

Assessing Potential Kinship Placements

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Introduction

When thinking about key factors in parenting children who have experienced developmental trauma, so far we have discussed the assessment of prospective adoptive parents, prospective foster carers, people unknown to the child and their birth family. However, what if the person being considered as a parent for the child is a member of the child's birth family or even a friend of the birth parents? The individual might be someone who is supportive of the birth parent and who believes that the child should be kept within the family. They could be the mother or father of the birth parent, still harbouring protective feelings towards their son or daughter. Or as grandparents they might feel angry with the birth parent for the suffering they have caused their grandchild.

If a placement with a relative or friend is to be considered, it will be necessary to explore the particular issues, dynamics and characteristics of a potential kinship placement before allowing a child to be cared for by, say, a maternal grandmother or paternal grandfather, aunt or uncle, elder sister or older cousin. Although there will be many similarities with the way adoptive and foster parents are

assessed, other factors will need to be considered that are specific to the assessment of proposed kinship placements.

Of course, the children being considered for kinship placements have similar experiences and needs as the children discussed in previous chapters. Kim Golding highlights the impact of developmental trauma on children and the implications that this has for parents caring for them. She stresses that when undertaking an assessment we consider a 'parent's ability to be understanding, flexible and responsive... Regulation and reflection under stress will need to be explored. Resilience and willingness to accept support will equally be important qualities the prospective parent will need...' (p.36).

These parenting skills, understandings and abilities will be just as relevant in the case of those wishing to care for a child to whom they are related or already known. Children who have suffered loss and harm while in the care of their birth parents need new parents who will be able to keep them safe and meet their physical and emotional needs, not just in the short term but throughout the remainder of their childhoods and into adulthood. Kim Golding believes that parents of children who have experienced developmental trauma need to be reflective and self-aware. They need the capacity to understand complex, challenging and often quite perplexing behaviours in their children. They need the emotional resources to maintain this understanding under stress. These capacities can be hard enough when the relationship is between an adopter and their child. But when the additional dynamics of existing and long-standing relationships between the new carers and the child's birth parents are also present, the challenges and sensitivities increase even further. For example, if a grandparent is being considered as the primary carer for their grandchild, they will also have to manage the ongoing relationship with their own son or daughter – the child's birth parent – and this is likely to be complex, stressful and possibly painful. Exploring these issues has the potential to lead to longer, more complex assessments.

Social workers will frequently be required to carry out assessments of family members and/or friends as potential long-term carers for a child. Given the emotional complexities, assessments need to be rigorous. They need to explore strengths and weaknesses, resiliences as well as vulnerabilities, and how these might affect the way the prospective parent will care for the child. It is particularly important

to pay attention to the difficulties that might have to be faced by family members when they are confronted by matters relating to risk and safeguarding. They will have to ensure that the child is not exposed to treatments or behaviours which place them at risk, traumatise them, or put them in situations where they see and experience conflict between their new carer and birth parent, as the following case example illustrates:

A maternal grandmother was looking after her three grandchildren who had been exposed to their mother's alcohol misuse, domestic violence and personality difficulties. The grandmother provided good basic care for the children and was good at meeting their needs for stimulation. She generally worked well with the professional network and the children were showing good development. However, the grandmother found it very difficult to put any boundaries in place regarding contact and would continually allow her daughter to come to the home in an unplanned way. This resulted in the children seeing their mother under the influence of alcohol and behaving in an aggressive way. Two of the children were present when their mother took an overdose in the grandmother's home. This caused great concern for the emotional wellbeing of the children. In addition, it was discovered that the grandmother had also been allowing the children to stay overnight at the mum's home where they often had to look after their drunk mother as well as themselves. They also remained at risk of witnessing further domestic violence. In discussions with the grandmother during the assessments, she seemed unable fully to recognise the harm the children might have suffered in the past. She believed that they were now fine and said that she found it very difficult to prevent her daughter from seeing her own children.

This chapter considers what factors to explore when assessing family members as potential carers for a child. It is clearly essential to start with an understanding of the child and their needs, both now and in the future. It is important to assess the relationship that the child has

with the prospective carers, and the relationship that the prospective carers have with the child's birth parents.

The UK government has considered this issue:

The structure and dynamics of family relationships in kinship settings are often complex. Many guardians struggled in this area and only one-half thought contact with birth parents was positive for their children. Assessments of need should include a thorough assessment of these relationships, including the potential need for supervising contact, supporting guardians to manage contact successfully and to monitor the impact of contact on the child and SG family. (Department for Education (DfE) 2014, p.245)

The importance of fully understanding the nature of these family relationships cannot be underestimated. A greater understanding not only impacts on the ability to assess the prospective parents, but also assists with the planning of future support for both the child and prospective carer.

