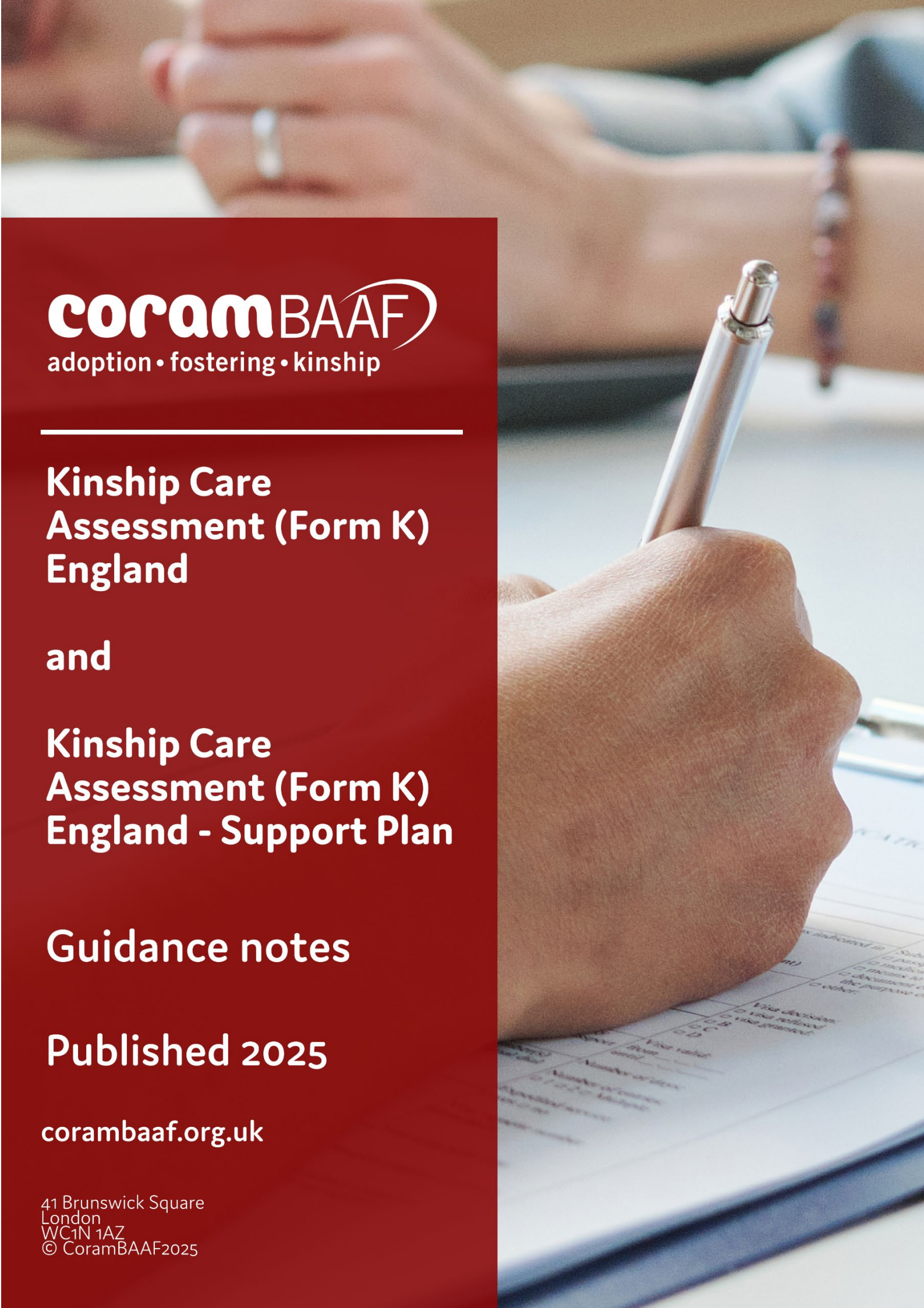

coramBAAF
adoption • fostering • kinship

Kinship Care Assessment (Form K) England

and

Kinship Care Assessment (Form K) England - Support Plan

Guidance notes

Published 2025

corambaaf.org.uk

41 Brunswick Square
London
WC1N 1AZ

Kinship Care Assessment (Form K) England

Kinship Care Assessment (Form K) England – Support Plan

Guidance notes

Published 2025

Form K replaces Form C – connected persons/family and friends carers, published 2020.

The change in language used reflects the national reform agenda and aligns with language used in the National Kinship Strategy 2023 and Kinship Care Statutory Guidance 2024.

Published by CoramBAAF, 41 Brunswick Square, London WC1N 1AZ.

Introduction

These notes provide introductory guidance about how to complete an assessment of a prospective kinship carer, using the CoramBAAF Form K. More detailed and wider ranging guidance can be found in the CoramBAAF publication, *Undertaking a Kinship Assessment using Form K* (2025).

Form K can be used to assess any type of kinship carer, where an assessment of their capacity to care for a child is needed. Specifically, it can be used in these circumstances:

- to approve kinship foster carers (connected persons)
- to recommend a special guardianship order

Although legislation does not require the completion of a specific type of assessment to recommend a child arrangements order, completion of Form K and wider care planning discussions may indicate a child arrangements order is the most appropriate order. In these circumstances, Form K can also be used to make this recommendation.

This form is not designed to be used as an initial viability assessment (IVA) or to seek temporary approval under Regulation 24 (Care Planning, Placement and Case Review (England) Regulations 2010), although any information gathered during the IVA or temporary approval process may contribute to the Form K assessment. CoramBAAF recommends use of the Initial Family and Friends Care Assessment: a good practice guide (2022).

Under Regulation 24 of the Care Planning, Placement and Case Review (England) Regulations 2010, the local authority may approve a kinship carer as a temporary foster carer for up to 16 weeks, subject to an assessment taking place before the child is placed. Many local authorities use the IVA to inform the decision about temporary approval. Once temporary approval has been agreed, local authorities are required to make immediate arrangements for the assessment of the kinship carer as a kinship foster carer.

Timescales

A minimum of 12 weeks is required for completion of Form K.

PLWG Best Practice Guidance – special guardianship orders 2020 requires that 'full and comprehensive assessments are completed of prospective special guardians and that sufficient time is afforded to local authorities to undertake these assessments' (para 33). It states: 'the issues that must be addressed in the schedule and the subsequent amendments to the schedule strongly suggest that an assessment cannot be completed without substantial time and resources', (para 27) and that 'special guardianship assessments and SGSPs should be robust and comprehensive and compliant with regulations. Timetabling for the provision of such assessments should be realistic to provide for this.' (para 38)

Fostering Regulations allow 16 weeks from temporary approval under Regulation 24 to full approval as a kinship foster carer.

Key principles

Form K is informed by strengths-based and trauma-informed ways of working. It should enable a relationship-based and reflective assessment process that gathers and analyses the information

required to inform decisions about a child's future care. It should also enable prospective kinship carers to have the time and support to make life-changing decisions to care for a child. It should amplify the voice of the child, to ensure the assessment articulates what it means for the child to live with an adult they are likely to already know and trust, or with whom there is a significant relational connection that has meaning for the child and their family. It is designed to enable reasonable and proportionate assessment of kinship carers that prioritises the well-being of a child, whilst enabling robust analysis to inform comprehensive support planning. It should enable culturally sensitive practice that is not limited by any rigid definitions of what it means to be a family.

The completed assessment should be informed by other assessments written about the child, including the sibling assessment, where one has been written. Sibling assessments should consider the nature of siblings' relationships, how their relationship can be supported, and not just whether they should live together or apart. Therefore the sibling assessment may inform whether a prospective kinship carer can care for the sibling group, what support they may need to do so, or the planning around how their relationship will be maintained if they will not be living together.

There is no requirement for any specific section to be completed by the child's social worker. According to local practice, the assessing social worker should work collaboratively with the child's social worker, and this may include the assessing social worker meeting the child, where it is in the best interests of the child to do so. The assessing social worker must ensure they have the depth of understanding required, including knowledge of the child's wishes and feelings, to meaningfully match the child's current and likely future needs to the carer's assessed capacity. This will enable identification of what support is likely to be needed. However, if the child's social worker writes any sections, this should be clearly stated at parts 2p and 2q.

Legal compliance

Form K is compliant with all the relevant legislation and guidance. Specifically:

- Schedule to the Special Guardianship Regulations 2005, as amended by the Special Guardianship (Amendment) Regulations 2016 (Matters to be dealt with in report for the Court)
- Special Guardianship Statutory Guidance: Statutory guidance for local authorities on the Special Guardianship Regulations 2005 (as amended by the Special Guardianship (Amendment) Regulations 2016) January 2017
- Schedule 3 Fostering Service (England) Regulations 2011 and Assessment and Approval of Foster Carers: Amendments to the Children Act 1989 Guidance and Regulations 2013
- Part 5 Paragraph 26 Fostering Service (England) Regulations 2011 and Assessment and Approval of Foster Carers: Amendments to the Children Act 1989 Guidance and Regulations 2013
- Fostering Services: National Minimum Standards
- Kinship Care Statutory Guidance 2024

Appendix 1 to this Guidance details what sections of the form are compliant with the specific section of legislation or guidance.

