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Responding to the Call:
A New Conceptual Model for Kinship Care Assessment

Dr Valerie O Brien

Email: valerie.obrien@ucd.ie

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Dr Valerie O'Brien: Lecturer in Applied Social Science, UCD, Dublin 4.

Email : Valerie.obrien@ucd.ie

Abstract

It is generally accepted that kinship care is different to foster care. However, as it has emerged as an increasingly important care option in many jurisdictions, child welfare services deal with it as if it was analogous to traditional foster care. Kinship care systems have been grafted onto foster care systems, and this has caused difficulties for all involved. The assessment of the kinship home poses particular challenges. The provision in many jurisdictions which permits an initial assessment of the kinship home, thereby enabling an emergency placement, is to be welcomed from a child-centred perspective. Nonetheless it also poses challenges, in that agencies frequently fail to meet the designated time-frame for completion of the assessment /approval process.

This has given rise to calls for the development of different conceptual models for kinship care service delivery, especially for the difficulty-prone assessment aspect. In response, this article introduces an innovative model of assessment. The model arises from the author's involvement in research on kinship care in Ireland, and draws on the international literature on the topic. The resultant model offers an approach to assessment that would fit with many legislative, policy and practice contexts and has relevance for kinship care assessments internationally.

Key words: *Assessment, Approval, Evaluation and Screening of Kinship Home, Home Study, Social Constructionist and Systemic, Case Management.*

Introduction

The challenges in respect of assessing and approving kinship placements and the development of a specific conceptual model for assessing the kinship home should be seen in the context of a number of key debates. The first debate is in respect of assessment practices, and the extent to which there can be a fit between a competency-based approach to parenthood, standardisation in service delivery, evidence-based practice, risk appraisal and the place of professional judgement (BAAF 2000, Milner & O'Byrne 2002, Talbot & Calder 2006, Crea et al 2007, 2009; & Beesley 2010). The second is understanding the historical evolution of the home study (O'Brien & Richardson 1999, O'Brien & Conway 2004) as a precursor to the development of a robust kinship care assessment model. The third is in recognising the profile of both kinship carers and children placed in kinship care, and the intersection of policy and practice relating to financing, approving, supporting and supervising this care option (Connolly 2003, Nixon 2007, O'Brien 2012). It is beyond the scope of this paper to provide in-depth coverage of these debates, important as they are.

The primary focus of this article is the presentation and elaboration of key aspects of an innovative model, and identification of implementation issues involved in its use. However, by way of providing an introduction for the model, a brief overview of methodology, difficulties encountered in assessment, developments to date in respect of kinship assessment, and core capacities of parenthood and needs of children are summarised. The key tenets of social constructionism, which is used as the major theoretical underpinning of the model, are also outlined.

Methodology

An action-based research methodology has been used in the development of the new practice model. The literature on conducting kinship care assessments was reviewed, and the findings from a pilot project on relative care assessment conducted in Ireland, and aimed at developing an appropriate case management model, were re-examined (O'Brien 1999a, 2004). Kinship care practitioners and service managers in key positions were interviewed about their views on the elements that might go to constitute an ideal home study process and case management structure for kinship care. An initial model for enhanced kinship case management was presented at a series of seminars, and the input of experienced practitioners, service managers and other researchers were sought. From this process has emerged the conceptual model described. In keeping with the philosophical basis of the action-based research methodology, this paper is intended to encourage a debate between practitioners, service managers and academics on the potential application of the proposed model to enhance the use of the kinship care option across settings and jurisdictions.

Policy Issues

One of the recurring questions in the international literature with respect to kinship care assessment is if kinship care is fundamentally different from traditional foster care, thereby requiring different processes of assessment and child placement approval? The alternative is

if the assessment should be the same for both care options, but with flexibility to accommodate the particular issues relating to kinship care?

This debate, and the measures that have developed, has been captured by Connolly (2003) in New Zealand; Cashmore (2001) & DCSNSW (2007) in Australia; Portgengen, & Der Neut, (1999) in Netherlands; Pitcher (2001), Talbot & Calder (2006), Hunt et al (2008), Farmer & Moyers (2008) Family Rights Group (2011) and DoE (2011) in UK. The works of Scannapieco & Hegar (1996), Scannapieco 1999, CWLA 2000, 2003, Geen (2003), Hegar & Scannapieco (2005, forthcoming;) have profiled the work in USA. In Ireland, O'Brien (2000, 2004, 2012) DoHC (1995, 2003) have captured developments, as have Lernihan (2010) and DHSSPSNI (2010) in Northern Ireland.