Tools to assist with analysis

Analysis is key to any good assessment. Many of the tools recommended in earlier chapters can also be helpful when assessing family and friends as potential parents.

- Kim Golding provides information regarding the qualities needed to manage challenging behaviour, build relationships, help the child feel safe and maintain resilience even under stress.
- Jonathan Baylin provides advice about how to assess the capacity for reflective functioning.
- Dan Hughes provides advice about how to assess people's attachment histories and their capacity to parent with playfulness, acceptance, curiosity and empathy.
- Joanne Alper advises social workers to consider unresolved losses or traumas and evidence that the person is able to ask

for and accept support; that they are good at building and maintaining relationships; that they are able to repair breaks in relationships; that they are open and willing to learn; that they are flexible and don't have rigid expectations of themselves or others; and that they have empathy and can be warm and nurturing.

Special Guardianship Orders

Special Guardianship Orders (SGOs) were introduced into the UK in 2005 and since then their use has increased year on year. They are permanence orders that give parental responsibility to the guardian, who is often a kinship carer, while not removing it from the birth parent. Concerns regarding use of this order and quality of the assessments led to a government review. In December 2015, the DfE published a consultation report, *Special Guardianship Review: Report on Findings*, which concluded that the quality of SGO assessments needed to be improved. In fact 70 per cent of respondents in the call for evidence said that the assessment process 'could be improved' (p.6).

The DfE stated that SGOs are permanence orders and they are awarded on the expectation that the child will remain in the placement until he or she is an adult. For this reason they believe that a sound prediction of the child's long-term welfare in that placement should sit at the heart of the assessment. They state that 'assessments are based on the principle that the person being assessed is capable of caring for the child for the whole of that child's life into adulthood'. Above all, the report states that social workers need to ensure when undertaking these assessments that children living under an SGO will be safe and that the placement will give them 'the best chance of good outcomes in their life' (p.7).

The DfE is looking to amend regulations and statutory guidance to require local authorities to assess the following:

1. Capacity to care for the child now and until they are 18.
2. The prospective special guardian's understanding of the child's current and likely future needs – particularly in light of any

abuse or neglect the child has previously suffered – and their ability to meet those needs.

3. The prospective special guardian's understanding of any current or future risk posed by the child's birth parents and their ability to manage this risk.
 4. An assessment of the strength of the previous and current relationship between the child and the prospective guardian.
- (p.7)

What is apparent is that the government recognises the importance of the special guardian's capacity to meet the child's emotional needs. It is clearly not enough just to meet the child's practical needs, and special guardians need to have the 'ability to help the child overcome emotional damage' (p.12). In a previous chapter, Kim Golding explains that developmental trauma has a devastating impact on children in all their areas of development. She states that it can affect 'attachment, behaviour, emotional regulation, cognition and identity' (p.35). It is clear, then, that parenting a child with these difficulties can pose particular challenges for parents.

Respondents contributing to the DfE's call for evidence were asked to comment on factors impacting on the current quality of assessments. The main concerns cited were the problems associated with assessments being rushed in order to meet the 26-week public law deadline. This was even more of a problem when family members put themselves forward for assessment a number of weeks into care proceedings. Two local authorities gave examples of having to complete an assessment in three weeks. Several other local authorities said that they had been required to complete them in four weeks. Compared with the current timescale for adoption assessments of six months, there is clearly a major disparity between the time allowed to conduct SGO assessments and assessments made for adoptions. This is particularly pertinent when it is recognised that SGO assessments often have added complexities and complications associated with the family's history and pattern of troubled relationships. Assessing these elements is likely to take considerable time, patience, skill and sensitivity.

Identity

Ideally, it is best for children to be raised by their birth parents. Social workers should always consider whether support can be offered to help a parent safely care for their child. However, if it is decided by the local authority and the courts that the parents are not able to offer safe care, then it is important to consider whether a placement with someone whom the child knows and trusts offers an alternative possibility. A placement with a family member, one able to meet the child's current and future practical and emotional needs, has the potential to limit some of the losses and traumas children feel when they are removed from everything and everyone they have ever known. Remaining within their birth family can help children maintain a sense of personal, cultural and family identity through ongoing relationships with extended family members. However, the child not only needs to be kept safe – they also need to be supported and helped in healing the hurts they have suffered from earlier losses and traumas. Alongside this they need their new parents to be able to support them as they make sense of their new, often complicated family situation. These impose a lot of demands for the new kinship parent, but it is essential that all these demands and complications be addressed if the child is to have the opportunity to grow up not only in safety but also in emotional health.

