

# Family Rights Group

## CONSIDERATION OF KINSHIP CARER/S FOR EMERGENCY / IMMEDIATE PLACEMENT OF A CHILD OR CHILDREN

**AIM:** We aim to form a working partnership with you to meet the immediate needs of the child or children to whom you are a relative or friend. You can complete Part 1 and Part 2. Read through all of the questions before starting to answer. The social worker will complete Parts 3 and 4, but if you need assistance, just ask.

### KINSHIP CARE PART 1: RECORD OF KEY INFORMATION

Date Part 1 completed      \_\_\_/\_\_\_/\_\_\_

**1.1 Details of child/ren needing placement and their birth parent(s)**

(Record full details of child/ren – use additional sheets for further children)

	CHILD 1	CHILD 2	MOTHER	FATHER	FATHER OF 2nd CHILD (if applicable)	OTHER ADULT CARERS (specify)
Forename (s)						
Surname						
Other names used						
Current address						
Date of birth						

## KINSHIP CARE PART 1: RECORD OF KEY INFORMATION

	CHILD 1	CHILD 2	MOTHER	FATHER	FATHER OF 2nd CHILD (if applicable)	OTHER ADULT CARERS (specify)
<b>Parental responsibility</b>	Xxxx	Xxxx	YES			
<b>Ethnic descent</b> (State maternal and paternal descent separately)						
<b>Child's legal status</b> and dates of court orders, if known						
<b>Religion</b>						
<b>Language</b>						
<b>Nationality</b>						
<b>School / Occupation</b>						

**NOTE: The Legal Context**

The Local Authority has a duty to carry out an assessment of kinship carers for immediate / emergency placements of children who are 'looked after' by the Local Authority. This assessment needs to be undertaken in line with Regulation 38 of the Fostering Services Regulations 2002. Please note that the arrangement for an immediate placement is time limited and then you will need to have a fuller assessment under the Fostering Services Regulations.

The information in Part 1, Part 2 and Part 3 constitutes a written agreement between you and the Local Authority (see page 19).

## KINSHIP CARE PART 1: RECORD OF KEY INFORMATION

---

### 1.2 Anticipated timescales of placement

What is the anticipated length of placement?     Short (<3 months)                       Longer stay                       Permanent                       Unknown  
 Is there an agreement between you and social workers about the anticipated length of placement?

### 1.3 Details about you as the family / friends offering to care for the child/ren

	1 <sup>st</sup> kinship carer	2 <sup>nd</sup> kinship carer
Surname (and any other surname if applicable)		
Forename(s) (and any other forenames used)		
Home and mobile telephone numbers, and email		
Gender and date of birth		
Address (inc post code)		
Ethnic descent and language spoken at home		
Religion (Practising?)		
Current weekly hours of work		
Planned weekly hours of work when the child/ren is placed (including formal and informal)		

Marital/partnership status?     Married     Separated     Divorced     Living together     Other, please specify

\_\_\_\_\_

Length of marriage/partnership?    \_\_\_\_\_

## KINSHIP CARE PART 1: RECORD OF KEY INFORMATION

---

**1.4 Children living in your household**

(Indicate 'NONE' if applicable. The relationship to the child could include cousin, fellow grandchild, aunt, uncle, etc.)

Name	Gender	Date of birth	Ethnic descent	Name and type of school	Relationship to child/ren being placed

**1.5 Your children who are living elsewhere**

(Indicate 'NONE' if applicable. Relationship to child being placed – example categories as for Section 1.4 above)

Name	Gender	Date of birth	Ethnic descent	Address	Relationship to child/ren being placed

**1.6 Adult members of your household** Including child/ren 16 years and over living at home (Indicate 'NONE' if applicable. Relationship to you might include relative, friend, lodger, day carer, etc.)

Name	Gender	Date of birth	Ethnic descent	Occupation	Relationship to you

## KINSHIP CARE PART 1: RECORD OF KEY INFORMATION

---

**1.7 Other significant adults (anyone who visits your household regularly and will be involved/have contact with the child/ren on a regular basis)**

Name	Gender	Date of birth	Ethnic descent	Relationship to you

**1.8 Other children who visit your house regularly**

Name	Gender	Date of birth	Ethnic descent	Relationship to you

**1.9 Accommodation and Neighbourhood**

Type of accommodation; type, size, ownership and security of tenure
Proposed sleeping arrangements for the child/ren
Ethnic composition of your neighbourhood

## KINSHIP CARE PART 1: RECORD OF KEY INFORMATION

---

**1.10 Home safety**

Are there any safety issues about your home which need to be changed before a child can live with you? If yes, what are these?

**1.11 Transport and Amenities**

Identify the local public transport facilities and proximity to your home

Do you have a car available?       Yes       No

If yes, size of car, number of seats? Are appropriate car seats available for each child? Who drives in your household?