Anti-racist and anti-discriminatory practice

> ***The social work profession is guided by its values and principles of anti-racist and anti-oppressive practice. This means that social workers are uniquely placed to lead the way,***

> ***advocating for equality in our society.*** ***Our approach to equality, diversity and inclusion - Social Work England***

Social Work professional standards state:

> ***As a social worker, I will not – abuse, neglect, discriminate, exploit or harm anyone, or condone this by others.***

Form K is underpinned by the principles of anti-racist and anti-discriminatory practice. It is essential that as social workers we continue to reflect on our own biases, values and attitudes and consider how these influence our professional practice. It is important that we use individual and group supervision to reflect on both the way we work with families and on the assessment information we gather, before making recommendations that can have life-changing impact for the children and families we support.

Social work assessments are read by the people they are written about and the people important to them. This assessment should be read by the kinship carers, and there is space for their comments. If it is being filed in court, it will be read by other parties within the care proceedings, which will include parents, may include other family members who are also being assessed, and may include other adults involved in the proceedings. The child may read it, either now or in the future.

It is therefore critical that language is caring, simple and understandable. Avoid jargon, acronyms or professional terminology that the people being written about may not understand, as this can exclude, disempower or reinforce power imbalances.

Sensitive information should be collected and recorded in ways that are appropriate, trauma-informed and anti-racist. Avoid deficit-focused or pathologising language that reinforces stereotypes, erases identities or causes harm. Descriptions should be respectful, person-centred, and free from assumptions or biases. This covers information relating to ethnicity, sexual orientation, gender identity, disability, complex health needs, justice-involvement, religion, and other aspects of identity. Be aware of how these areas intersect, as this can increase harm or marginalisation.

We appreciate differences in preferred terms around racially minoritised ethnic groups and acknowledge the need to avoid homogenising lived experiences (Cane, 2023). It will be appropriate to bear in mind the importance of using terms that children and families favour. Prioritise self-identification by asking children and families at the outset what terms they prefer or identify with. Be respectful of their choices, recognising that preferred terminology may reflect personal identity, culture and history. This applies to all aspects of identity.

> ***Perhaps you saw the screen in front of you as the final destination. It was not; your words, written about, but without me, would not remain hidden forever.***
>
> ***Rebekah Pierre - An Open Letter to the Social Worker Who Wrote My Case Files, 2022, BASW***

Structure of Kinship Care Assessment (Form K)

Form K can be used for one or more children, but for ease of reading, we will refer to 'the child' throughout the guidance.

Form K can be used for a single carer, a couple or a kinship caring household (for example, a maternal

grandmother and a maternal aunt in a multi-generational household who might both be assuming the caring responsibilities). Likewise, we refer to 'the carer' throughout the guidance for ease of reading.

If the child is currently living with a different kinship or prospective kinship carer, or a foster carer, refer to them throughout the report specifically as 'current carer' to differentiate from the carer who is the subject of this assessment.

For ease of navigation around the form, we recommend you use the navigation pane as this will allow you to click onto the headings that you need rather than scrolling down through each page of the document.

Part 1: Introductory information and recommendation

This section includes introductory information about both the child, the carer and the parents. It includes essential information about their identities and essential information about other members of the household. It includes a summary of the child's history and their wishes and feelings, and a summary of the nature and meaning of the carer's relationship to the child. It includes a summary of the risks posed by the parents and their views on the prospective kinship arrangement.

It also includes a summary of work undertaken to complete the assessment, a section for a genogram, and a recommendation and summary of reasons.

Part 2: Assessment information and analysis

This section includes further information about both the carer and the child. It includes the relevant information about the carer's history and circumstances needed to analyse the strengths and vulnerabilities of their capacity to care for the child. Most importantly, it identifies what support might be needed. It includes a section about the child's needs, and the carer's capacity to meet these needs.

In each section of Part 2, the assessor needs to state what support might be required. The support identified throughout Part 2 should then be used to complete the Form K Support Plan.

There is a section for a more detailed overall analysis of all the assessment information that led to the recommendation at part 2l. It includes a summary of the strengths and vulnerabilities and meaning of this for the child.

There is space for the social worker's and manager's signature, as well as the carer's signature and their views on the assessment.

Part 3: Checks and references

This section contains a record of the required checks and references completed. The details of the information contained within these checks and references should be detailed in the relevant section of Part 2.

Support plan

This is an essential and required component of Form K and must be completed as part of the assessment, as the assessment is incomplete without it. It can be used as an interim support plan, when completed while decisions are still being made about a child's future, and when the assessment is being presented to the fostering panel or when first filed at court. It will therefore need to be

updated when a final care plan has been agreed and filed again. It will then become the Special Guardianship Support Plan as required by the law.

If the recommendation is negative, there may be occasions when the support plan is not required. However, decisions will need to be made on a case by case basis, and potentially following legal advice.

What makes good analysis?

Definitions

It is essential to differentiate and understand the difference between narrative description and analysis.

- **Assessment** – collecting, analysing and recording information about people, their circumstances and the context of their lives in order to reach an understanding of their situation and to inform decisions.
- **Risk assessment** – weighing up potential benefits as well as potential harms or losses. Taking risks involves deciding that the potential benefits of a proposed act outweigh the potential drawbacks.
- **Analysis** – the examination of an issue, problem, topic or situation that goes beyond describing it and includes (one or more of) theories, thoughts, opinions and judgements (Oxford Dictionary of Social Work and Social Care, 2018).

Purpose of analysis in Form K

The purpose of the social work analysis in Form K is to provide a clear, concise interpretation of the prospective kinship carer's situation based on facts and information gathered, with a specific focus on what each detail means for their capacity to care for a child. The analysis is not a repetition of facts but an explanation of how those facts affect their capacity, motivation, strengths and vulnerabilities and what this means for the child. Your goal is to help panels and/or courts and decision-makers understand the reasoning for your recommendation about their ability to provide safe and emotionally attuned care.

Key features of good analysis

- **Child focused:** Ensure that the child is central to your thinking throughout, even when you are describing the behaviour of adults. Think about what the information might mean for the child's experience. The purpose of the analysis is to interpret information about how an adult can meet a child's needs.
- **Authority:** Be confident and authoritative in your analysis, owning your professional opinion.
- **Clarity:** Use straightforward language that everyone can understand. Avoid jargon or language that may have different meanings to different readers. Avoid overly long sentences and unnecessarily formal language.
- **Focus:** Be specific about the behaviours, qualities and attitudes you are describing.
- **Balance:** Be honest about both strengths and vulnerabilities, and discuss both robustly and equally. Be clear about potential vulnerabilities and how these can be supported or mitigated against both now and in the future.
- **Integrity:** Acknowledge what you do not know, identify what you still need to know and weigh up the significance of any gaps in knowledge.

- **Be concise and avoid repetition:** Be careful not to duplicate information already contained elsewhere in the report. Be concise, specific, succinct and relevant.
- **Distinguish fact and opinion:** Be clear about whether the information is fact or opinion, and whose opinion you are stating.
- **Acknowledge differences of opinion:** Be clear if there are differing views and explain the relevance and significance.
- **Explore differences:** Articulate the ethnic, cultural, faith and sexual orientation context and the significance of this for your analysis. Reflect on your own perceptions, values and attitudes and how these influence your assessment, thinking and decision-making.
- **Show your workings out:** Be clear about your thinking process, and how you have used the available information to reach a conclusion. If an opinion or view has changed, it could be helpful for the reader to understand how and why this happened.
- **Triangulate facts/views/observations:** Check if facts and perspectives are consistent and congruent. Evaluate significance, weight and reliability of information.
- **Sources of information:** State sources and types of references, observations, opinion and information.

Additional information

If your local authority uses a specific model of practice, for example Signs of Safety, Secure Base or Systemic Practice, they can be used to inform the analysis throughout.

CoramBAAF has consulted with kinship carers, parents, social workers, managers, panel advisers and researchers via an expert working party, survey, focus groups, and pilot local authorities to inform the development of this form. We are grateful to everyone who has contributed their time and ideas.

Other relevant forms

The following forms are common to all CoramBAAF assessments of prospective foster carers, kinship carers or adopters, and are part of the Checks and References package of forms. You can use these at your discretion and where relevant. You should list which checks and references have been completed in Part 3 of Form K and include the detail of the information gathered in the narrative of Part 2 of Form K.

1	Consent to checks and references form
2	Personal reference form
3	Interview record and analysis form
4	Home safety checklist
5	Dog assessment form
6	Pet assessment form
7	Financial statement and checklist
8	Former partner check form
9	Employment and voluntary activity form
10	School and nursery reference form

Kinship Care Assessment (Form K) England guidance

Part 1: Introductory information and recommendation

1a) Details about the child

If there is more than one child, please duplicate part 1a according to the number of children. **You can highlight the box 1a and copy and paste it.**

When you are confident that all identity information is correct, ensure this is updated in your social care database/recording system accordingly.

Ethnicity

The Office for National Statistics (ONS) sets out that 'The terminology used to describe ethnic groups has changed markedly over time and however defined or measured, tends to evolve in the context of social and political attitudes or developments. Ethnic group is also very diverse, encompassing common ancestry and elements of culture, identity, religion, language and physical appearance.' It recommends that people should be invited to select, from a list of categories, the ethnic group to which they consider they belong. These categories are also used by Ofsted and so will be familiar to social workers. The groups are set out below.

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black, Black British, Caribbean or African

- Caribbean
- African
- Any other Black, Black British, or Caribbean background

Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or multiple ethnic background

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background

Other ethnic group

- Arab
- Any other ethnic group

Ethnic heritage

It is recognised that these ethnic groups do not represent how all people identify. Use this box to describe a child's ethnic heritage in their own words or those of their family if they are too young.

Where more detailed information needs to be presented about the child's ethnic heritage or identity, this should be explored in assessment part 1f and/or 2f.