What do we know about disruption of kinship placements?

There is limited research and data in the UK on the long-term effectiveness of friend and family placements and the reasons underlying those which break down. Jim Wade *et al.* undertook research in 2014 on SGOs (DfE 2014), which are the private legal orders in the UK that enable a special guardian to exercise full parental responsibility for a child up until the age of 18. Unlike adoption, an SGO does not legally sever the child's relationship with their birth parents, and broadly speaking there is an expectation that contact will continue with the birth parents and other family members. In their research, Wade and colleagues found that most special

guardians in the UK were grandparents, aunts and uncles. Their research also found that most children moving into SGO families had overwhelmingly been in, or on the edge of, care. Most of these children came from families affected by mental health problems, drug or alcohol misuse, domestic violence and other problem behaviours and difficulties. Almost two-thirds of them were reported to have been at risk of abuse or neglect.

Wade and colleagues' research found that children were most likely to experience SGO disruptions when:

- the children were older at the time the SGO was made
- their previous placement had been with a stranger
- there was not a close relationship between the child and the special guardian at the time the SGO was made
- the child had experienced placement moves in the past.

The research also considered factors that were more likely to be positive for the child's family integration and wellbeing. These were when:

- the child placed did not have any emotional or behavioural difficulties
- their special guardians felt well prepared for their new role
- there was good support from the special guardian's immediate birth family
- the frequency of contact with the birth mother was low.

Selwyn and colleagues' (2014) research *Beyond the Adoption Order* considered family and friends placements under SGOs and Residence Orders (ROs). They considered the factors that increased the risk of disruption as being:

- age at entry into care
- reason for entry into care (neglect, family dysfunction, acute stress)
- number of moves before SGO or RO placement.

Their research found that older children with a history of loss and trauma were at higher risk of placement breakdown.

Qualitative case file reviews of SGOs (Cafcass, December 2015, p.7) highlighted the following factors which were present in placements where there were concerns:

- Applicants had health and/or social problems.
- Children had suffered maltreatment and were likely to have complex needs.
- The behaviour of parents had been, and would probably remain, erratic or hostile.

In addition:

While there was some evidence in the case file of how [these] risks would be mitigated (for example a detailed support plan to address drug use), in others there was a feeling that undue weight may be given to a family placement above other permanence options. (p.5)

Research undertaken by Terling-Watt of the University of Oklahoma, USA (2001), titled *Permanency in Kinship Care: An Exploration of Disruption Rates and Factors Associated with Placement Disruption*, concluded that there were several family stressors which undermined the stability of placements. These were:

- contact with biological birth parents
- children with special needs
- health limitations of relatives
- adolescent's rejection of structured environments.

Box 8.1 includes areas to consider that have been identified by local authority social workers as indicators for potential disruptions.

BOX 8.1 INDICATORS FOR POTENTIAL DISRUPTIONS

- Insufficient assessment of finances and accommodation that could lead to additional stress on the carers.
- Prospective carers not fully understanding or minimising the risks posed by the birth parent.
- History of abuse or neglect by the prospective carer towards another child or the birth parent when they were a child.
- Experience of poor parenting in early childhood of the prospective carer.
- Poor relationship between the prospective carer and the child.
- Poor relationship between the prospective carer and one or both birth parents.
- Prospective carer being over-accommodating or over-optimistic about the birth parent.
- Lack of understanding from the prospective carer about the reasons for the child's behaviour.
- Lack of empathy for the child shown by the prospective carer.
- Poor relationship between the prospective carer and the professional services.
- Resistance by the person being assessed to accept help and support.
- Poor or limited support network for the prospective carer.
- History of poor stress management by the prospective carer.
- Unresolved trauma in the life of the prospective carer.
- Current or historical substance misuse of the prospective carer.
- Current or historical physical or mental health difficulties of the prospective carer.

Specific challenges when assessing family members

Assessments of family members can be challenging pieces of work within childcare proceedings. Practitioners are faced with many dilemmas when considering the challenges and complicating factors.

Timescales

The zealous drive of courts in the UK to complete care proceedings within the agreed 26-week timetable means that the time constraints on assessing family members pose a major challenge for social workers. This problem is compounded by the fact that parents often do not wish to consider alternative carers for their children at the beginning of proceedings. Names of potential kinship carers are often not forthcoming until part way through or even only at the end of proceedings. This means that assessments often have to be completed within very short timeframes. Proposed carers are met on only a few occasions, and therefore the time for detailed analysis of the information gathered is extremely limited. Social workers can feel highly pressured in these situations, especially when there is a strong preference expressed by the courts to find a suitable family member or friend to care for the child. Many practitioners struggle with these time pressures, and as a result the quality of assessment can suffer.