---

Identify the local amenities available including schools, medical resources, community and religious groups and recreational facilities

---



---

**1.12 Pets in your household** (If yes, specify number and type)

---

**1.13 Preparation for the role of kinship care**

Date you were approached or offered to care \_\_\_\_\_

How many times have you been seen? \_\_\_\_\_

State number of times other family member(s) seen (indicating if seen separately) \_\_\_\_\_

## KINSHIP CARE PART 1: RECORD OF KEY INFORMATION

---

Have you had any preparation or training for your new role as kinship carer(s)? \_\_\_\_\_

Have you been given any reading material? If yes, what? \_\_\_\_\_

Have you already met with members of your extended family to discuss this placement? If so, what was the result?  
\_\_\_\_\_

Have you been offered/had a Family Group Conference organised by the Local Authority? If so, what was the result?  
\_\_\_\_\_

Would you be willing or have you already attended a meeting with members of your extended family and a chair as part of this assessment? What was the result? \_\_\_\_\_

If the child/ren is 'looked after', have you seen or had a copy of the LAC essential information? \_\_\_\_\_

Has a support group been offered? \_\_\_\_\_

Have you met other kinship carers or experienced foster carers? \_\_\_\_\_

Do you have/will you have your own support worker? \_\_\_\_\_

Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

### 1.14 Family Doctor

Name, address and telephone number of your family doctor(s) \_\_\_\_\_

With which family doctor will the child/ren be registered? \_\_\_\_\_

# KINSHIP CARE PART 1: RECORD OF KEY INFORMATION

---

**1.15 Advice of Medical Advisor**

(Your permission will be requested as necessary or when longer-term placement is being considered)

Date requested \_\_\_\_\_

Date received \_\_\_\_\_

**1.16 Personal references** (these will be required when longer-term placement is sought)

Indicate the relationship of the referee to you/your family and the length of time each has known you.  
(Provide full addresses and contact details).

Referee 1 \_\_\_\_\_  
\_\_\_\_\_

Referee 2 \_\_\_\_\_  
\_\_\_\_\_



## KINSHIP CARE PART 2: THE CHILD/REN AS PART OF YOUR HOUSEHOLD

---

**2.1** How well do you know the child/ren named at 1.1 above? Include when you last saw the child/ren.

**2.2** Why do you think the child/ren need to live with you? If already with you, how have arrangements worked out so far?

**2.3** What things do you (and your family) need to do to make the child/ren feel protected in your household?

**2.4** In what ways will you try to make the child/ren feel happy, secure and a member of your family?



## KINSHIP CARE PART 2: THE CHILD/REN AS PART OF YOUR HOUSEHOLD

---

**2.8** In what way will you maintain the child/ren's routines (e.g. bedtimes, special friends, nursery / school attendance, religious observance, social and leisure activities, hobbies, sport, special appointments, etc.)?

**2.9** What impact will caring for the child/ren have on your family (e.g. bedroom sharing, family relationships, changes to family schedules, etc.) ? What or whom will assist you to overcome these difficulties?

**2.10** What will you need from the Local Authority to assist you to make these changes or maintain these routines (e.g. help with transport)?

**2.11** What impact may looking after this child/ren have on the child/ren's wider family relationships (consider the child/ren's maternal and paternal families)?

## KINSHIP CARE PART 2: THE CHILD/REN AS PART OF YOUR HOUSEHOLD

---

### PLANS FOR CONTACT WITH THE CHILD/REN'S FAMILY AND SPECIAL FRIENDS

**2.12** List the people (adults and children) you think the child/ren will need to see, including friends as well as parents and other family members. (Note any people you are not able to contact directly because of court orders or other reasons).

**2.13** Suggest the number of times you think contact should take place per week with these people, the length of the meeting, the best venue and any need for supervision.

**2.14** What are your thoughts and feelings about these plans for contact and how things are likely to turn out?

**2.15** What can you offer to help contact to work well (e.g. go along, transport the child/ren, etc.)?

## KINSHIP CARE PART 2: THE CHILD/REN AS PART OF YOUR HOUSEHOLD

---

**2.16** What help do you need from the Local Authority to carry out contact plans (including help with achieving safety, financial help, managing any conflict with parents, etc.)? Who else could help?

### ANY OTHER ISSUES FOR YOU AS KINSHIP CARER/S?

**2.17** Do any health issues for you as carer/s need to be considered?

**2.18** Please list below any other issues which need to be addressed

IMMEDIATELY

IN THE MEDIUM TERM

**2.19** Please tell us anything else you think is important to share at this stage.

## KINSHIP CARE PART 3: THE KINSHIP CARER/S AND THE LOCAL AUTHORITY (Social worker to complete)

---

**3.1** What are the Local Authority's concerns about the child/ren, including why a kinship placement is needed now?

**3.2** I (Social Worker's name) \_\_\_\_\_ visited the household of

(name(s) of kinship carer/s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone / Mobile \_\_\_\_\_

On (date) \_\_\_\_\_

**3.3** I have spoken to all other adult members of the household and older children on

\_\_\_\_\_ (date/s)

**3.4** I have viewed the proposed accommodation (including sleeping place) for the child/ren

YES / NO

I judge it to be satisfactory for a time limited period, pending further assessment

