**Viability Assessment Guidance R&A**

**(August 2021)**

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| **Introduction**This guide is to walk you through completing a viability assessment and to provide some tips to make sure that you have enough information to cover all necessary areas. Remember you’re completing a viability for the child/young person because their own parent(s) cannot look after them. This means that they are incredibly vulnerable and therefore we need to be prioritising this piece of work and giving it the credence and attention it deserves.  |

**General Top tips**

1. **Respect the viability as a separate assessment**. You will need to do additional pieces of work to gather the information you need to make a well informed, safe decision. This is separate and additional to your C+F assessment. For example, you will also have to do additional agency checks. It will also likely be seen by several senior managers and possibly the Court. Therefore, prioritise it and take care to be robust. you will have to do additional agency checks as well as additional visits so plan your time accordingly.

1. **A good viability starts with good planning**. Read all of the questions/subject headings before your visit to the prospective carer. Prior to your visit you should have a clear understanding of what details you need and what areas and topics you will need to cover. This will help you be able to complete a thorough assessment in an emergency.

You should also consider reading relevant section of the Initial Family and Friends Care Assessment: A Good Practice Guide (by the Family Rights Group) which provides detailed guidance and the VA author should take particular note of pages 16-25 under Part 3: factors to Consider when Undertaking a Viability Assessment. Please find link below to download the guide:-

 https://frg.org.uk/wp-content/uploads/2021/05/Initial-family-and-friends-care-assessment-web.pdf

1. **When writing keep focused and follow the structured sections**. Keep the sections factual and information based. Analysis, conclusions and recommendations come at the end. Don’t analyse as you go.

**Suggested tasks for the completion of a viability**

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| Task | Completed? |
| Visit to prospective carer 1 |  |
| Visit to prospective carer 2 (revisit problem areas/share the viability) |  |
| Visit to child prior to placement (if possible) |  |
| Direct work with child about their views on prospective carer |  |
| Observations of child with prospective carer |  |
| Agency checks received on everyone in the household/significant others? |  |
| Assessment signed off by management |  |

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| **Sections 1-10 Basic Demographics**These cover the basic demographics needed in order to ensure that the household is a safe one. All external agency checks will need to be completed on everyone in the household and everyone that visits the home on a regular basis. Explain to the prospective carer that theirs and everyone in the household’s details will need to be provided and checked to ensure that they are safe.**Top tip 1** – In an emergency the major checks needed prior to any placement will be police checks and history. Without these we don’t know if this person is a registered sex offender for example. No emergency placement should happen without these as it could mean that we have placed a vulnerable child/young person with a person who could be a risk to children. **Top tip 2 –** Call ahead to the prospective carer to get everyone in the household’s details (including older children) ready for when you arrive. Explain that any partners or significant others that visit will also need to be captured.**Top tip 3** – Waiting on external agency checks to come back can cause delays. After you have received everyone’s details and consent, progress to send out your agency checks at the first available opportunity. **Suggested (but not limited) agency checks (any professional involved with the adult or child)** GP, Health visitor, School nurse, CAMHS, CMHT, Enable, Probation, Housing, Police, any other local authority’s. If they are out of borough you will still need to make checks with an equivalent service for the respective local authority.  |