It takes time to build a relationship with prospective parents. Good working relationships are essential if parents are to trust the social worker and feel that it is safe to share information relevant to the assessment. Time is also required to allow prospective parents to consider the many factors that will affect the care they wish to give the child. Time is needed by both the social worker and the prospective parent throughout the assessment to obtain information, understand it and process it. Of course, unnecessary delays should always be avoided, but it is essential for the social worker, prospective carer and child to take their time as they process all the feelings and factors that go into making a comprehensive assessment.

However, even when working within the current time-limited system, there are ways in which the time available to gather information for the assessment can be maximised. One way to do

this is to explore and consider family relationships even before the possibility of a kinship placement arises, especially if there are early indicators that care proceedings might be initiated at some stage. Experienced practitioners will be used to this. They will be aware that family network meetings or family group conferences can be used at any time when working with families. These meetings can be helpful in identifying potential supports for children and their parents, including other family members as possible carers. They can also assist in helping social workers understand relationships within the family, an essential part of any later kinship assessment.

There are also assessment tools that can be useful, including the PDI/Reflective Functioning (Fonagy *et al.* 1995) and Attachment Style Interview (Bifulco), which can generate relevant information in reasonable timescales. Additionally, if timescales are tight, it can be helpful to undertake assessments with a colleague in order to discuss analysis and to ensure that all areas are covered.

Supervision is crucial when thinking about assessments for the court, especially when time is limited. It can be daunting for a social worker to have to make a decision about whether or not to place a child with a family member when time is short. A good line manager will provide space and guidance for the social work practitioner to think about the balance between risk and protective factors, and to hypothesise about what the future might hold for this particular child in this prospective care arrangement. The supervisor should be able to take a more objective perspective. They might spot things and consider information that is being missed or ignored by the social worker, thereby enriching the analysis.

Relationships with professionals

Another common challenge when carrying out family and friends assessments is to try and make sense of the relationships that prospective carers have with the professional services and their perceptions of social work practitioners. Frequently, within care proceedings, we are asked to assess grandparents, aunts, uncles, siblings and close family friends. These are individuals who have been closely involved in the lives of the birth parents. It is not

uncommon for many of these prospective carers themselves to have been involved with social workers in the past and so have fixed ideas about what social workers do and what support services represent. They may have an ingrained mistrust of social workers, present as hostile, be reluctant to provide information, and resist collaborating in the exploratory and assessment process.

It can therefore be helpful at the outset to give prospective carers information in writing about what the assessment will involve, and when and where appointments will take place. Sometimes it is useful to ask solicitors, other professionals and family members to assist in explaining the nature and importance of the assessment process. It can also be helpful (when resources permit) for another member of the team who has not been involved with the birth parents to assess the potential carers.

When undertaking an assessment it is important to consider how open the prospective parents are to working with professionals. Will they be willing to share information about themselves with the social worker undertaking the assessment? If not, what will this mean for the quality of the assessment? There is a strong argument that assessments will be neither complete nor safe unless there is some level of relationship trust between the social worker and the prospective parent. Additionally, as with prospective adoptive and foster parents, it is important to consider whether or not kinship carers would be able to ask the local authority for help and advice if and when they needed support. This would be especially important if there were no other positively supportive individuals available within the new prospective family and friends' networks.

Relationships within the family

Relationships within the family can add further complications and pressures when making kinship assessments. Social workers can face difficulties ascertaining how close and often family members are in contact with birth parents and whether their priority is the child or the child's parent. Exploration and analysis of these matters have to be approached with care. Practitioners should be cautious when there is information to suggest that the proposed carer has allowed

or would allow unsupervised contact between the child and a parent who has been abusive. The central point to consider here is to what extent the carer accepts the concerns held by the social worker and how their understanding of these concerns will impact on the child if the prospective carer assumes care of this particular child.

There might be cases when a child has been physically harmed by one birth parent and the carer being assessed may have a close relationship with the parent who did not perpetrate the abuse. The carer might be of the view that there would be no harm in the child spending time unsupervised with the non-abusing parent. Of course, in some circumstances, the social worker might agree with this view. However, it is vital that other factors are also considered, such as whether the non-abusing parent knew about the abuse and failed to protect the child. In this case it would also be necessary to think about how the child might feel about the non-abusing parent, especially if they were living in the house in which the abuse was taking place and yet still failed to protect them.