Linguistic heritage and language spoken at home

Identify the child's first language, and any other languages the child uses in daily living or has experienced in the past. This should include as many languages as are spoken.

Nationality (and immigration status if appropriate)

This should include, where relevant, how their immigration status was acquired, and whether their immigration status is resolved or pending.

Gender

This should be self-defined where possible, and should be correctly recorded throughout the report. Where more detailed information needs to be presented about the child's gender identity, this should be explored in assessment part 1f and/or 2f.

Religion

This should specify a child's religion and state whether they are practising or non-practising. It should include information that reflects the child's experiences of their official religion and what that means for them as a lived religion. Where more detailed information needs to be presented about the child's religious identity, this should be explored in assessment part 1f and/or 2f. Do they actively engage in and participate in religious ceremonies and rituals? Have they been formally admitted to a religion through any ceremony? If so, please provide details.

Disability or neurodiversity

This should include any formal diagnosis of disability or neurodiversity. Where more detailed information needs to be presented about the child's diagnosis, this should be explored in assessment part 1f and/or 2f.

Legal status

This should state whether the child is placed under s.20 or is subject to an interim care order (ICO) or care order (CO), or whether they are subject to a child arrangements order (CAO). Include details of the court and the date any order was made.

Details of any previous proceedings

Provide details of previous proceedings relating to the child, including court and dates of any orders

made.

Details of where child/ren has previously lived

Include all addresses and dates. If these include periods living with foster carers, please include their names and state their role, but no address is required as this is confidential information. This information could be accessed by a child or kinship carer via local authority records.

1b) Details about siblings

This should state details of all the child's siblings and specify those who are not living with them. Siblings should include any full, half, step and any other relationship that the child considers to be a sibling. More detailed information about the child's relationships with their siblings, including the arrangements for contact/family time/maintaining connections is required in assessment part 2g.

Delete any boxes for siblings that are not required.

1c) Details about the carer/s

If there are more than two carers, duplicate part 1c. **You can highlight the box 1c and copy and paste it.**

When you are confident that all identity information is correct, ensure this is updated in your social care database/recording system accordingly.

Local authority

This should state the local authority where the carer lives, unless there is a need for their address to remain confidential.

Relationship to the child

This should describe the nature of the relationship between the child and prospective carer. It should state the nature of the familial relationship, e.g. aunt, grandparent, or sibling, or any other type of relationship, e.g. family friend, learning support assistant or community member.

Ethnicity

See section on ethnicity in 1a above.

Ethnic heritage

It is recognised that these ethnic groups do not represent how all people identify. Use this box to describe a carer's ethnic heritage in their own words.

Where more detailed information needs to be presented about the carer's ethnic identity or heritage, this should be explored in assessment part 1g and/or 2a.

Linguistic heritage and language spoken at home

Identify the carer's first language, any other languages they use in daily living or have experienced in the past. This should include as many languages as are spoken.

Nationality (and immigration status if appropriate)

This should include, where relevant, how their immigration status was acquired, and whether their immigration status is resolved or pending.

Gender

This should be self-defined, and should be correctly recorded throughout the report. Where more detailed information needs to be presented about the carer's gender identity, this should be explored in assessment part 1g and/or 2a.

Sexual orientation

This should be self-defined. Where more detailed information needs to be presented about the carer's sexual orientation, this should be explored in assessment part 1g and/or 2a and/or 2b and/or 2c.

Religion

This should specify the carer's religion and state whether they are practising or non-practising. It should include information that reflects the carer's experiences of their official religion and what that means for them as a lived religion. Where more detailed information needs to be presented about their religious identity, this should be explored in assessment part 1g and/or 2a and/or 2j. Do they actively engage in and participate in religious ceremonies and rituals, and have they been formally admitted to a religion through any ceremony, and if so which?

Disability or neurodiversity

This should include any formal diagnosis of disability or neurodiversity, and specify any adaptations needed for completion of the assessment. Where more detailed information needs to be presented about the carer's diagnosis, this should be explored in assessment part 1g and/or 2e.

Overseas carer

If the carer lives overseas, please complete Appendix 2 and read its accompanying guidance. You must ensure that it is appropriate to complete Form K, before completing the form any further. If you are in doubt, contact outbound@corambaaf.org.uk for further advice about the child and prospective carer's individual circumstances.

1d) Details about the parent/s

If there are more than two parents, duplicate part 1d. **You can highlight the box 1d and copy and paste it.**

When you are confident that all identity information is correct, ensure this is updated in your social care database/recording system accordingly.

Address (unless confidential)

It is important that there is a record of the last known address for the child's parents, and the date it was last verified.

Local authority

This should state the local authority where the parent/s live, unless there is a need for their address to remain confidential.

Relationship to the child

This should describe the nature of the parental relationship between the child and the parent. If this assessment relates to more than one child, and/or a sibling group of half and full siblings, ensure the parental relationship is described fully for each child. For example, a parent may be mother to one child, and step-mother to a sibling.

Parental responsibility

State whether the parent has parental responsibility – yes or no – and detail how it was acquired.[1]

Relationship to other parent

Include in this section whether the parents are married, in a civil partnership, living together, divorced, separated, or the nature of their relationship. Dates of marriage or civil partnership to be included.

Ethnicity

See section on ethnicity in 1a above.

Ethnic heritage

It is recognised that these ethnic groups do not represent how all people identify. Use this box to describe a parent's ethnic heritage in their own words.

Where more detailed information needs to be presented about the parent's ethnic identity or heritage, this should be explored in assessment part 1h.

Linguistic heritage and language spoken at home

Identify the parent/s' first language, any other languages they use in daily living or have experienced in the past. This should include as many languages as are spoken.

Nationality (and immigration status if appropriate)

This should include, where relevant, how their immigration status was acquired, and whether their immigration status is resolved or pending.

Gender

This should be self-defined, and should be correctly recorded throughout the report. Where more detailed information needs to be presented about the parent/s' gender identity, this should be explored in assessment part 1h.

1 Parental rights and responsibilities: Who has parental responsibility (Gov.uk)

Sexual orientation

This should be self-defined. Where more detailed information needs to be presented about the parent/s' sexual orientation, this should be explored in assessment part 1h.

Religion

This should specify the parent/s' religion and state whether they are practising or non-practising. It should include information that reflects the parent/s' experiences of their official religion and what that means for them as a lived religion. Do they actively engage in and participate in religious ceremonies and rituals, and have they been formally admitted to a religion through any ceremony, and if so which? Where more detailed information needs to be presented about their religious identity, this should be explored in assessment part 1h.

Disability or neurodiversity

This should include any formal diagnosis of disability or neurodiversity, and specify any adaptations needed for completion of the assessment. Where more detailed information needs to be presented about the parent/s' diagnosis, this should be explored in assessment part 1h.

1e) Genogram

Include a genogram to provide essential information about the child and the carer's family, and identify the relationship between the two. Where needed, include two genograms, and describe the relationship between the two.

For the purposes of completion of this assessment form, the genogram should contain a minimum of three generations, i.e. the child, their parents and their grandparents' generations. The genogram should include relevant and significant people.

For the purposes of broader assessment work, you may wish to complete a fuller genogram, but this does not need to be included in Form K, as it is important that this is proportionate and reasonable.

1f) Introduction to the child and their history

The child's voice should be amplified throughout the assessment, starting here with a summary of why they need to be cared for, their wishes and feelings, and their needs. It is essential that this section captures what is important to them so that they are held in mind as the assessment is completed and when the assessment is read by those who are making decisions about their future care.

The assessing social worker should do their best to ensure they have this information from the outset of the assessment, and ensure they remain up to date if their wishes, feelings or needs change.

Where there is more than one child, use sub-headings to ensure the individual wishes, feelings and needs of each child are separate and clearly articulated.

Photo and physical description

A photo and physical description are a requirement of the special guardianship order Schedule, unless a

child specifically does not want their photo shared or there are safety reasons why it is not advised. Including a photo also ensures that the child can be held in mind by those who will be reading the assessment and making decisions about their future care.

Reasons and context for assessment

This can include care planning decisions already made and might include, for example, court or panel timescales. It might also include some brief background about who else in the child's family is being assessed, or why this prospective carer is being assessed instead of other family members, where relevant. It might include specific circumstances that are relevant to the carer, for example, holiday or work commitments that impacted on completion of the assessment. It can be any relevant information that explains the broader context in which the assessment was completed, to reflect the acknowledgement that kinship care is a unique situation, and is often unplanned and crisis-driven.

This section should not be used to discuss any issues with team capacity or allocation of the assessment.

Wishes and feelings

Include the child's directly reported wishes and feelings, including a summary of any direct work completed by the child's social worker, by the assessing social worker or by any other professionals, to listen to their views. It should also include any observations of their behaviour that communicates their feelings, for example, joy at seeing the carer, receiving comfort from the carer, or talking about their carer to their teacher. Observations of their behaviour or wishes and feelings may be reported from other professionals or family members in the network.

Brief history of the child's experiences, including loss, trauma and harm

This should capture a summary of why the child can no longer live at home with their parent/s or previous carer. It should also include a summary of any trauma, abuse or loss they have experienced, including if they have experienced changes of primary carer and transitions between cultures. Include a brief summary of how they came to live with the carer, if they are already in their care.

This section should not be cut and pasted from the chronology or social work statement.

Summary of any specific needs, including identity, health and education

This section should capture a sense of what is important to know about the child, based on what is important to them. It may include further information about their identity, such as regarding their religion, gender, ethnicity, or culture, and how these identity needs are reflected in the norms, traditions, beliefs, values and behaviours that are important to them. It may include specific health, educational or emotional and behavioural needs. It may include specific information about relationships they have with people who are important to them, for example, with siblings.