YES / NO

## **KINSHIP CARE PART 3: THE KINSHIP CARER/S AND THE LOCAL AUTHORITY**

**(Social worker to complete)**

---

- 3.5** What help will the Local Authority need to contribute to provide the child/ren “with a secure environment in which the child/ren can develop” (to include immediate changes in accommodation, furnishings, etc).
- 3.6** What information has a family group conference, a family group meeting with professionals or a family meeting generated to assist your assessment?
- 3.7** Explain the benefits and risks of this kinship placement in meeting the child/ren’s immediate needs (including contact issues).
- 3.8** Are there any factors, such as health or finances, which will impact on the care these kin carers are able to offer this child/ren? How significant are these factors in relation to the other positives offered? Are there any remedies? If the advice of the Agency Medical Advisor necessary?

## **KINSHIP CARE PART 3: THE KINSHIP CARER/S AND THE LOCAL AUTHORITY**

**(Social worker to complete)**

---

**3.9 Criminal Records Bureau application.** Date applied \_\_\_\_\_ Date received \_\_\_\_\_

**3.10 Additional Local Authority Checks and Enquiries**

Specify on whom checks have been carried out and with which agencies. Include all adult members of the household and significant others.

1st Person \_\_\_\_\_

2nd Person \_\_\_\_\_

Other person/s \_\_\_\_\_

Note date of each check. Also note health and safety checks which have been completed (attach):  
DoH Consultancy Index; Probation (England & Wales only); Education; Social Work Department

**Issues arising from checks and enquiries**



## KINSHIP CARE PART 3: THE KINSHIP CARER/S AND THE LOCAL AUTHORITY

(Social worker to complete)

---

**3.11** Summarise any other issues which need to be addressed to meet the child/ren's needs and state by whom.

IMMEDIATELY

IN THE MEDIUM TERM

**3.12** If there are any dissenting views on the contents of Part 1, Part 2 or Part 3, record them below

**3.13** Date when kinship placement will be reviewed \_\_\_\_\_

**3.14** Contact details of professionals supporting the placement

(Confirm these details have been given to carers)

	Name	Address	Telephone	Fax	Email
<b>Social worker for child/ren</b>					

## KINSHIP CARE PART 3: THE KINSHIP CARER/S AND THE LOCAL AUTHORITY

(Social worker to complete)

---

<b>Senior social worker/ Team Leader for the child/ren</b>					
<b>Social worker for kinship carer/s</b>					
<b>Senior social worker/team leader for kinship carer/s</b>					

## KINSHIP CARE PART 3: THE KINSHIP CARER/S AND THE LOCAL AUTHORITY

(Social worker to complete)

---

### REGULATION 38 AGREEMENT

\_\_\_\_\_ (Signed by Social Worker) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Signed by carer) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Signed by carer) \_\_\_\_\_ (Date)

In signing this agreement I/we agree the contents recorded in Part 1 and Part 2 are true.

**I/we understand this is a written agreement between the Local Authority and myself/ourselves. In addition I/we agree:-**

- i) To permit any person authorised by the Local Authority to visit the child/ren at any time.
- ii) To allow the Local Authority to remove the child/ren if it appears to them that the placement of the child/ren with me/us is no longer the most suitable way of performing their duties to the child/ren.
- iii) To ensure any information which I/we may obtain relating to the child, his/her family or any other person, which has been given to me/us in confidence in connection with the placement is kept confidential and is not disclosed except to or with the agreement of the Local Authority.
- iv) To allow contact with the child/ren in accordance with any court order relating to contact or any arrangements made or agreed by the Local Authority.

## KINSHIP CARE PART 4: THE CHILD/REN, THE PARENT(S), THE KINSHIP CARER/S AND THE LOCAL AUTHORITY (Social worker to complete)

---

### THE CHILD/REN

**4.1** Has the child/ren been seen alone to discuss this kinship placement plan?

YES / NO      When? \_\_\_\_\_ (date)

By Whom? \_\_\_\_\_ (name)

**4.2** What are the child/ren's wishes, feelings and views about the kinship placement plan?  
(Attach notes).

**4.3** What are the child/ren's views about the contact plan?

## **KINSHIP CARE PART 4: THE CHILD/REN, THE PARENT(S), THE KINSHIP CARER/S AND THE LOCAL AUTHORITY (Social worker to complete)**

---

### **THE PARENT(S)**

**4.4** What are the parent(s)' views about the kinship placement plan and when was this discussed? (Attach their written views where possible.)

**4.5** What are the parent(s)' views about the contact plan?

## **KINSHIP CARE PART 4: THE CHILD/REN, THE PARENT(S), THE KINSHIP CARER/S AND THE LOCAL AUTHORITY (Social worker to complete)**

---

- 4.6** What help do the parent(s) need to keep in touch with their child/ren (e.g. help to attend contact, help to keep in touch with the kinship carer/s, help to attend special appointments, etc.)?
- 4.7** How will this help be provided and by whom?
- 4.8** What practical and financial help do the parent(s) plan to make to assist the kinship placement?