There have been repeated calls for the development of different conceptual more relevant and appropriate models for kinship care (O'Brien 1997, 1999b, 2001, 2010, 2012; Doolan et al 2004; Aldgate & McIntosh 2006 & Nixon 2007) while maintaining similar standards of investigative scrutiny in kinship and foster care. This paradoxical position is challenging.

The Difficulties with Current Practices

There are currently a number of particular problems with kinship care assessments. Agencies face censure for not adhering to the statutory time-lines within which they are expected to finalise the assessment and approval processes (HSE 2010, HIQA 2010). While placement with families is enshrined as a preference in policy across many jurisdictions, the key driver of placement with kin is often due to the shortage of other care options (Colton et al 2008), rather than any real commitment to this type of care (Hunt et al 2008).

There is ample evidence that practitioners are wary of some kin homes, but unless there are safety issues, they will generally try to make them work (Geen 2003). Despite the increased use of kin care, many practitioners seem to lack confidence (Greeff 1999) and when faced with kinship care assessments many are unsure about how to adapt their practices and to work with ambivalence in the network of relationships (O'Brien 2001, 2009a). Crea et al (2007, 2009) assert that, when a range of different assessments used in alternative care is examined, kinship assessments fall half-way between foster and adoption assessments in terms of scope and comprehensiveness. Hunt et al (2008) found that 'professionals were poor at predicting future concerns. Problems which had been anticipated rarely materialised; problems which arose had rarely been flagged' (p 293). This is particularly relevant when exploring the difficulties in current assessment practices in kinship care.

From the perspective of a relative trying to help their extended family, they appreciate the agency need to ensure safety but an extended investigation/ assessment process is an unwelcome, incomprehensible, intrusive and worrying intervention while they are adapting to the difficult task and changes involved in caring for their vulnerable relatives (O'Brien 2001, 2009b, Farmer & Moyers 2008, Hunt et al 2008). It can be difficult for the child who is being cared for by relatives, not knowing if the agency is going to let them stay with their extended family (O'Brien 2002b). There can be tensions in the wider network of family relations because of the general uncertainty. It is hard enough for everyone to accept/ adapt

to whatever crisis led to this new family relationship, without the new arrangement remaining up in the air for extended periods (O'Brien 2002a, 2009b).

An example of innovation that has propelled developments (Bratteli et al 2008) in kinship care assessment has been the acceptance of differences in approval status and licensing in the USA. Complex legal, policy, values and practice spheres of influence have given rise to such developments (Hegar & Scannapiece 2005).

Contributions from Kinship Care Literature towards Development of the Conceptual Model

Clearly, an appropriate system of vetting and/ or assessment of relative carers is required. The question is not if they should be assessed, but how they might be assessed (Connolly 2003) without having to pass extraordinary tests (Betts & Mallon 2005).

Despite progress on assessment frameworks in foster care (Chapman 2009, Beesley 2010, Cousins 2010, and Dibbens 2010), the lack of specificity and detail in relation to kinship care remains. Nonetheless, some useful guidance has been developed which includes work in the UK by Greenfields (2004), Argent (2005, 2007), Broad & Skinner (2005), Morgan (2005), Talbot & Calder 2006 & Roskill (2007), in Ireland by DNEA (2011) & O'Brien (2000, 2004). The works of Scannapieco & Hegar (1996), Jackson (1996, 1999), Scannapieco 1999. Shlonsky & Berrick, (2001), and Hegar & Scannapieco (2005, forthcoming;) have been to the fore in USA.

The challenge for the social worker undertaking assessments is to be informed by the research on assessment, but the reality is the evidence base for optimal selection of parents for children who are in state care is not robust, and it involves many diverse findings (Crea et al 2007, 2009, Beesley 2010). This is surely at the core of the difficulty, and begs the question of what outcomes are being sought in kinship care? If the methodology and evidence base is not clear, what are the implications for the principles, methods and techniques used in both the home study itself and the decision-making process stemming from this. A weak evidence base should alert workers that multiple views are needed in establishing what is the best interests of the child.