Where possible, this information should be based on work undertaken with the child, potentially by their social worker, to get to know them and their needs, and therefore should be individual to this child. It should not just be a subjective description from an adult perspective, using blanket terms and non-specific descriptions.

Their personality, likes and dislikes

It may include information about interests or hobbies that are important to them, or particular likes and dislikes.

Where possible, this information should be based on work undertaken with the child, potentially by their social worker, to get to know them and their needs, and therefore should be individual to this child. It should not just be a subjective description from an adult perspective, using blanket terms and non-specific descriptions.

1g) Introduction to the carer/s and their relationship with the child/ren

There is an information sheet for kinship carers that includes some brief information about Form K. This should be shared with them as part of the assessment, together with a blank copy of the form. You may wish to add additional information about your local structures and services.

Photo and physical description

A photo and physical description are a requirement of the special guardianship order Schedule, unless a carer specifically does not want their photo shared. The photo should be of the carer alone.

The nature and meaning of their pre-existing relationship with the child

This should include information about the child and the carer's relationship, and what this means to each of them. It should be rich in meaning and emotional significance, to ensure that the meaning for the child to live with someone they likely already know and love is clearly understood. This might include a brief summary of what role the prospective carer has played in the child's life to date. Where there has been less of a direct relationship between the child and prospective carer, describe the connection and why it is meaningful to the child and the wider family.

Specify whether the carer is temporarily approved as their kinship foster carer.

Their wishes and feelings about being a kinship carer, including motivation

This should include information about why they wish to care for the child, and a summary of their motivation and commitment.

Their identity, personality and interests

This should be a brief summary, where possible provided by the carer themselves. The carer should be encouraged to think about how others would describe them to help them think about how to describe their identity, personality and interests for the assessment. It is important that this section is not based on assumptions or the assessing social worker's own judgements or evaluations of their identity or personality. This section might therefore start with 'The carer describes themselves as' and continue in their words.

Their experience of the assessment process and information shared

How has the carer experienced the process of being assessed? Include whether there have been any positives, for example, increased their understanding of the child's needs, or helped them understand the types of kinship care and legal orders.

1h) Introduction to the parent/s

If there are more than two parents, and sibling groups with different parents, use sub-headings and underline, to make the nature of the relationships clear and the information separate.

Form K is not designed for any specific sections to be completed separately by the child's social worker. However, you need to have sufficient information about the child's parent/s to complete this section, either from discussions with the child's social worker or by them providing you with this information in writing. According to your local structures and systems, this will vary from one local authority to another, but we would suggest accessing information from discussions, review meetings, court documents and other review mechanisms.

There is an information sheet for parents that includes some brief information about Form K. This should be shared with them as part of the assessment, either directly from the assessing social worker or via the child's social worker.

Photo (if available) and physical description

A photo and physical description are a requirement of the special guardianship order Schedule, unless a parent specifically does not want their photo shared or there is not one available. The photo should be of the parent alone.

Summary of parents' relationship and brief history of parenting the child

This should be a summary of the nature of the relationship/s between parents, as the specifics of whether they are living together, married or in a civil partnership should be included in 1d. This may include descriptions of periods when a child lived with either or both parents, or when children in a sibling group lived with different parents. It should capture the parent/s' role in the child's life.

If paternity is unknown, detail what information is known and steps taken to establish paternity

Where relevant – provide as much detail as possible.

Their identity, personality and interests

This should be a brief summary, where possible provided by the parent/s themselves. The parent should be encouraged to think about how others would describe them to help them think about how to describe their identity, personality and interests. This section might therefore start with 'The parent describes themselves as' and continue in their words.

Their wishes and feelings about the prospective kinship arrangement

This should include both their wishes and feelings about their child living with the prospective carer but also their views on potential orders, including special guardianship and child arrangements orders. The dates that their wishes and feelings were ascertained must be recorded here.

It is important that this section captures brief but significant information about the parents' wishes, feelings, hopes for the future, role and relationship. This should include wishes and feelings around the child's identity, for example, their religion, diet, cultural norms and other important identity factors.

The nature of their relationship with the prospective kinship carer

This should describe the nature of the relationship between the parent and prospective carer. It should state the nature of the familial relationship, e.g. sibling, child, cousin, or any other type of relationship, e.g. family friend.

Summary of any specific risks posed to the child (cross referenced with assessments or court papers, as appropriate)

This should include the summary of the social work assessments of any risks they pose. Where possible, cross reference to other documents or court papers rather than unnecessarily repeating information contained elsewhere. You could include a pertinent quote but do not cut and paste large quantities from other documents.

1i) Details of any children or other adults in the household

If there is more than one child or adult in the household, duplicate part 1i as required.

Relationship to the carer

This should describe the nature of the relationship between the household member and prospective carer.

Ethnicity

See section on ethnicity in 1a above.

Ethnic heritage

It is recognised that these ethnic groups do not represent how all people identify. Use this box to describe a household member's ethnic heritage in their own words.

Linguistic heritage and language spoken at home

Identify the household member's first language, any other languages they use in daily living or have experienced in the past. This should include as many languages as are spoken.

Gender

This should be self-defined, and should be correctly recorded throughout the report.

Religion

This should specify the household member's religion and state whether they are practising or non-practising. It should include information that reflects the household member's experiences of their official religion and what that means for them as a lived religion.

Checks completed regarding any adults in the household will be detailed in part 3.

1j) Child/ren's health and education history

It is essential that information about a child's current and future educational and health needs is included in Section 2f.

This section is factual information about a child's health history, e.g. operations, periods of ill health, immunisations (if relevant), and any hereditary disease or disability, that may not have been included.

This section is factual information about a child's educational history and should include names, addresses and dates of all educational settings, including nurseries, schools or colleges.

1k) Parental health, education and employment history

For each parent, include details of any physical and mental health treatment/support/interventions. Ensure that there is information about any genetic conditions, where relevant.

Include a brief chronology of their education and employment histories.

1l) Work undertaken to complete assessment

This section should include:

- Dates of visits completed, who was seen on each occasion (including observations of the child with the carer), and any cancellations and by whom.
- Dates of direct work with the child, including dates when their wishes and feelings about contact/family time were ascertained. State who completed the direct work and their relationship to the child. Also include details of any life story work completed with the child, including conversations with them to help them understand their situation and the decisions being made about their future care.
- Dates and decisions of any family-based decision-making meetings, such as Family Group Conferences (FGCs) or other family meetings.
- State what documents have been read, meetings attended, referees interviewed, discussions with other professionals and family members, referee interviews, collaboration with the child's social worker, or any other social worker involved with the family, e.g. the supervising social worker where this is different to the assessing social worker.
- Summarise any discussion with the child's Cafcass Guardian, including their view on the kinship care arrangement if known.
- State whether the court has given permission for documents to be shared with the carer, and therefore which documents the carer has read. The court needs to agree for carers to read legal documents that are considered the property of the court, such as the social work statement or court chronology, but there may be an internal local authority chronology or assessments about the child that you are able to share. You can seek permission of the court for the carer to formally have court documents disclosed to them.
- The assessment report should be shared with the carer prior to filing or being submitted to the panel. Family court procedures allow the assessment to be shared, as a carer's views form part of the preparation process and therefore are acceptable.
- You should remind families that they can request access to their files from the local authority.

1m) Recommendation

This section should make clear whether you are recommending full approval as a kinship foster carer in the short or long term, and/or the making of a special guardianship order, or the making of a child arrangements order. You should include a very brief and succinct reason only. You will have the opportunity to write a more detailed summary of analysis, strengths and vulnerabilities and what this

means for the child in 2l. Do not cut and paste 2l here.

It should state clearly if you are unable to make a positive recommendation, and why support cannot mitigate the assessed risks.

It should include the carer's views on the recommendation being made, including where the carer does not agree with your recommendation and why. It should include brief reference to whether they have had legal advice, and their understanding of the order being recommended. It could also include whether the carer has discussed the recommendation with the child. There is an opportunity for the carer to add their comments on the assessment itself in 2n.

The summary of support needs should just capture any specific support needs that are significant in mitigating assessed risks or vulnerabilities, as the detail of the support plan will be included in Part 3. It should therefore include any support needs that are integral to the recommendation, and those that if they were not stated here, would result in a reader feeling uncertain about the recommendation.

This section could include the Cafcass Guardian's and the Independent Reviewing Officer's views of the care plan if they are involved and if their view is already known.

Part 2: Assessment information and analysis

If there is more than one carer, you may choose to create a sub-heading for each carer within the initial part of each section, to differentiate their information, but the analysis needs to consider joint strengths and vulnerabilities.

The completion of a chronology could be useful in helping the carer to identify key events in their life. This can include births and deaths of family members, significant health events, relationships, changes of address and schools, for example. This chronology does not need to be included in the final report but can help highlight any significant gaps in information that can then be explored with the carer.

Ensure any referencing of support needs is specific and realistic and not generalised or generic. The need for support should not be taken as a reason for not supporting the arrangement, and therefore you should not shy away from detailing whatever support will be needed. You should also identify unmet support needs as this will inform the support plan at the end of the assessment. Each support section should be completed regardless of whether support needs have been identified or not.

