**Viability Assessment Practice Guide – January 2025**

Where a child cannot remain in the care of their parents, research has consistently found that children placed in kinship care generally do well, if not better, than children in unrelated foster care, particularly with regard to stability.

It is essential that practitioners identify potential carers from within the child’s network of family and friends and determine whether they will be able to provide safe care to meet the child’s needs until they reach adulthood.

An initial assessment is used to determine which members are a potentially realistic option to care for that child and should therefore be subject to a full assessment as a potential carer. In practice, this means social workers may be required to undertake assessments with several family members.

These are commonly called ‘viability assessments’ and are the responsibility of the child’s allocated social worker to complete. Viability assessments can be challenged in court if they are not properly conducted, so they must be conducted in a way that demonstrates that they are thorough and have given due consideration to meeting the child’s needs.

There is no minimum or maximum age for fostering, although special guardians and adopters must be over 18 years old.

In general, unrelated foster carers are at least 18 and usually older, and many will start to consider ending their ‘caring career’ at the usual retirement age. In kinship care, however, a large proportion of carers are grandparents, aunts, uncles or siblings to the child they are looking after and may be older or younger than most unrelated carers.

A viability assessment should consider both the current and the anticipated future needs of the child. **They key question is ‘could the family, with provision of support, be able to provide for this child’s needs?’** The assessment should also be open to the likelihood of this placement being one of permanence and whether this could be managed under arrangements such as a Special Guardianship Order.

**When to Assess?**

There is an expectation that Kinship care options will have been considered during pre-proceedings (court and pre proceedings statutory guidance, 2014).

In cases where this is not possible, due to emergency safeguarding, the wider family should be involved as soon as possible either through Family Group Conference or a Family meeting.

In circumstances where parents do not actively support the exploration of family members, the allocated social worker should take steps to make contact with family members and determine if they wish to be considered as a potential carer for the child.

If the Viability Assessment is not done prior to, or at the start of Care Proceedings, the initiation of the full Kinship assessment will be delayed and in turn, will impact on the court timetable and the plan of permanency for the child being achieved in a timely way.

**Initial Home Visits**

Once a potential carer is identified, a home visit should be undertaken by the child’s allocated social worker to carry out the viability assessment. This visit should be undertaken with the support of a Duty Social Worker from the Kinship assessment team.

During the home visit the prospective carers should be made aware of:

* + The reason for children’s social care involvement and specific needs of the child
  + The purpose of the assessment and what the process entails
  + The next steps – for both positive or negative recommendations
  + The court process and possible legal orders the court may make
  + The implications of any further assessments and support required
  + Expectations of being an approved foster carer
  + That the process is complex, and workers may have to go over information more than once.

Although a Viability assessment can usually be completed in one visit, sometimes this is not sufficient and follow up conversations or further visits may be required.

**Reg 24**

Where the Bradford Children and Families Trust is satisfied that an immediate placement with a Kinship carer is the most appropriate placement for the child, then temporary approval for a period of up to 16 weeks can be given by the Head of Service (Reg 24 of the Care Planning, Placement and Review (England) 2010). Temporary approval can only be considered after PNC checks have been undertaken of all adults living in the household.

From the first day of placement, under Reg 24 there is a timescale of 16 weeks to complete the stage 2 assessment and present to panel therefore DBS checks should be triggered at point of the viability assessment for all adults over 17 and the fostering registration/consent form needs to be completed and progressed in a timely way to ensure statutory checks required by panel to consider approval are returned.

The placement can only continue after 16 weeks if the prospective carers are approved as foster carers by Fostering Panel, or if the Panel agrees an eight-week extension (Regulation 25) because the assessment is not yet complete. The maximum length of time that a temporary placement can be approved is 24 weeks, after this time the placement would automatically be unregulated and alternative care arrangements should be made for the child’s care. It is important that any decision to continue with the placement in breach of the regulations should be taken by an Assistant Director. (see unregulated practice guidance).

The reasons for the decision to continue with an unlawful placement should be clearly recorded, with the risks of the placement identified and case-specific support and monitoring arrangements detailed.

The Kinship Assessment team manager will track any placement that exceeds 24 weeks and will alert the respective Head of Service.

**What should the Viability Assessment cover?**

The viability assessment should enable the potential carer to discuss the strengths of their relationship with the child and other family members, including the bonds that already exist between potential carer and child. The benefits of kinship placements are often based on continuity of care, the continuation of a close relationship, or the security that comes from growing up in a family network where relationships can be developed.

Where possible there should be a family group conference to identify suitable family members to be put forward for assessment. This should focus on the two most appropriate in order to reduce drift and delay in care proceedings and reduce unnecessary work, where it is evident a family member would not demonstrate their abilities as potential foster carers.