Emotional health

In cases where the child has experienced emotional abuse by parents, it is important to assess if the prospective carer can understand the impact that this might have had on the child. Some close family members may state that they cannot see anything wrong with the parenting a child received because they have not been physically or sexually abused. It can be difficult for some relatives or friends to accept that the way the parent has behaved towards a child has caused them emotional harm. Social workers can help prospective carers understand how all types of abuse, including emotional abuse, can adversely affect children's psychological and social development by explaining how anxiety, fear and trauma can generate high levels of stress in children. Stress and the lack of an attuned, empathic relationship that helps children deal with and regulate their highly aroused emotions can have long-term damaging effects on their neurological, psychological and social development. Discussion and understanding of these matters can be backed up by suggesting

various reading materials that explore and explain the developmental consequences of emotional harm.

Practitioners can also use these discussions as a way of assessing how interested prospective carers are in finding out how the child has been harmed and what this might mean for them throughout their life. The way the prospective parent responds helps assess their potential for reflective functioning and empathy. Are they able to understand what they are hearing from the child's perspective? Do they show empathy for the pain and loss the child has suffered and may continue to suffer? If they can't empathise and they struggle to understand the emotional needs of others and the emotional harm suffered by others, it is likely they may also struggle with their own abilities to regulate their feelings when under stress. Family members who have to manage the various emotional demands placed on them by caring for the child of, say, a son, daughter or sister will need to be able to maintain their own emotional health over the long term. If prospective carers do not understand that emotional abuse impairs psycho-social development, not only will this harm the child but it will also prove to be highly stressful for the carers themselves.

Assessing safeguarding risk

Safeguarding and child protection is clearly high on the list of areas to assess when considering a kinship placement in a family where the child has suffered abuse. Although there are many benefits of keeping children within their extended family, these are negated if the child continues to suffer abuse. When assessing an alternative permanent placement, there is no benefit in removing the child from one abusive and harmful situation and placing them in another. In fact, further moves in themselves can be even more damaging for the child. It is essential that social workers are confident when placing a child in a family network where abuse has already taken place that the new carers are able to keep that child safe, physically and emotionally, both in the short and long term.

As with all parenting assessments, checks need to be made and references sought to highlight any information about the prospective kinship carer that may be of concern. Any counter-indicative

information that comes to light needs to be carefully explored and considered. Any offence of a violent or sexual nature clearly needs to be investigated. Such offences suggest that the person is unlikely to be suitable to be approved as a kinship carer. We would suggest offences linked to misuse of trust also should be carefully explored. If there is information about a carer's history that is of concern, their explanation and their capacity to reflect on matters and show how they have changed can be helpful in deciding whether past behaviours are likely to pose a current risk to the child. At all times the social worker's priority has to be the emotional and physical safety of the child.

The relationship between the child and the kinship carer

It is important to consider the relationship between the child and the prospective carer both in the past and in the present. The new guidance in relation to special guardianship assessments sets this out:

Regulation 5 amends paragraph 4 of the Schedule to the 2005 Regulations. It replaces the provision relating to the prospective special guardian's relationship with the child with a more detailed provision requiring 'an assessment of the nature of the child's relationship with the prospective special guardian both at the time of the assessment and in the past'. (The revised statutory guidance on the Special Guardianship Regulations 2005 (as amended by the Special Guardianship (Amendment) Regulations 2016))

When looking at this area, an assessor should be thinking about if the child knows the prospective carer well, or if not, whether the carer has the capacity to build a strong bond and the ability to prioritise the child's needs even when they are close to the child's birth parent. If the carer has a pre-existing relationship with the child, the assessor needs to think about what evidence there is to suggest whether or not this is a positive relationship. How has the child experienced the prospective carer up to this point in their life? Is the prospective carer able to make a shift from being a friend/aunt/uncle/grandparent

to being the 'parent'? Is it something they have thought about? Are they able to explain what they think the challenges might be for themselves, other family members and the child?

An assessing social worker will need to consider the prospective carer's capacity to empathise and think about how the child feels and respond accordingly. It is relatively easy to determine whether a child's basic needs can be met, whether they will be taken to school and attend health appointments. It is much more difficult to ascertain whether the carer wishes and will seek to understand the child's emotional needs and strive to meet these even when it is emotionally challenging for the carer themselves. The assessor needs to be confident that the carer will always prioritise the needs of the child. Can the carer give examples of how they have done this in the past? Can they explain what situations might be difficult for them and how they might manage them? Throughout these discussions, does the carer try to understand how the child might feel or respond in each of these different situations?