A challenge remains in finding a fit between kinship care assessment, and the debates in respect of general assessments, especially the challenges of putting into practice the call for enabling and collaborative assessment models (Waterhouse 2001, Nixon 2007), dealing with the limitations of current practices (Talbot and Calder 2006, Beesley 2010), moving workers from seeing assessment as a once off event (Cousins 2010), taking into account that assessments do not come cheap and that they need significant resources (Milner & O'Byrne (2002) and devising systems to take account of different lengths of placement required (FRG 2011, DHSSPSNI 2010, DoE 2010). The issue of making resources available for kinship care assessment, and efficient use of those that are provided, is a major factor that has be provided for in an emergent case management system.

Some specific guidance arises from the kinship literature that is core to the model

- How the capacity to parent, and the resources needed to do the job (Geen 2003, 2004, Hunt et al 2008)
- The need to shift from working with the individual carer home and to incorporate wider network configurations into the assessment and interventions (Jackson 1996, 1999),
- How family group conference practices offers potential (O'Brien 1997, 2000), Doolan et al 2004, Broad and Skinner 2005 & Nixon 2007)
- The features of ENORC (Emerging Networks of Relative Care) previously developed by the author and incorporating a rapid assessment stage, demarcation between supervision and support, FRG as a decision-making technique, the care plan as central to monitoring the placement and an appreciation of the dynamic and different categories of networks of relationships (O'Brien 2001).

Core Aspects of Assessment

There are a number of questions that are core to approval for all types of care. Questions such as 'what do children need' and 'what constitutes a good family experience for children' are to the fore. Developments in terms of defining desired outcomes for children and the capacities required to meet these outcomes (Cousins 2010, Dalzell & Sawyer 2007, Dibbens 2010) continue to make inroads in addressing these questions. There is a level of constancy across child welfare systems that the central need of the child is to ensure he or she is safe, and his/ her educational, social, physical, identity and emotional needs are met (McAuley & Rose 2010). These are the kinds of parameters that are generally applied in evaluating alternative care arrangements for children.

Likewise, there seems to be a broad constancy in the literature on the key parental capacities required of the kinship carers. They are:

- Have insight into self;
- Understand the child's needs, and be committed to meeting them;
- Understand and be able to deal with family dynamics, and especially see their own position in it;
- Support and allow the agency to provide support / See the relevance of the agency in the lives of the family;
- Understand the job of kinship foster care.

While the general term "suitability" is used frequently, a definition of what constitutes suitability is rarely contained in legislation, but is elaborated sometimes at policy level, but more frequently at the level of practice and standards.

Theoretical Foundations

The application of a number of social constructionist (Witkin 2012), systemic (Dallos and Draper 2005, Flakas et al 2007) and narrative ideas (White 2007) offers a coherent basis for a conceptual model of assessment practice, and fits with many of the challenges discussed above. The author is particularly interested in how social constructionist ideas intersect with ideas that are embedded in social work theory and practice (Parton & O'Byrne 2000)

Witkin (2012), in his work on social constructionism and social work, elaborates many of the tenets of this approach with its awareness of the dominant and marginal discourses, how certain discourses 'rise to the top' and what maintains them (p 29). This fits with a stance of 'questioning the assumed and taken for granted perspectives and beliefs' (p 31), an emphasis on contextual influence, especially the social, gendered, historical and cultural contexts of beliefs and a view that there is ' no singular truth', the impossibility of 'objectivity', the importance of the 'social' and the centrality of the relational field for giving meaning.

A social constructionist and systemic perspective helps social workers to re-conceptualise many of the theories, values and beliefs that are central to the profession, and can assist in finding a way to avoid becoming embedded in individualistic, pathologising and problem-saturated views /positions. Social constructionism and systemic ideas offers a way to explore multiple truths, perspectives and context to enable a greater exploration of both the workers position and practice. A major consequence of this movement is its reappraisal of the expert role of the professional and of issues of mandate. It pays attention to who is requesting the worker to do what and for whom. It also assists in taking a more critical stance towards the work and theories on which it is based.

