK*. University of Bristol.

Case Law

Re A (Special Guardianship: Competing Applicants) [2018] EWCA CIV 2240))
Re B ((A Child) Care Proceedings: Threshold Criteria)) [2013] UKSC 33)
Re B-S (Permission to oppose adoption order) [2013] EWCA Civ 813).
Re P-S (Children) [2018] EWCA Civ 1407
Re R (a child) [2014] EWCA Civ 1625
Re S ([2014] EWCC B44 (Fam)
Re W (A Child) [2016] EWCA Civ 793
R (on the application of X) v London Borough of Tower Hamlets [2013] EWHC 480
Re T (A Child) [2018] EWCA Civ 650

Legislation and regulations

The Children Act, 1989
The Children and Families Act, 2014
The Special Guardianship (Amendment) Regulations, 2016
The Children and Social Work Act 2017,
The Special Guardianship (Wales) Regulations, 2018

Serious case reviews

Wate, R. (2017) *Serious Case Review. Shi-Anne Downer.* Birmingham Safeguarding Children Board, Birmingham.
Wiffin, J. (2017) *Serious Case Review Child J*. Nottingham City Safeguarding Children Board, Nottingha

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ABOUT KINSHIP

Kinship is the leading kinship care charity in England and Wales. We're here for all kinship carers. The grandparents, siblings, aunts, uncles, other family members and friends who step up to raise children when their parents aren't able to. We want every kinship family to have the recognition, value and support they need and deserve.

We offer kinship carers financial, legal, practical and emotional support and understanding from the moment they need it, for as long as they need it. Our expert advice, information and guidance helps with complicated and stressful decisions that so many kinship families have to make. We're always there to support them through difficult times and celebrate the good.

Kinship carers are strong and determined. Together, they are powerful. We help them build communities of support and action by connecting families locally and across England and Wales.

We're at the heart of kinship networks, partnering with and influencing service providers, local and national government and other organisations. We give everything we have to fight for each family and their rights, changing society until every kinship family is recognised, valued and supported.

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