Form K is not designed for any specific sections to be completed separately by the child's social worker. You will need to develop an understanding of the child's needs to be able to analyse a carer's capacity to meet those needs. According to your local structures and systems, this will vary from one local authority to another, but we would suggest accessing information from discussions, review meetings, court documents and other review mechanisms. You will also need to ensure that you have sight of any other reports/assessments that are written about the child during care proceedings, before you can complete your assessment. If necessary, you may need to file a brief update after having had sight of these, e.g. a sibling assessment, a psychological assessment or a finding of fact. If there are issues with court timescales, you could request a later filing date, or file an update and state your original assessment is incomplete, without having considered the other assessments about the child or their situation, being clear about the reasons why this is the case.

Assessment of the prospective carers should be proportionate and relevant. Remember they are being assessed to care for the specific child or children, not any child. The identities of both carer and child, and what is important to them should be a golden thread throughout the assessment. An assessment should be strengths-based, trauma-informed and culturally sensitive. Form K is designed to enable kinship carers to understand why information is needed, and should be used as a relationship-based assessment process, that supports the carer's journey towards becoming a kinship carer, or towards an understanding of why that is not being recommended.

2a) How have the carer/s' experiences influenced the person they are now – childhood

Include:

- Details of parents, siblings with their ages or ages at death (information from AH1 health form completed by carer if available).
- Experience of being parented – to include current/most recent relationship with parent/s/step parent/s/significant others who were involved in their parenting.
- Significant experiences in childhood and teenage years.
- Consider only relevant information needed if prospective carer is care-experienced, and remember a trauma-informed approach. Only consider verifying information if it pertains to the current assessment, e.g. they are still in contact with someone who is alleged to have harmed them.

Analysis – how might this influence their care of the child/ren?

- How have these experiences influenced the person they are now and why is this relevant to their capacity to care for the child? Are they able to reflect on their experiences and recognise the impact of any adverse experiences, and how this could impact on their capacity to care for the child?
- This section requires information about significant experiences, with the focus being on the analysis rather than a purely descriptive account of their childhood.
- What have they learned? What values do they have that are similar or different from their parents?
- What are the important relationships within their family and are these enduring?

What support might be needed?

Include any support that might be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant or needed, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2b) How have the carer/s' experiences influenced the person they are now – adulthood and caring for children

Include:

- Significant experiences in adulthood, such as significant successes or positive experiences, challenges, losses or trauma.

- Experience of parenting own children. Include any relevant information about drug or alcohol use that has impacted on this.
- Other experiences of caring for children – if it provides additional relevant information or if the carer does not have their own children.
- Any previous assessment to be a foster carer/kinship carer/adopter – include details of any termination of approval as a foster carer (Part 3, 26(2)(d) Fostering Regulations).
- Information about previous convictions – to include risk assessment if a positive DBS is returned and analysis of the impact on the carer's ability to care for the child. Consider the age of the carer at the time of the offence and the nature of the offence. Each local authority should have their own risk assessment format.
- Previous involvement with social services – are they known to the local authority that they are living in/other local authority that they have lived in? If the prospective carer lives in a different local authority to the child, contact that local authority for information. Only consider relevant information relating to their parenting experience, rather than needing to access records relating to them as a child unless it is particularly significant to their likely capacity to care for a child.
- Information from check/reference with health visitor, if applicable.

Analysis – how might this influence their care of the child/ren?

- What have they learned from being a parent or carer? Is there anything that they would do differently when caring for this child? The focus needs to be on their capacity to care for this child, both now and into the future.
- What understanding do they have of child development and the impact of loss and trauma?
- How do they play and interact with children? What routines and boundaries would they consider?
- How do they manage different approaches or differences of opinion when it comes to parenting?

What support might be needed?

Include any support that might be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2c) How have the carer/s' experiences influenced the person they are now – adult relationships

Include:

- Dates and place of marriage/civil partnership/significant relationships. These may be significant friendships as well as intimate relationships.
- If the prospective carer is in a relationship but wishes to be considered as a sole carer, explain the reasons for this. Explore the impact that this will have on their care of the child, explore the role that the non-carer partner will have and how this will be managed.
- Reference from ex-partner if relevant and if doing so will not compromise the carer's safety – see section 3 below.
- How stress is managed within the relationship and how caring for the child will be accommodated, including impact on lifestyle and future plans (e.g. future children or retirement).

Analysis – how might this influence their care of the child/ren?

- What are the strengths and vulnerabilities of the current relationship and how will they adapt to caring for the child? How do they support one another?
- If a single carer, are they able to reflect on past relationships and what they have learned? For example, the ability to safeguard a child if there was domestic abuse in a previous relationship.
- If the carer is single, would they consider a new relationship? How would caring for the child impact on a new relationship in the future?
- Being a single carer should not be seen as a disadvantage, but the impact of caring for a child on their own needs to be considered.

What support might be needed?

Include any support that might be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2d) How have the carer/s' experiences influenced the person they are now – education and employment

Include:

- Relevant qualifications and experience – including their current employment. The impact of caring for the child on their employment should be considered at Section 2j.
- How has their experience affected their attitude to learning/education/employment? Their attitude is more relevant than a detailed account of their school experiences.
- Evidence of involvement with their own children's education settings provided by references.

Analysis – how might this influence their care of the child/ren?

- How would they advocate for a child in their care around their educational needs?
- What hopes do they have for the child's future education and employment?

What support might be needed?

Include any support that might be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2e) How will the carer/s' health and lifestyle influence their care of the child/ren?

Include:

- Details of any medical reports received, to include GP report, and, if available, comments from agency medical adviser. Comments should not be edited, interpreted or summarised.
- Specifically cross-reference whether a medical check has been received and whether there are any additional reports included from specialists or consultants.
- If the medical report is delayed, once received you will need to update the assessment. You will need to add the information included in the medical report, comments from the agency medical adviser and your analysis. Your assessment is incomplete without a medical report.
- Are there any changes that need to be made in terms of health and lifestyle?

Analysis – how might this influence their care of the child/ren?

- How will the carer look after their own health, both physical and emotional? How will they make time for themselves?
- How will any significant health factors be managed?

What support might be needed?

Include any support that might be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2f) How will the carer/s meet the child/ren's needs throughout childhood, into young adulthood and beyond?

If there is more than one child, create sub-headings for each child in each of the boxes in 2f (identity, social, emotional and behavioural, health, education, and safety). Do not duplicate section 2f for each individual child, because the analysis needs to provide an overview of the carer's capacity to meet all the children's needs. For readability, it is easier to read and understand each need for each child, together in one section.

The child's wishes and feelings should be considered and referenced throughout this section in order to demonstrate the carer's capacity to meet their needs.

All of this section should be informed by observations of the child and carer together. Observations from other sources can also be valuable, including nursery/teachers/contact workers who may observe the carer and the child together.

You will need to obtain information from the child's social worker, including in the legal bundle, and discussions, review meetings and with sight of any other assessment reports regarding the child being filed within proceedings.

Identity

A child's identity needs are fundamental in exploring how their wider needs can be met, and therefore their carer's capacity to meet these needs. Social workers should take an approach that is child-led, and goes beyond the traditional understandings of identity categories. This approach should capture layers within the concept of "identity", recognise change and amplify children's voices (Cheruvallil-Contractor *et al*, 2024).

It is important to consider how a carer can support a child's developing sense of who they are and what is important to them in the world around them. This will become the basis of self-esteem and identity (Cheruvallil-Contractor *et al*, 2024). Carers will need to be able to encourage a child's exploration of different layers in their identity, how they think, feel and relate to different aspects of their identity, how they think about their identities in different contexts and with different people. Assessments should therefore recognise that a child's identity may change. The assessing social worker needs to do their best to capture what are significant aspects of their identity right now, and how the carer can meet these needs, but also consider how their identity needs might change in time.

Include:

- Describe the child's view of their identity and what is important to them in the world around them. Include information about any disability or neurodiversity; their social class; culture; their ethnicity; their language; their religion; their sex; and their gender identity and sexual orientation, if appropriate.
- Reflect on what this means for the child and the people around them, and include the wishes and views of their parents and other people who are significant to them. For example, be specific about a parent's wishes regarding religion, language use and cultural traditions, beliefs and norms.

Social, emotional and behavioural needs

- Include the carer's understanding of what has happened to the child, and their life story.
- Consider the impact that loss and trauma are having on the child's well-being, behaviour, how they present with others, both children and adults, and the carer's understanding of this.
- Consider the extent to which the carer understands how the child communicates their needs, as this may be through internalising or externalising behaviours as well through direct communication.

Health needs

- Summarise the child's current health needs, including any mental health needs. This should include any developmental needs, and consideration of any likely future needs.
- Consider the carer's understanding of these needs.

Educational needs

- Include whether the child has an Education, Health and Care Plan or additional educational needs, and the carer's understanding of these needs and plans.
- Summarise the child's social and leisure activities and the carer's understanding of the importance of these.

Safety

- Include the carer's understanding of the harm the child has experienced, and their understanding and acknowledgement of family members' role in the harm caused.
- Include the carer's understanding of the need to safeguard the child, both now and in the future.

Analysis – how might this influence their care of the child/ren?

- How are you able to demonstrate that the carer has the capacity to meet the child's current and future needs?
- Be specific about the carer's capacity to meet the child's identity needs. Do not make assumptions because they are family or share some identity features.
- Evidence how a carer can meet all features of a child's identity, including from their maternal and paternal family.
- Explore the carer's capacity to challenge any type of discrimination, and relate this to a child's identity, including how their identity needs may change. For example, you may need to consider racism, sexism, homophobia, transphobia, ableism, or faith discrimination.
- Regardless of the child's identity, also explore the carer's capacity to be an ally, to educate the child about equality and challenge discrimination more broadly. Can the carer demonstrate an ability to be open-minded, and be open to challenge?