A relationship based on family ties in which the carer and the child do not know one another on a personal level should be explored for the potential to provide for the child’s needs, including helping them shape their identity.

It is understandable that a potential carer may have reservations about or be upset with the child’s parents, particularly if news about the child’s situation has come as a shock. However, the potential carer will need to be able to respect the child’s relationship with their parent(s), allow them to enjoy a positive but realistic view of their parent(s) and avoid the child developing divided loyalties. At the same time, the carer will need to prioritise the safety of the child and comply with any safeguarding requirements that are formally stipulated by the Bradford Children and Families Trust or the courts.

The following are the areas that all viability assessments should consider helping determine the right arrangements for our children.

**A Guide to Kinship care is available for carers and should be provided at the point of viability.**

**Reason for the assessment**

* Why is the LA taking steps to consider alternative care for the child?
* What planning has been undertaken to assess family members?
* Where are the child/ren currently placed?
* What is the child’s current legal status?
* Outline any harm which the child has suffered and any risk of future harm to the child posed by the child's parents, relatives or any other person

**How does the child know the prospective carer?**

* Give a sense of the connection between the prospective carer and the child
* What was/is the frequency of their relationship?
* Describe and assess the nature and quality of the current and past relationship between the prospective carer, members of the household and the child

**The child’s wishes and feelings?**

* Consider the child’s perspective on the relationship and their wishes and feelings about the possible placement, taking into account their age and understanding

**Outline the current Care Plan for the child**

* What is the current plan for the child?
* Outline the child’s specific physical, educational, emotional and behavioural and identity needs
* What is the child’s relationship like with their parents and other significant family members
* If the child is looked after, has a permanence plan been agreed? If not, what options for permanence are being considered?

**The Prospective carer’s relationship with birth parents and other family members**

* What is the relationship like between the prospective carer and the child’s parents/extended maternal and paternal family members?
* What is the prospective carer’s attitude towards them and what is their response to the child’s circumstances?
* Does the prospective carer understand the risks posed by parents to the child?
* What is the extent of the child's current contact with parents, other relatives and any other person the Bradford Children and Families Trust considers relevant, including friends of the child?
* Are the prospective carers able to promote and manage family time safely?
* What are the arrangements for continuing family time between the child and family members, friends and others as appropriate? If this needs to be supervised, state who will do this

**Ensure that prospective carers are aware of the expectation that they may need to facilitate the child’s family time with their parents and other family members in the future – how do they feel about this?**

**The Prospective carer’s own children (under 18’s in the household)**

* Any children that live in the home now, and how another child would fit into life with the prospective carer and their own children
* What are the needs of their own children?
* Have they always lived at home?
* Is their current lifestyle likely to impact negatively on the child being placed?
* How will the placement impact on their own children?
* What are their own children’s views on the new / proposed placement?

**Other adults in the household**

* Ensure DBS checks are undertaken on all household members over 17 years old
* What are their needs?
* Have they always lived here?
* What is the nature of their relationships with others in the household (including sexual relationships)
* Is their current lifestyle likely to impact negatively on the child?
* What are their views the new / proposed child/ren?
* How will the placement impact on them?

**Prospective carers’ children not living in the household:**

* Outline quality of relationships and levels of involvement between the prospective carer and children not living at home.
* How will this child/ren impact on them?
* What are their views on the new / proposed child/ren to be placed?
* Social Worker to also be aware of regular visitors to the home and include their wishes and feelings in the assessment

**The Prospective carer’s accommodation**

* Describe the prospective carer's accommodation
* Is it suitable given the age and developmental stage of the child?
* Is there adequate living / recreation/ study space available for the number of people proposed to be living there?
* How many bedrooms are there? What are the sleeping arrangements? Does / will the child have their own bedroom? If not, what is the child's view of sharing?
* Is there enough personal space for them to comfortably keep their clothes, belongings and do homework?
* Explore willingness of family to move to alternative accommodation if required?
* If assessing for a young child or baby, are the appropriate safety measures in place? Comment on any immediate health and safety concerns (including passive smoking)

**The Prospective carer’s age, employment and financial circumstances**

* The prospective carer’s age should be considered in relation to their ability to meet the needs of the child both now and in the future
* Where the prospective carer is older, consider their current and likely future health
* What is the prospective carers support network/back up plan
* Does the prospective carer work? Will they be able to make reasonable adjustments to ensure that they can care for the child?
* What would the impact of this in regard to finances be?
* How does the application manage their finances?
* Could they financially support the child, or would they require financial assistance from the Bradford Children and Families Trust?