Additionally, over the years the new carers will need to help the child make sense of their life story, and to revisit it at key developmental stages. This can be difficult for any carer, but can be harder for kinship carers who will have to face what their own relative has done, and the pain it has caused the child. When undertaking the assessment the social worker needs to discuss the abuse and neglect the child has suffered to ascertain whether potential kinship carers are open to full and frank discussions, whether they have thought about how the trauma might have impacted on the child, and whether they understand how the abuse and neglect might continue to affect the child as they grow. Have the carers thought about how best they might support the child, bearing in mind any current and future challenges they may face? Importantly, do they present as being interested in trying to develop a better understanding of the child's feelings?

This is where the relationship between the assessing practitioner and the prospective carer can be used to help achieve a better level of understanding. The role of the assessing practitioner is to ensure that the carer has all of the relevant information and the resources to understand how this information impacts on the child. The assessing practitioner must be curious about the prospective carer's feelings,

thoughts and behaviours as they react and respond to the information presented. Assessors must think about the potential carer's initial responses and then revisit them to ascertain whether they have shown any insight into the experiences of the child once they have been given all of the information and had time to reflect on it. However, it is also important to remain cautious and to think about any influence the birth parents might still have on the responses made by the potential carer. Empathetic discussion and recognition of the concerns the applicants may have for one or both birth parents, and how they will work with and resolve any conflicts of loyalty, will be necessary.

The assessment needs to clearly identify how carers will be able to assist the child to heal from the trauma they have experienced. There needs to be detailed analysis of their understanding and their willingness to seek help and advice.

A significant dynamic occurs when assessing grandparents who are the parents of the person who has mistreated the child. In many cases, the grandparents will have a strong sense of loyalty towards their own child even when they are able to see that their grandchild has been harmed by their son or daughter. It is often helpful to test out different scenarios with grandparents by asking them what they would do in certain situations. It is helpful to ask them to describe how the child might have been feeling about being mistreated and how they think the child perceives their parents. This will help gauge the carer's understanding of the child's emotional needs and their ability to see the world through the child's eyes. Initially, family members might not be able to see things from the child's perspective. However, in discussion with the assessor, shifts in understanding become possible and the child's developmental needs become clearer and more recognised.

Additionally, if the potential kinship carers are grandparents, it is helpful to explore whether the child's birth parents are dependent on them for support. If so, the grandparents are likely to experience some conflict between the needs of their birth child and the needs of their grandchild. As always, further exploration of their thoughts and feelings in such situations and how they might manage the emotional pulls and pushes would need to take place.

Motivation

A really significant factor to think about in the assessment is the motivation of the prospective carer. In many situations, it is very clear that the relative or friend has agreed to be assessed to help out or support the parent, not because they share concerns about the welfare of the child. This is often voiced at the beginning of the assessment, although it can remain unspoken. However, it can be apparent by the actions of the relative or friend. There are, of course, many prospective family carers who are genuinely motivated to help look after the child and prevent any further suffering. They believe that they would be better placed to care for the child and meet their needs than adopters who are unrelated to the child.

Assessors therefore need to explore and identify the different motives that family and friends have when they say they wish to parent the child. An assessor needs to think about not just what is said by the prospective carer, but what is unsaid. For example, what is the carer's body language like when they are being asked a challenging question? What information are they sharing with the birth parents about the assessment? Are their responses and explanations plausible and consistent? It is important to understand what they think of the child. How well do they know the birth parent's child? Have they considered and expressed concern about the child's experiences of being cared for by the birth parent? Do they appear to like the child or do they make negative or disparaging comments? What involvement, if any, have they had with the child? Have they been aware of any difficulties in the birth family's home and, if so, have they attempted to do anything about them?

Getting the prospective carers to think about contact between the child and the birth parents can be a helpful way to gauge the family member's understanding of any concerns and how they might ensure that the child is protected from any future risks. For family members, this can be a particularly emotive and challenging aspect of the assessment. The assessing practitioner can face many challenges when discussing contact. For example, a grandparent may struggle to comprehend that their son or daughter cannot be left alone with a child, or they might say that they cannot prevent a parent from seeing their child.

It is common for the persons being assessed not to have given much thought to the issue of contact. They may see themselves as simply helping out the parents and see contact as happening as and when the parent or child wishes it. It is often uncomfortable for a family member to think about their relative being a risk to the child. A lot of work therefore needs to be done by the assessing practitioner to assist family and friends to understand the risks of unsupervised or unlimited contact. It can be especially difficult to help prospective carers understand the potential risks and complications associated with contact, especially when they still have an active relationship with the birth parent. Grandparents, for example, might find it difficult to think through the developmental implications for their grandchild if they have assumed that the abusive or neglectful birth parent will remain an active presence in the life of the extended family. It is equally important, of course, to be aware of cases in which the family members are hostile towards birth parents. They need to understand that it is not helpful, and indeed it can be very stressful, for children to be caught up in any strong negative feelings that exist between family members. The assessor needs to focus on helping potential family carers understand the practical and emotional complexities when assuming the care of a child who has been abused or neglected by their own child as birth parent. The challenge for the kinship carer is constantly to see the situation from both the child's perspective as well as their own, and keep the child's needs clearly in mind at all times.