- How confident are you that the carer can support the child's understanding of their life story, including why they are not able to live with their parents? Does the carer feel angry, mistrusting, guilty or ashamed or experience other difficult feelings that may be a barrier to this?
- What hopes and expectations does the carer have for the child's future?
- Evidence a carer's capacity to meet a child's health needs, both practically and emotionally.
- Evidence a carer's capacity to meet a child's educational needs, both practically and emotionally. Consider their confidence in engaging with educational professionals and advocating on the child's behalf when needed.
- Explore a carer's capacity to prioritise the safety of the child over their relationship with and feelings towards those who caused the harm. Can they recognise the harm that has happened? Will their relationship with the child and their motivation to protect them enable them to be protective?
- Is the carer able to recognise the importance of protecting the child from adult conversations about their experiences or needs?
- Consider a carer's capacity to provide therapeutic parenting, and recognise that their parenting style may need to change.
- Have the carer's views changed about the child's needs as they have learned more about their experiences?
- Is the carer able to be reflective and has the carer demonstrated a willingness to learn?

What support might be needed?

Include any support that might be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2g) Describe family relationships both within the home and with wider family members

It is important to consider family relationships in the whole context of the family system and not just a child's time spent with parents and/or siblings. It is important to consider who is important to the child, what those relationships mean to them, and how these connections can be maintained and supported. Ask the child and the carer how they would like to refer to family time/contact/maintaining connections and use that language throughout this section.

Include:

Relationships within the family and in the home

- What direct conversations have taken place with household members about the child's situation, about joining the household and about the parents?
- How have family relationships changed? Are they better or worse than previously? Has there been any conflict and if so, how has this been resolved?
- Views of other members of the household and wider family in relation to the proposed special guardianship order, or other long-term planning for the child.

Important people to the child

- Identify who are important people to the child. This may be parents/siblings/other family members/friends/significant adults.
- What are the child's expressed views about who is important to them and their current contact/family time arrangements? Do observations of their behaviour support their expressed views?
- How often does the child see or speak to important people? Will this change or has this changed since living with the carer?
- Current contact/family time arrangements – how often does the child see their parents, their siblings and other important people?
- What are the parents' views on current contact/family time arrangements?
- Impact of contact/family arrangements on parent's safety, e.g. where a parent has experienced domestic abuse, will plans compromise their safety?
- What are the carer's views about the frequency? Have they noticed any changes for the child after spending time with important people?
- How has the carer managed to have a role in supporting the child's parent whilst prioritising and protecting the child? Have they kept the child safe? Have they managed practical arrangements, or have there been challenges? How have any challenges been resolved?

Future plans

- What are the child's wishes and feelings about future plans? The child's wishes and feelings will change over time so be specific about the date on which their views were ascertained. It is an opportunity to consider future needs and to help the prospective carer think about how needs may change.
- What are the parents' wishes and feelings about proposed future contact/family time arrangements?
- Contact and family time can include various ways for children to stay connected, so think about all ways to maintain connections, including ways to nurture or repair the relationships.

Analysis – how will this influence their care of the child/ren?

- Consider the impact on the child and the carer of current and proposed future arrangements, and evidence the carer's capacity to support important relationships for the child.
- What is the carer's capacity to understand the purpose and meaning of family time/contact?
- Is the carer able to protect the child from family members if necessary?
- How is the carer able to manage the relationship with the child's parents and how has this changed?
- What is the impact on wider family relationships, including those in the home?
- How does the carer feel about the possibility of not being able to offer the same level of support to the parents? Do they need to create physical or psychological distance within their relationship with the parent?

What support might be needed?

Include any support that might be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2h) How will the carer/s' financial situation be affected by caring for child/ren?

Include:

- The level of assessment required to inform your analysis will be dependent on your local financial policy.
- For example, if your local authority conducts a means test to decide eligibility for an allowance, you will need to complete a detailed financial assessment, using your own local paperwork and procedures.
- If your local authority does not require a means test, you will need to gather sufficient financial information to analyse the stability and surety of their financial situation, e.g. viewing their bank statement and discussing debts.

Analysis – how will this influence their care of the child/ren?

- What impact will caring for the child have on the carer's financial situation, both in the short and longer term?

What support might be needed?

Include any support that will be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2i) How will the carer/s' housing be affected by caring for the child/ren?

Include:

- Practical considerations regarding housing, e.g. any modifications needed.
- If the home is overcrowded, be clear about whether the family would need to move house and what support they would need in order to achieve this.
- Local resources and amenities – what access is there to schools? How far away are they? How would the carer get the child to the school? Include availability of GP/dentist/optician and of local clubs/playgroups. Are there good public transport links to other resources if these are not local, or does the carer have a large enough car?
- Complete a health and safety checklist for fostering approval and include any significant recommendations in this section.

Analysis – how will this influence their care of the child?

- Consider the impact on the whole household when thinking about housing – overcrowding is known to be a significant stressor in kinship arrangements.
- Be clear and realistic about what is available from the local authority to enable a move to a larger property or for any modifications to be made.
- Be clear about the likely impact on the child, and whether on balance the housing situation is adequate in the short and long term.
- Include the accessibility of resources and amenities needed by the child, and whether the carers will need to travel and/or make new arrangements for the child either in the short or longer term.

What support will be needed?

Include any support that might be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2j) How will the carer/s' household and work commitments be managed whilst caring for the child/ren?

Include:

- Practical considerations of the needs of other children, for example, school runs/activities.
- Other caring commitments that need to be taken into account.
- What is their current working pattern and will this need to change?
- Information from the employer reference, as this is relevant to the likely impact caring for the child will have on their current employment.
- Is the carer's employer aware and supportive, e.g. can the carer take unpaid time off if needed or work flexibly?

Analysis – how might this influence their care of the child/ren?

- What adjustments will need to be made if the child joins the household, and how will these be managed?
- What will the impact be of any changes? e.g. if the carer has other caring commitments, who will take over these?

What support might be needed?

Include any support that might be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2k) How will important people in the carer/s' life and wider community be able to support them in their care of the child/ren?

Include:

- Who from the carer's life is most helpful when they need support? Be explicit about whether this support is emotional and/or practical.
- Who is giving them support now? How?
- Who can provide natural breaks from caring?
- Contingency planning – who would be able to offer support if the carer was not able to continue caring for the child for any reason? Have they considered an alternative carer? What relationship do they have with the child? How would their relationship need to develop in order for this to become feasible? What conversations have they had about this?
- How has the carer experienced the support and interventions from professionals and practitioners?
- What are the carer's views and willingness to access local and national training and support?

Analysis – how might this influence their care of the child/ren?

- How realistic are these support ideas? Have discussions taken place about putting it into action?
- Have these support networks been tested at other times in the carer's life?
- What understanding do important people have of the child's experiences and needs, and would this change their offer to support?
- What does information from personal references provide to corroborate the carer's views?
- What is the carer's capacity to seek, accept and engage in support from within their personal support network but also from professionals?
- What is the carer's capacity to reflect and learn, and apply this to the task of caring for a child?

What support might be needed?

Include any support that might be needed to mitigate any assessed vulnerabilities or risks identified through your analysis. Include, where relevant, the purpose of the identified support. There will be an opportunity to detail the specifics of the support (who, what, when) in Form K – Support Plan.

2l) Summary of analysis – strengths, vulnerabilities and meaning for the child

This section should be bullet points as a summary of key themes or issues. It serves as a summary rather than a word for word repeat of information included earlier. You should not introduce new information that has not been included elsewhere. It can include the views or wishes of the child and other family members, including parents and other people important to the child.

The support needs that relate to the strengths and vulnerabilities outlined in this section should be set out in Form K – Support Plan.
Include:

- What weight has been given to the child's wishes and feelings? Be explicit and state reasons if their wishes and feelings have not been able to be acted upon, or prioritised for some reason.
- Articulate the significance of the pre-existing relationship between the child and carer, and the meaning for the child to live with someone they already know, love and trust. Has the significance changed during the course of the assessment, for either the child or the carer?
- Articulate the significance of the carer's motivation and commitment. Has this changed during the assessment process as they have learnt more about the child's experiences and needs?
- Consider the significance of changing family relationships and the child's experience of these. Do family relationships impact on the child's understanding of their family? Consider the extent to which the carer is able to protect the child from difficult family relationships and maintain connections with people important to the child.

2m) Recommendation

Include:

- Consideration of the context of the assessment, e.g. the child has been living with the carer for three months already, and therefore weight should be given to this fact in coming to the recommendation. Context may include the age of the child, or number of placements, their wishes – this should be a brief summary but highlight how these issues/facts have been balanced in the analysis.

- Consider the different options for permanence and explain why this particular option is being recommended.
- If the recommendation is for a special guardianship order, set out the implications for the child, proposed special guardian and the child's parents.

2n) Prospective kinship carer/s' comments on the assessment

Has the carer read the assessment before filing or submission to the panel? Record their views about the factual accuracy of the report and the assessment itself.

2o) Team manager comments

This should contain a brief summary of the supervising manager's comments about the assessment itself and on the recommendation made.

2p) Signatures

If a child's social worker has written a significant part of the report, their signature should be included in this section.

2q) Social worker's relevant qualifications and experience

This section clarifies that the social worker undertaking the kinship assessment has the necessary qualifications and experience. Include information that is relevant only. If both the assessing social worker and child's social worker have contributed to the assessment report, both should provide this information.