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| **Section 12– Carers own Birth children and previous childcare experience**We need to be confident that the care afforded to our vulnerable child is a good. The biggest predictor of future behaviour is previous behaviour. Therefore, if the prospective carers have their own birth children, we need to understand how they have been as parents previously to determine whether they are a risk to our child/young person.**Top tip 4 –** As soon as an address details of prospective carer are gathered look them up on LCS, Wisdom and EHM. Have they been previously known to services? If so, note what the concerns were. Ask the prospective carer open - ended questions about previous involvement to see if they provide an honest response.**Areas to consider*** If they have been involved with services previously this does not automatically rule them out. Ask the person what the previous safeguarding concerns were and what changes they made?
* What would the prospective carer consider their parenting/child rearing strengths? Be prepared to explore this and question what they say – consider the possibility that they might not be being honest.
* What would the prospective carer consider their parenting/child rearing weaknesses? Be prepared to explore this and question what they say – consider the possibility that they might not be being honest.
* Are they speaking /in touch with all of their children? If not, explore this and ask yourself why? Have they turned to alcohol/drugs and was this a result of their parenting?
* If the prospective carer has no childcare experience, ask them if they think there is anything, they need to do to prepare for having the child/young person?
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| **Section 13 – Capacity to provide for child’s physical emotional, identity, educational, developmental and medical needs:**These headings derive from the Framework for the assessment of children in need and their families (2012) triangle. Take each heading and ask the prospective carer what they are going to do to meet the child’s needs. Be prepared that you may need to do some prompting and/exploring, however the prospective carer should be doing the majority of the talking. This will demonstrate how well they know child and their routines. **Top Tip 5** – Have the headings written down in front of you when visiting so that all the areas are covered and none are missed off. Be prepared to explain each heading to the person and tell them what areas you are looking for. For example – Identity is looking at what the personality of the child is like, what their background has been, where they are from. Tell me what you know about that. Does the applicant share the child’s identity? If so, can they tell you how they will meet the child’s shared identity with their own?**Top Tip 6 –** If this is relatively early on in the assessment and your knowledge of the child is limited then you might need to contact a relative/family member/ professional who knows the child really well. Call them and find out about any additional or specialist areas that might exist prior to visiting the prospective carer.**Areas to consider*** What specialist needs does our child/young person have? Do you know them well enough to do this viability? Does the prospective carer understand the child’s needs? Has the prospective carer filled you with confidence that they can meet the child’s needs? Have they provided adequate detail of how they will do this? Be prepared to give them some scenarios tailored to the child and ask them what their response would be?
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| **Section 14 – Particulars of accommodation, including sleeping arrangements for child**Can the prospective carer provide a safe place to sleep for our child/young person. Every child deserves a clean, safe and designated space where they can rest their heads. Be prepared to say if you think whatever arrangements are unacceptable and be reasonable with what your expectations should be. For example, not every child will be able to have their own room, but they should have their own bed or designated sleeping space. If this is an emergency, then it might be acceptable for a child to sleep on the sofa, however how long is this planned for? What are the prospective carer’s long term plans regarding sleeping arrangements?**Areas to consider*** Ensure to have a look around the whole home. Do the number of beds match up to the number of people that the prospective carer has said live there?
* Is there anything that could be harmful in the house? For example, cluttered and piled high furniture could be a risk to an adventurous 2-year-old. Has the prospective carer thought about fire guards/stair gates etc?
* How many people live in the home? Is it overcrowded? Does the heating work? Does the running water work? Is there a clean place where the child young person can wash and bathe?
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| **Section 15 – Neighbourhood and community resources for prospective carer and child**Test the prospective carer’s knowledge of child related activities in the local area. What are they aware of? What do they plan to do? If they are close enough will they try and ensure that the child/young person continues to go to their Basketball/dance/theatre clubs? Do they know where the local nursery/school/children’s centre is? If the placement is in Enfield.**Top tip 7** – If the prospective carer is out of borough ask them to contact their own local authority so that they can find out what community resources are available to them. This demonstrates the prospective parent’s willingness and capability and can put them in touch with helpful services that will make the placement more successful. |

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| **Section 16-17 Information from Police and Children’s Services and Prospective carers views. Previous domestic abuse in the household.**These sections should be reported as factual and summarised. Do not copy and paste from chronologies/police checks. Try to summarise the information and make it easy to read. There should not be any jargon or acronyms present. There shouldn’t be any ‘all capitals’ that are police colleagues enjoy using. Try and avoid bold and italics where possible. Try to pick out the most salient information pertinent to risk/parenting capacity. This will keep your assessment focused. From a Children’s Services perspective, there needs to be enough information to tell a child/parent’s journey. We should also acknowledge that previous Children’s Services involvement can be a strength if it can be evidenced that a parent/family have made positive changes in their lives.**Areas to consider*** What evidence of ‘change’ is there in the household other than the family’s word for it? Can anything be verified by professionals? Are there historical concerns around substance misuse? Did they seek professional help via enable? Would they be willing to do a drugs test? If previous domestic abuse is uncovered how severe was it? Do they recognise the impact that this can have on children?
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| **Section 18 - Health of prospective carer**Are there any health issues that would affect or impact the prospective person’s ability to care for our child/young person? Note any ongoing health issues (including physical, emotional and mental health; also current or past issues of **domestic violence** and/or substance misuse) and how the prospective carer manages these. A health assessment will be required as part of a full assessment. Does the prospective carer have a life limiting illness that would impair them to meet the needs of the child/young person? What is their diagnosis? How is it managed? Does it cause fatigue? What are the prospective carers views of the impact of parenting our child/young person on their health? Are they being optimistic/realistic in what they can do? Include the adults GP details here.  |