Assessing issues of contact

Understandably, one of the reasons birth parents and relatives may push for and seek out family and friends placements as an alternative to other prospective permanent placements is that they offer the potential for more ongoing direct family contact. This can also be a factor in why the courts and other professionals see such placements as the preferred option whenever possible. However, as with adoption by strangers, much thought needs to be given to the needs of the child and the psychological impact that any contact with a birth parent might have on the neglected or abused child. In cases

where children have suffered abuse and neglect, rejection and trauma, contact can re-open old psychological wounds. Ill-judged contact can re-traumatise the child (for further discussion, see Howe and Steele 2004; Neil and Howe 2004). The analysis should therefore inform whether any contact with the birth parents is advised or not, and in cases where it is recommended, when, where and how contact might take place. Wade's research highlighted that 'Parental contact in Kinship settings can also be a source of considerable tension', causing children to feel a divided sense of loyalty (DfE 2014, p.10). (See also Sydney and Price 2014, who look at how many of these issues relate to assessing, planning and supporting contact.)

When submitting reports in respect of an SGO it is the responsibility of the local authority to make recommendations for contact arrangements that are seen as most likely to meet the child's needs both now and in the future. Of course, it may be the case that the professionals involved in proceedings sympathise with the birth parents and their feelings of loss and pain when the decision is made to place their child with other carers. Nevertheless, it continues to be the case that contact should only be considered if it is believed to be of developmental benefit to the child. Contact should never be considered as a compensation for the birth parents' loss or a strategy to ease their pain, anger or distress.

The understandings and expectations of professionals in respect of contact for children in kinship care also need to be explored. Consider the following case. A child was so seriously injured by his birth mother that he needed hospital care for two weeks. On discharge he was placed with an aunt. The recommendation of those who undertook the assessment was that the aunt should supervise the planned contact sessions and that these should take place in the family home. It is not known whether any attempts were made to encourage the mother to apologise to her son and take responsibility for the hurt she had caused him. This might have been achievable and could have gone some way to help the child recover. However, even if an apology wasn't made, the impact of an abusing parent coming into the aunt's home undermines any confidence that the child might have in his aunt's ability and willingness to keep him safe. The boy needed the aunt and her home to provide him with a sense of security and belonging. Home visits by his maltreating

mother posed the risk of the boy feeling anxious, re-traumatised and de-stabilised. Superficially, contact arrangements that take place in the child's new home in the presence of the friend or kinship carer might seem to be easier, more natural and obvious. However, professionals and potential kinship carers need to think about and reflect on such arrangements from the point of view of the maltreated child and how contact, wherever it takes place, might affect the child's feelings of safety and security. A distressing contact can upset, unsettle and distress the child for days, even weeks, after the visit. If contact is to take place, it is often better for it to happen on neutral ground so that, even if the contact is disturbing, the child can at least return to a 'secure base', to a home and carer who feels safe.

As well as a child feeling scared or traumatised by being in physical contact and close proximity with the maltreating birth parent, the child might also experience severe distress as old memories, associations and unresolved feelings are triggered by simply being in the presence of the frightening or frightened parent. The parent's current behaviours, however subtle, can act as powerful triggers, precipitating catastrophic feelings that the child is unable to regulate. A loud voice, a soft whisper, a raised eyebrow, a strong perfume, a vacant look or a warning scowl can cause the child to have uncontrollable feelings of danger, fear or sadness.

Prospective special guardians who have experienced supporting contact as part of the proceedings are in a position to reflect on the meeting with the assessor. The prospective carer can be invited to consider how the child behaved and reacted when in the presence of the birth parent, and how they behaved in the hours and days after the contact. Understanding the impact and effects of contact on the child can be discussed, taking into consideration the child's age, stage of development and their pre-placement experience living with, and being cared for by, the birth parent. For example, how a baby responds to contact and any behaviours they might display that could indicate whether the meeting was experienced as supportive or dysregulatory will be different from an older child. Obvious signs of post-contact distress for the older child might be soiling, wetting, bad dreams and increased difficulties with behaviour at home and school.