> ***The Fostering Services National Minimum Standards 2011 (23.6) require that any person 'involved in assessing the suitability of persons to be foster carers are social workers, have experience of foster care and family placement work and are trained in assessment. Social work students and social workers who do not have relevant experience only carry out assessments under the supervision of an appropriately experienced social worker, who takes responsibility for the assessment.'***
>
> ***Although not stated as a requirement for special guardianship assessments, there is no reason to think that it is appropriate for a less experienced or less competent social worker to be responsible for these assessments.***

Part 3: Checks and references

If there is more than one carer or adult household member, insert additional rows as required, to provide information about each check undertaken for each person, e.g. insert the number of rows required for the number of DBS checks undertaken.

This section includes factual and essential checks and references. Please refer to *Undertaking checks and references in fostering and adoption assessments* for more information.

The purpose of checks and references is to triangulate assessment information to ensure that assessments of prospective carers are not based on self-reporting only, and to identify potential support needs that may be difficult for a prospective carer to share. The information from completion of checks and references should be included in the relevant section of Part 2. This section should contain the basic details of which checks and references have been completed, about whom, and

when.

Statutory and background checks	Fostering approval	SGO
DBS	Yes	Best practice
Local authority records	Yes	Best practice
Medical report	Yes	Yes
Nursery/school/college	Yes	Yes
Employer	Yes	Yes
Home visit	Yes	Yes
Health and safety	Best practice	Best practice
Other, e.g. health visitor, probation service,	Best practice and if applicable	Best practice and if applicable

Disclosure and Barring Service check

A Disclosure and Barring Service (DBS) check must be completed for any adults over 18 living in the household in order to meet Fostering Regulations. Whilst the law does not require DBS checks for a special guardianship order or child arrangements order to be made, it is essential that DBS checks are still completed for all kinship assessments.

State the names of any adults who have completed a DBS check, date of return, and a very brief summary of the information, for example, 'no offences recorded' or 'positive DBS risk assessment completed – see assessment section 2b'.

DBS checks will not cover any periods of living overseas. You may be able to obtain a 'Certificate of Good Character' or similar from the consulate or police service in the relevant country.

Local authority records

Checks must be made of local authority records where a prospective carer lives. It is best practice to also complete checks of local authorities where a prospective carer has previously lived. Local policy on completion of checks and references should set this out. More information and advice can be found in *Undertaking checks and references in fostering and adoption assessments.*

State details of which local authorities have been contacted, about whom and dates. Include a very brief summary of the information, for example, 'not known' or 'known to local authority as a parent of a child in need – see assessment section 2b'.

Medical report

A medical report about a prospective carer is required for all kinship assessments. It is best practice that this report is provided by a fostering service medical adviser or an equivalent health professional with a good understanding of the complexity of kinship care.

State the name of any adult in the household who may have significant caring responsibilities for the child who has undergone a medical check, date completed and a very brief summary of the

information. For example, ‘no significant health needs’ or ‘health needs – see assessment section 2e’.

Nursery/school/college

A check with a nursery, school or college may be completed when the prospective carer has a nursery or school age child – either their own child as part of your assessment of their parenting experiences or the child requiring care, if they are already in their care.

State the name of which child, and the details of the nursery, school or college. Include a very brief summary of the information and refer to the relevant assessment section if more information has been detailed elsewhere in the report.

Employer

It is best practice to complete an employer check for all kinship assessments. Voluntary work should be considered in the same way as paid employment. If the prospective carer works with children or vulnerable adults, you may wish to seek more detailed information. If the prospective carer previously worked with children or vulnerable adults, you may wish to also contact them.

State the name of the employed adult, details of their employer and date the check was completed. Include a very brief summary of the information and refer to the assessment section 2d if more information has been detailed elsewhere in the report.

Home visit

A home visit is required by a social worker for all kinship assessments and therefore you must provide a date of a particular home visit that meets this requirement.

State date and include a very brief summary of information, for example, ‘no concerns’ or ‘support required – see assessment section 2i’.

Health and safety

Completion of a health and safety check is best practice for all kinship assessments.

State the date completed and include a very brief summary of information, for example, ‘no concerns’ or ‘support required – see assessment section 2i’.

Other (specify)

This could include a range of other checks that may have been completed, for example, probation service, or other services supporting the prospective carer or their children.

A check with a health visitor may be completed when the prospective carer has a child pre-school age – either their own child as part of your assessment of their parenting experiences, or the child requiring care, if they are already in their care.

State the name of which child, and the details of the health visitor. Include a very brief summary of the information and refer to the relevant assessment section if more information has been detailed elsewhere in the report.

State the date completed, name of service or agency, and about whom. Include a very brief summary of the information and refer to the relevant assessment section if more information has been detailed

elsewhere in the report.

Some local authorities complete social media checks about kinship carers, as this is common practice as part of assessments of prospective foster carers or adopters. CoramBAAF is consulting with members, and local policy should determine practice in your area. When deciding your local policy for social media checks on kinship carers, there are questions to tease out around proportionality, the value and analysis of any information gained, privacy and ethics given the different context of kinship care, whether kinship carers could meaningfully consent given the context/process of assessment, and fear of the consequences if they did not consent.

References

Personal references are required for all kinship assessments. The special guardianship order regulations require three personal references to be completed, whilst fostering regulations require two; although local policy often requires more than this. Personal referees may also include adult children of prospective carers, but good practice suggests this should be in addition to other personal referees.

State the referee's relationship to the prospective carer, date interviewed and a brief summary of the information and weight given to it. 'Weight given' to a reference means consideration of the value of the information given to the reference, whether it is consistent with other information gathered and in the context of how the referee knows the carer.

It is best practice to seek references from any ex-partners of prospective kinship carers, particularly if they have parented children together, or it was a significant relationship.

It is not ethical to seek ex-partner references if a prospective carer has described a domestically abusive relationship, whether they parented children together or not. The decision not to seek an ex-partner reference in this scenario needs to be stated in assessment section 2c.

A written report of referee interviews is required by law to meet both fostering and special guardianship order regulations, and must be kept on record and viewed by parties if required. These should not be included in Form K.

Kinship Care Assessment (Form K) England - Support Plan

Type of support plan

The support plan is required for a Form K assessment to be complete. Research consistently identifies significant gaps in support provided to kinship families, and kinship carers experience varying levels of support. As support needs may vary at different stages of care planning for a child, the support plan needs to be reviewed at different stages through a child's and kinship carer's journey. It can and should be used in all of these scenarios:

- as a kinship fostering support plan
- as an interim special guardianship support plan
- as a special guardianship support plan
- as a kinship support plan

For example, if Form K is completed while a kinship foster carer is temporarily approved under Regulation 24 (Care Planning, Placement and Case Review (England) Regulations 2010), it would be completed as a Kinship Fostering Support Plan and presented as part of panel paperwork to recommend their full approval. Once the final care plan for the child is known, the support plan will need to be updated accordingly as the support needs of the carer and child may be different, as the care plan is for permanence. It will then remain as a Kinship Fostering Support Plan if the child becomes subject of a care order, or a Special Guardianship Support Plan.

For example, if Form K is completed while a kinship foster carer is temporarily approved under Regulation 24, but the care plan is already special guardianship, it would be completed as an interim Special Guardianship Support Plan. It would then need to be updated at the point of filing final evidence, as the support needs of the carer and child may be different, as the care plan is for permanence.

For example, if Form K is completed about an informal kinship carer because the court has directed completion of a special guardianship assessment as part of a private application, it would be completed as a Special Guardianship Support Plan.

For example, if Form K is completed while a child is subject of a 'lives with' child arrangements order on an interim basis while care planning decisions are being made, it would be completed as a Kinship Support Plan. It may then require updating as a Special Guardianship Support Plan, once care planning decisions have been made.

Completion of support plan

The support plan should draw on the support needs that have been identified throughout the assessment. The assessing social worker needs to have a depth of understanding about the needs of the child to be able to state what support they may need. As the assessing social worker, they will have assessed the support needed by the carer. It is essential therefore that the support plan is completed collaboratively, according to local ways of working. CoramBAAF is aware that the responsibility for writing the support plan may sit with the child's social worker or the assessing social worker. Some local authorities may choose to hold a support planning meeting, involving the kinship carer, where support needs are discussed and agreed. Regardless of how or who completes the plan, it is essential that it relates to identified current and future need, and mitigates assessed risk and vulnerability.

It is essential that identification of likely future support needs is trauma-informed and based on assessment of the individual child's needs and their carer. It must be informed by understanding of the impact of adverse childhood experiences and understanding of likely future needs for a child who has experienced loss, disrupted attachments and trauma. It therefore must be meaningful and realistic, and not just state that a carer should access universal services.

If assessment suggests that a carer cannot safely care for a child, even with support, this should be clearly articulated in the analysis. In this scenario, it will be important to state that a support plan has not been completed and why.

According to the type of support plan being completed and the stage of care planning for the child, the information may be brief when initially completed. It is essential that the information is fully updated when it becomes a Special Guardianship Support Plan as this is likely to be a plan for permanence, and will need to reflect current and likely future support needs.

Placing and residing local authority

If the child will be living in a different local authority to where they lived at home with parents, consider this throughout the support plan, to ensure it is clear which local authority or NHS Trust is responsible and for how long. Currently, the local authority where a child lived with their parents when social services became involved is considered the "placing" local authority, and the local authority where they live with their kinship carers is the "residing" local authority.

If a child becomes the subject of a special guardianship order, the placing local authority is responsible for special guardianship support for three years post-order. It is essential to be clear about how a carer can contact their residing local authority three years post-order and any arrangements to transfer information to the residing local authority as required.