**Prospective carer’s parenting capacity and Children's Social Care involvement**

Consider the inevitable additional responsibilities and pressures are likely to exacerbate any existing concerns for the prospective carer

* Are there any current or historical concerns about the care the prospective carer provided/s to their own children?
* When were they and what were the nature of these concerns? What are the current circumstances i.e. is there evidence of sustained positive change?
* Consider the likelihood of such concerns happening again in the future – what would be the impact of placing any additional children in that situation?
* Contact professionals involved with the prospective carer’s children to gain a deeper understanding of the prospective carers parenting capacity such as school and heath
* Are they able to work with professionals?

**Ensure that you access the LCS files for each prospective carer and their birth children. Remember that there may also be files which are archived, which will also need to be accessed and considered as part of the assessment.**

**Criminal Convictions**

* Does the prospective carer or any other member of the household have any criminal convictions? Does this relate to offences against a child, violent or sexual offences, or offences involving drugs/alcohol or dishonesty
* A PNC check should be undertaken, and any recorded offences should be discussed with the prospective carer
* Discuss what happened, when it happened, how things have changed since then and whether something similar might happen again in the future
* Does the prospective carer appear remorseful and reflective on criminal behaviours?
* Does the prospective carer understand what the impact of such behaviour would be on the child if such behaviour was to continue once the child is in their care?
* There may be circumstances when an offence or history of offences that would prohibit someone from being a foster carer, but may not exclude a relative

**The prospective carers physical and mental health**

* What is the physical and mental health of the prospective carer?
* Is there or has there been any involvement with adult social care or Mental Health Service?
* Contact professionals involved with the prospective carers to gain a deeper understanding of the prospective carer’s needs and support available
* Is the prospective carer physically able to look after a child of this age and until they grow up?
* If they have had previous health problems what has changed since then? If they have current health problems, how are they managing with this now and how will they manage future?
* Does the prospective carer smoke, take illicit substances or drink alcohol? Do they understand the impact of this on the child and are they willing to seek support to quit?
* Individuals who use drugs on a recreational basis will need to consider how that affects their ability to function and their role modelling for the child, and other ways in which their drug use might impact on the child’s life

**Prospective carer’s ability to meet the child’s needs**

Remain focused on the child and their specific needs and development

* What is the prospective carers own experiences of looking after children?
* Does the prospective carer understand why this child is in the care of the Bradford Children and Families Trust?
* Was the prospective carer aware of these concerns prior to the Bradford Children and Families Trust ’s involvement and what was their response?
* Does the prospective carer understand any specific developmental/health needs of the child?
* Can the prospective carer meet the day-to-day care needs of any child, as well as any specific needs and their wishes and feelings?
* Can the prospective carer meet the child’s needs for the duration of their childhood?
* What is your assessment of the prospective carer’s ability to protect the child from future risk of harm if placed in their care?

**Analysis & recommendations**

* Consider all the information obtained
* Analyse the Strengths and areas for concern: the potential advantages to the child of being placed with this person from within their network and the positive aspects of their care against any risks identified
* Where information raises concern but is insufficient to rule someone out, flag this as a line of inquiry during any further assessment
* Consider the additional risk factors such as:
  + Ongoing health issues and age of the prospective carer
  + Impact of fostering on their own children / financial circumstances
  + Practical considerations / size of the accommodation or lack of bedroom space / ability to manage contact with the young person's family
  + Child’s significant needs for example emotional or behavioural difficulties
  + Consider the additional protective factors such as:
  + Pre-existing relationship
  + The arrangement has already been tested
  + Sibling placement
  + Support from immediate family
  + Family time supervised by carers
  + Lower levels of parental contact

**Ask yourself:**

**Is this a realistic option that should be assessed further?**

**Are there areas of vulnerability?**

**Could the vulnerabilities be mitigated through the right support?**

**Next Steps**

Application forms and DBS checks on every adult in the household need to be completed by the child’s allocated social worker – these are shared with Business Support Officer who will trigger all relevant safeguarding checks.

Once this visit is completed, the allocated social worker **MUST** complete the viability assessment on LCS, regardless of whether this assessment is to progress for further assessment or not.

Assessments **must** be shared with the prospective carers and if negative, a letter outlining the next steps available to the prospective carers must be shared.

Prior to a child being placed with a Kinship carer following a positive viability assessment, approval for the Regulation 24 placement needs to be provided by the Head of Service.

Once the viability assessment has been completed and agreed by the Team Manager, reassign stage 2 to Kinship Assessment Tray for allocation. Please advise the team of any known filing dates/timetabling if known and confirm that all checks have been triggered.

**The team require a minimum of 8 weeks to complete a full fostering assessment therefore this needs factoring in to court timetabling.**

Kinship assessments will not be allocated without registration forms being started.

Only when the assessment is completed with the return of all the necessary statutory checks can the prospective carers be considered for approval at fostering panel for a recommendation. The final decision will be made by the Agency Decision Maker following this.