Recognising more subtle, less obvious signs can also be helpful. Some children might behave in ways that carers describe as excited

or excitable, which on closer analysis are better understood as a dysregulated affect resulting from being with a parent who was previously neglectful or abusive. Babies or toddlers might exhibit behaviours that carers describe as fussy or being unusually difficult to settle. Some carers have described young children being mentally cut off, in a daydream, suffering disturbed sleep, and becoming clingy. Thinking with the carer about these behaviours in terms of their meaning within an attachment relationship and the child's need for a warm, safe, consistent and attuned caregiver can aid the assessment. They can help promote deeper insights into the child psychological state of mind, current needs and hopes for the future.

Deciding on whether or not contact, now or in the future, will be of any developmental benefit also needs to take into account whether it will promote or undermine the child's need to develop a secure attachment with the new carer and promote a strong, safe sense of belonging. The timing, frequency and venue for contact can either support or hinder a child's sense of security. While the carer who is being assessed must be involved in thinking through the plans for future contact and how they will focus on and support the child before, during and after contact sessions, it is ultimately the responsibility of the assessor to make specific recommendations.

The rhythm and frequency of contact that has been taking place during proceedings where the child's future placement has been undecided is likely (if birth parents have been able and willing) to have been relatively frequent. To help support the child in settling and developing a sense of security with permanent carers, levels and frequency of contact might need to be reduced, put on hold or stopped altogether.

As highlighted earlier, when the child has been placed with the prospective special guardian during the proceedings, how they have managed contact arrangements will inform the assessment and recommendations. However, it is important not only to assess the potential special guardian's understanding of the child's needs in respect of contact but also the expectations and understandings of the birth parent(s). Is the birth parent able to accept that their relationship with the child needs to change? Will he or she be able to give the child permission to settle with their special guardian?

Can the birth parent be helped to understand and accept why frequency of contact needs to be reduced, delayed or stopped?

While there is a risk that in some situations kinship carers might allow unsupervised contact, there are also situations in which the new carer might agree with the contact plans but have no wish to be present or involved themselves. There are potentially two extended families who might want to offer a placement or be involved in the child's life. Given a birth parent's history of dysfunctional relationships that lack harmony, grandparents, for example, might have a negative view of, and hostile feelings towards, their daughter's partner, especially if they believe he has been the cause of her poor mental health and failed parenting. Or a paternal grandparent might feel unable to communicate with the child's birth mother with whom the child is being allowed contact. While the grandparents might be willing to take the child to the contact centre, they might feel unable to meet with or talk to their daughter or her partner. This uneasy state of affairs is likely to place the child in an uncomfortable situation in which they will suffer conflicts of loyalty.

It is also important when assessing the potential risks and benefits of a kinship placement to explore with the potential carers how they will support the child in developing an understanding of their genetic and cultural heritage in relation to both of their birth parents, even in situations where no direct contact is planned. While entrenched negative views about a birth parent by a kinship carer might not be a deciding factor in whether or not to recommend a placement, the possibility that such views might be communicated to the child and the fact that they would have a negative impact on the child's identity and sense of self would need to be considered.

More than any other type of placement for children who cannot be allowed to grow up with their birth parents, kinship placements can pose some of the most complex challenges regarding contact for all those involved. Meaningful analysis, in-depth explorations, planning and support and, as far as is possible, evidence-based recommendations all play an essential part in helping secure the future wellbeing of the child.

Practical support

Alongside the importance of meeting the child's long-term changing emotional needs, special guardians also need to be able to meet basic practical needs. Housing, finance and family support are all essential matters to consider. All parents caring for children who have suffered abuse and trauma will need support. Although the state may be able to provide some specialist therapeutic support, this is not guaranteed and will not be long term. As such it is essential that special guardians have healthy support networks, which they can call on whenever they feel the need. Additionally, any housing problems or financial difficulties should not be minimised. The stress of overcrowded living arrangements and/or financial pressures can have significant and adverse effects on the health and stability of an SGO placement.

Conclusion

Children who have suffered abuse and neglect, loss and trauma need the security of a relationship with parents who can care for both their practical and emotional needs, at the time of the placement and well into adulthood. Caring for children who have had abusive experiences requires parents who have the ability, skill and practical support to keep the child safe and to help them heal their hurts. Kinship carers also have to be able to manage their own relationship with the birth parent in a way that does not negatively impact on the child. They need to be interested in understanding the child's feelings and be able to manage the relationship with the birth parent, whether direct contact is taking place or not. Assessing all of these elements takes time and considerable skill. It requires the social worker to have an understanding of child development, child protection, the impact of trauma on children's development, and the importance of permanence planning. It requires a range of skills and experiences that are able to promote a more generic and holistic approach to permanence assessment.

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