If a child is the subject of an interim care order or a care order, and lives with a kinship foster carer, the placing local authority remains responsible for support to them as a child in care, and for support and supervision of the kinship foster carers.

If a child becomes the subject of a "lives with" child arrangements order, the residing local authority is responsible for any kinship support. It is essential therefore that the Kinship Support Plan is written in conjunction with the residing local authority so that the kinship family and professionals are clear about what support is available and who is responsible.

SP1) Universal/general support available

This section should contain information about all universal or general support that will be available to the kinship family. Include:

- Details of any support groups provided by the local authority. Include details of how to join the support groups, and any details about location, dates, times, with any links to online information that may be available.
- Details of any general training courses available to kinship carers provided by the local authority, how to access them, with any links to online information that may be available.
- Details of any kinship support services provided by the local authority and how to access them, including any links to online information that may be available.

- Details of any relevant services provided by organisations such as Kinship, PAC-UK, Family Rights Group, Kinship Carers UK or Families in Harmony, including any links to online information that may be available.
- Details of local Early Help, Family Centres or Parenting Support Services, including eligibility criteria and referral processes.
- Details of local SENDIASS (Special Educational Needs and Disability Information Advice and Support Service) and any other disability groups.
- Details of local welfare rights, Citizen's Advice Bureau and any other community legal services.
- Frequency of visiting post approval or post order, and for how long.

Local authorities may wish to have some pre-prepared wording that reflects this universal support offer that can be used to complete this section. However, it is important to keep this regularly updated and under review.

For sections SP2 – SP10, please insert or delete rows as needed.

SP2) The child: identity

Include:

- Information about a child's cultural and ethnic heritage, and any support required to ensure their cultural and ethnic identity will be promoted. This may include food, skin and hair care, books, music, history, festivals, and any other cultural knowledge or practices.
- Information about a child's official and lived religion, and any support required to ensure that they can continue to celebrate any practices, festivities and celebrations related to their religion.
- Information about a child's sexual orientation or gender identity, where support is required.
- Information about a child's linguistic heritage and any support required to ensure that any languages spoken will continue. Include any support required to maintain connections with other family members or significant people who may speak different languages to the child.
- Information about any faith or culturally specific community groups.
- Information about a child's disability and any support required around their identity as a disabled child. There is an opportunity in SP4 to include any health needs arising from their disability.
- Whether the child has a passport and any support required to apply for one. Be specific about what support may be required from the local authority.
- Does the carer have a copy of the child's birth certificate or can a copy be ordered for them?

SP3) The child: social, emotional and behavioural needs

Include:

- Details of any current therapy or counselling, including any relevant funding arrangements.
- State whether the child is eligible for the Adoption and Special Guardianship Support Fund, including who the carer should contact in the future to request an application is made. Refer to any therapeutic interventions that you think might be needed in the future.
- Information regarding any type of life story materials, including a later life letter, memory box, photos or narrative.
- Information regarding how to access universal emotional and well-being services, such as school's well-being services, CAMHS and GP.

SP4) The child: health

Include:

- Details of the child's dentist and GP, including any upcoming appointments, and who will take the child.
- Details of any other health professionals involved, such as health visitor, school nurse, paediatrician, occupational therapist, physiotherapist, consultant and optician. Include any future appointments, and who will take the child.
- Information about any outstanding immunisations and any plans for these to be given to the child.
- Information about any continuing treatments or medications.
- Details of who has the child's Health Record ("red book").
- If the child is looked after, much of this information should be recorded on the child's Health Plan, and should be used to inform the support plan to ensure information is accurate and up to date.
- Any guidance or advice that has been provided by health professionals about how a child's health needs can best be met; for example, this might include recommended physiotherapy exercises, or styles of communicating with a child who is neurodiverse, or any nutritional or dietary advice.
- Details of any other specific health needs, including any equipment, adaptations or additional resources that may be required to ensure a child's health needs will be met. Include any funding implications where relevant, in particular if a child will be living in a different local authority to the placing local authority.
- Details of how to apply for Disability Living Allowance (DLA) and other disability benefits where relevant.

SP5) The child: education

Include:

- Information about a child's nursery, school or college, and contact details for any key adults in the educational setting, e.g. tutor, pastoral lead, key worker.
- Information about a child's learning needs or special educational needs and any support that is needed to meet these needs.
- Details of any Education, Health and Care Plan (EHCP) and date of review.
- Details of who has the child's Personal Educational Plan (PEP), where relevant.
- Details of any plans for the child to transfer schools.
- Details of any priority school admissions and who to contact with any questions about how to access the priority admission.
- Details of any extra-curricular or leisure activities.

SP6) The child: maintaining connections/contact and family relationships

Include:

- Details of any current arrangements for the child to spend time with family members. Include details, where relevant, about arrangements with parents and siblings. Also include wider family members, e.g. grandparents, cousins, aunts and uncles, and any other people who are important to the child.

- Be clear about types of arrangements, e.g. direct, virtual, telephone/text message.
- Specify any support that is required to enable these arrangements, e.g. financial support with travel or activities, supervision or venue, and be clear about for how long any support will be provided.
- Detail any plans to review current arrangements, how the review will be conducted and who needs to attend.
- Details of any likely future contact/family time arrangements even if not yet confirmed, and the likely change in support needs.
- Details of any support required to repair or sustain wider family relationships for the child, e.g. family therapy or family meetings.
- Consider what is important to the child, when thinking about how they may want to maintain connections, as this may not fit with an adult perception of what it means to have “contact”.

SP7) The child: safety

Include:

- Information about any practical or psycho-education support the child needs to understand how to keep themselves safe.
- Information about support with digital and online safety for both the child and the carer.
- Information about any support needed for the carer to increase awareness around actual or potential risks posed by parents and others, e.g. identifying domestically abusive behaviour, recognising substance affected behaviour, recognising exploitative behaviour.
- Information about any support needed for the child to make safe choices and increase their awareness of risk.

SP8) The carers: family and environmental factors

Include:

- Information about any financial support the kinship carer will receive, including any information about means testing and frequency of review.
- Information about any additional discretionary payments, e.g. financial support with nursery fees, or money towards a larger car.
- Information about whether the carer is eligible for child benefit with details on how to apply.
- Information about local advice services that can provide financial advice to ensure kinship carers are receiving any eligible benefits and can receive advice on how to maximise their income.
- Information about any support that is needed around housing. Include if social services are supporting a priority housing transfer, or providing financial support with private rental.
- Support being provided from the carer’s own support network.
- Information about any support that is needed around the carer’s own health needs, if not included elsewhere.
- Information about respite or breaks from caring.
- Information about contingency plans or any conversations that have happened about who is the child’s likely testamentary guardian, even if this has not been formalised.

SP9) The carers: family relationships

Include:

- Any support that is needed to repair or build relationships within the wider family. This might include support to build trust between paternal and maternal family, or to enable family conversations about respective roles in relation to the child, including parental roles.
- Any support available for the carer's children now that they have become part of a kinship family.
- Any support available to the carer's children and the kinship child together to support their relationship, if needed.
- Any support available for family members to manage the loss around changed relationships with other family members as a result of caring for the child.

SP10) The carers: parenting capacity

Include:

- Any current training, support or interventions around therapeutic parenting.
- State whether the child is eligible for the Adoption and Special Guardianship Support Fund, including who the carer should contact in the future to request an application is made. Refer to any therapeutic interventions that you think might be needed in the future to support the carer's therapeutic parenting skills.
- Include any identified areas of parenting capacity the carer needs support with and how this will be provided.
- Information about universal services providing parenting support.

If the carer/s live in a different local authority, what is the transfer protocol?

Include specific information about either how the family will be transferred to the residing local authority, or who the family should contact and when.

The residing local authority becomes responsible for special guardianship order support three years post-order. However, it is good practice to contact the residing local authority before the special guardianship order is even made to explore whether there is any local face-to-face support that may be available to the kinship family, even when the placing local authority remains responsible overall, e.g. face-to-face training and support groups.

If the special guardian or "lives with" child arrangements order carer lives in a different local authority to the placing local authority where a child lives, include specific information about who the carer should contact in the residing local authority. Be specific about how you will transfer their case, where applicable, or how information will be made available to the residing local authority when requested.

How can the carer/s request more support in the future?

Include information about who a carer should contact, and how, if they wish to request further support. A local authority can then either complete an updating assessment of support need, or review their support plan.

Who is responsible for reviewing the support plan?

The Special Guardianship Regulations clearly support the practice of reviewing and updating a special

guardianship support plan to reflect any changes in circumstances or needs, without altering what was originally agreed upon by the court in the special guardianship support plan completed when the order was made. It is good practice to review and update any type of kinship support plan, and therefore you need to state who is responsible for the review, and when it will be completed.

The Kinship Care Assessment (Form K) – Support Plan can be used to review a kinship family's support needs, once an order has been made or following full approval as a kinship foster carer.

The updated plan will then have the up-to-date information and assessed needs; however, the initial special guardianship support plan will form part of the child's files and is accessible.

Signatures

If a child's social worker has written any parts of the support plan, their name, role and signature should be included in this section. Include the manager responsible for completion of the support plan, including name, role and signature. Include the carer/s' name, date and signature, and the date/s discussed with them to evidence their involvement with the completion of the support plan.

Authorisation of support plan

The support plan needs to be authorised by a senior manager who has the capacity to agree to the support that is being set out, whether this is in terms of financial support or access to support services. Provide the name, role and signature of the person authorising the support plan and the date it was agreed.