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| **Sections 20-21 Past and present employment and child care availability. What is the prospective carer’s support network? And what is their family history and functioning?**Showing that a person can hold down a job is positive and demonstrates that they can abide by an organisation’s rules, regulations and expectations. If the prospective carer is a professional (solicitor for example) or a childcare professional (teacher/social worker) then this experience can and should be taken into consideration as this can also reflect positively on their ability to meet the needs of the child. It’s important that we understand what life is like for the prospective carers before placing and what changes they are willing and committed to after placing and this needs to be captured and explored. Who is in the support network? How far away are they? Is the support being exaggerated unrealistic.What is the family functioning of the prospective carer like? Do they have any unresolved emotional traumas that would impact their parenting? Who would they call upon to help in an emergency? What would their contingency plan look like if anything happened to them? Does their work impact on childcare and their availability to look after children – for example do they work nights? **Areas to consider*** Where is the prospective carers money coming from? Do you suspect that their finances are coming from an illicit source that could pose a risk? Explore this. Can they afford to meet the needs of the children? Is there a financial incentive for example?
* Consider what life experiences the prospective carer has and also the people in the household? For example, is there a young person where there are contextual safeguarding concerns? Is there a relative staying in the household who is a recovering alcoholic?
* How are they going to manage full time work and meeting the basic care needs of the child such as the school run?
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| **Sections 23-24 Assessment of the prospective carer’s motivation and understanding of the task they are offering to undertake? And Relationship between the prospective carer and child, and with their family. What is the relationship dynamic between those in the household and the family members?**What is the prospective carer’s understanding of the care plan (i.e.. the proposed placement), and of any actual or potential risk factors for the child and how they will protect the child? Why would someone put themselves forward to care for a vulnerable child? Quite often it is done out of love and wanting that child to stay with their ‘blood’ or with someone the child knows. However prospective carers can also put themselves forward for less noble reasons. For example, to delay Court proceedings or if they are trying to groom a child for sinister reasons. It could be to help the parents out. There can also be financial incentives for prospective carers who recognise that there can be helpful financial packages attached to looked after children. **Top tip 8 -** It’s important that this area is fully explored. It’s important to be quite direct in this area and ask clear questions clarifying the prospective circumstances. AIso is the prospective carer in any significant debts? Would they object to sharing their bank records if requested? We need to explore how the prospective carer would react in a confrontation with their mother/father or extended families. Is the prospective carer strong enough to say ‘No’ and alert the appropriate authorities if the birth family threatened them or the local authority’s care plan? For example - what would you do if their Mother turned up with their passports wanting to take the children on a surprise holiday? It’s also very important that they can recognise without prompting what the expectation of Children’s Services would be in a worrying or risky situation. **Top tip 9 –** Have 3 prepared ‘What would you do? Scenarios’ for the prospective carer linked to the possible risks that they might encounter. Move swiftly between them to see how the prospective carer thinks and reacts. Ask yourself would they be able to follow through with this plan in real life? Think about supporting your point of view with evidence gathered – Do you have enough to support your recommendation? |

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| **Section 26 Contact**Contact is vital for the child’s emotional wellbeing and identity. Therefore, Children’s Services have a duty to support contact with birth families where and when it is safe to do so. This can lead to intense and problematic situations that we require the prospective carer to manage so that the child is protected. **Areas to consider*** What is the prospective carer’s understanding of the proposed contact arrangements, including any actual or potential risk factors for the child and how the prospective carer will protect the child? Comment on the carer’s ability to promote contact in accordance with the local authority’s care plan. If there are risks associated with the above, how will the prospective carer manage these? What additional support might be required to promote contact?
* How would the prospective carer supervise contact? What does that mean and look like to them? How would they manage nappy changes or any specialist details for example? How far away do they live? What would they do if the parents extended family began to push their boundaries? Where would it take place? Could it be informal? Would we want it to be a set date and time? Do the risks justify the discussion of having contact in a contact centre?
* Explore with the prospective carer that they might be taking the child/young person to contact regularly every week. What are their views about that?
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| **Section 27 Timescale envisaged for this placement, and prospective carers understanding of the nature of assessment required.**We need to explore this area to avoid any future placement breakdowns. We need to ensure that the prospective carer knows the timeframes and situation – for example do they think they are looking after the child for a couple months until their birth mother/father get free from drugs? Or do they recognise that this placement might need to be flexible and ongoing? It’s good to be as honest as we can be and to gain honest answers from the prospective carers about their expectations and where their limits may lie. This placement needs to be child led and not at the prospective carers convenience or to simply help the parents out.Does the prospective carer understand the level of assessment they are now being asked to be involved in and are they agreeable to this? Explain that this will be an intense and in-depth assessment where they might feel they are being asked about quite personal information but that it is necessary, in order to make the best decisions about who should care for the child. If the carer is not agreeable to this, the child should not be placed with them and they cannot be considered as a prospective carer for the child.  |

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| **Section 28 – Child’s Views on proposed care plan including any concerns**Can the child vocalise their views and opinions about the placement? What have you done to gather these? Have you completed any direct work to demonstrate their views? This shouldn’t be the regurgitation of a case note and needs to contain salient points only. Have they been factored into your risk assessment and analysis. |

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| **Section 29 Risk Assessment and capacity to safeguard the child**This section should be similar to your analysis in your C + F assessments. What are the risks and what are the strengths. What is the likelihood of our child/young person coming to harm in this placement? You need to justify your reasoning and rationale. **Areas to consider*** Check whether all necessary information has been gathered;
* Utilise specialist knowledge from others when required -if not possible, ensure assessment acknowledges the impact of their recommendations by the omission of specialist knowledge;
* Assess family strengths and resources;
* Define the behaviour to be predicted rather than the 'dangerous individual -write down each behaviour to be considered;
* Grade the risks by likelihood/probability and significance/cost;
* Recognise risk factors which may interact in a dangerous manner (e.g. physical injury and alcohol consumption);
* Evaluate the risk factor by severity; controllability; resistance to change; longevity;
* Consider probable sources of error including from the person/family being assessed, the assessor, the context and systemic causes;
* Identify what intervention required by the family and agencies to reduce identified risk.
* Whether or not a person believes someone is a risk is a strong determinant of their ability to protect someone from that risk. For example, if someone doesn’t believe that a person poses a risk of sexual abuse then they are less likely to ensure that they are fully supervised 100% of the time with that person. However, this does not ‘eliminate’ their potential to be protective.
* Past behaviour is the best indicator of future behaviour
* Gather real and direct evidence whenever possible -do not rely on hearsay, hunches or circumstantial information;
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| **Section 30 – On-going family, emotional or practical issues that might affect the prospective carers ability to care for the child**What are the barriers if any that might get in the way of the child’s needs being met including having contact with their birth/extended family? |

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| **Section 32 – Additional support needed**This area is looking at whether or not this placement requires additional support for the child’s needs to be met adequately. This could involve housing, additional funding for transport or look at money for beds. Usually we would expect the child benefit money to be temporarily signed over to meet the mediate care needs of a child, however in some cases this is not possible – i.e. missing parents or sectioned parents or in cases of no recourse to public funds. **Top tip 10 -** Consider discussing any additional support that the prospective carer may need with your manager before talking to the prospective carer directly. This can speed the assessment process up considerably and can avoid overpromising resources to families.  |

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| **Section 33 – Nature of any further assessments recommended**A thorough viability assessment is an excellent way to start any long term placements for children. It’s also vital that if the viability is negative that it is robust enough to stand up to any legal challenges. Viability’s are a short term piece of work to explore whether a placement is ‘viable’ and in referral and assessment are usually used in an emergency capacity. However, the details are still important, and these will quite often lead into more detailed and complex assessments such as recommending that the prospective carer is put through for a full kinship/SGO assessment.  |

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| **Section 35 – Social worker’s assessment and recommendation**Short sharp sentences about what you are recommending and the main presenting reasons why. i.e. I am recommending that this is a positive viability for Mr Bloggs because he has demonstrated a good knowledge and understanding of the safeguarding risks. It’s my view that he will benefit from further assessment. Include strengths and difficulties and, if relevant, give details of what needs to be explored as part of a full assessment. Make sure that the proposed carer is aware of your recommendation and your reasons for it.**Additional Factors to consider in your summary and recommendation:-**What is your assessment of the carer’s ability to protect the child/ren from future risk of harm?Is the carer able to meet the child’s needs and keep them safe?Is the carer committed to the child’s care and the assessment process?If they are a couple are they both willing to be assessed, if not why not?Is the carer’s partner and members of the carer’s household supportive of the proposed placement? Is the placement in the child’s best interests?**Top Tip 11 –** If the viability is going to be negative then please have a conversation with the person beforehand and give them a chance to have their say. Listen to their views and then reflect on what they have said and whether they could be considered. Ensure that you are liaising closely with your Team Manager around this time.  |