Social constructivist, systemic approaches encourage practitioners to enter a more dialogical and collaborative space with the family, to expand upon the ideas of problems, and potential solutions so that families can put forth what works particularly for them, and in the process assist in the social worker gaining a greater understanding of their own and the family's position. A social constructionist position ensures that the social worker does not impose a view of 'normality' which families must measure up to allowing social workers an opportunity to work with greater transparency, spontaneity and creativity.

The particular challenges of understanding and working with kinship care networks are alleviated through use of these theoretical social constructivist, systemic and narrative ideas and have been to the core of the author's work in this area (O'Brien 1999a, 2004, 2009b O'Brien & Richardson 1999, O'Brien & Conway 2004).

A New Conceptual Model of Kinship Assessment

Introduction

In proposing a new model, the key issues identified are addressed, and solutions are found drawing from the understandings and theoretical underpinnings discussed. In many ways the new model uses the theoretical underpinning to build on current practice and the experiences and knowledge of current assessment practice is not being rejected. In this way the new model may be understood as an evolution of assessment tailored to deal with an understanding of issues in kinship care.

Figure 1 : An Overview of the Model : Innovative Kinship Care Assessment
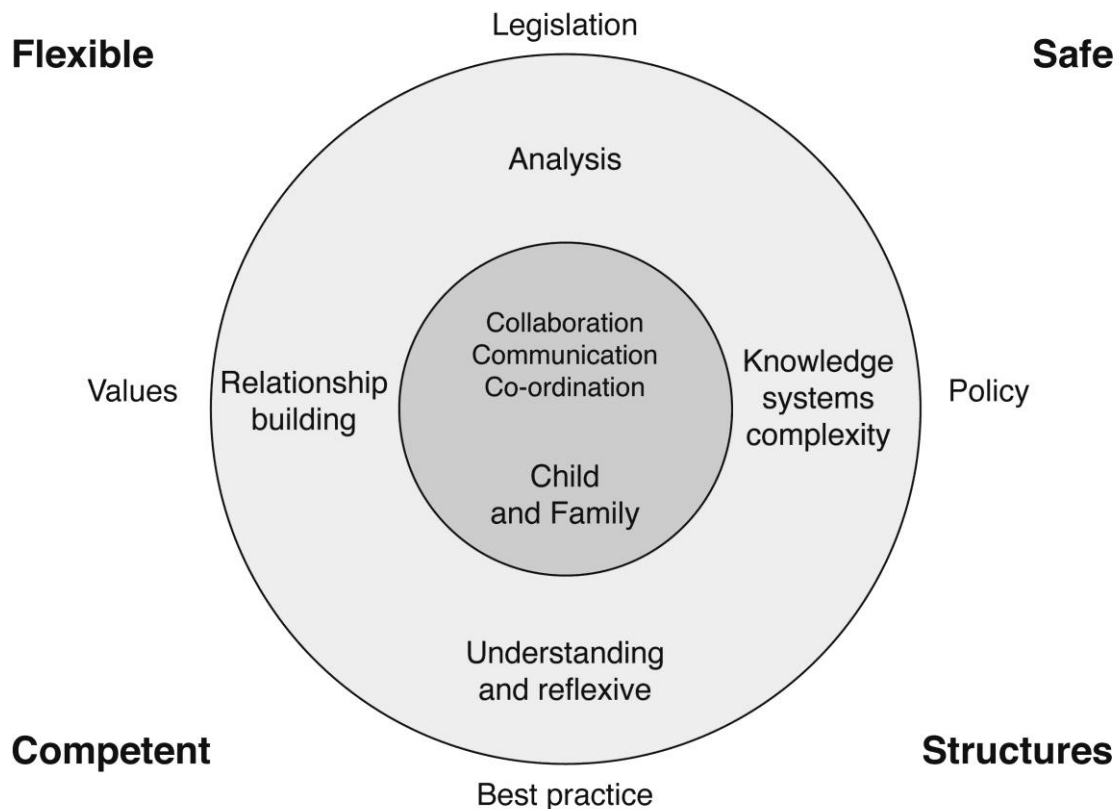
The model, which is illustrated in Figure 1 aims at ensuring safe, competent care where the child's needs are met and providing ample flexibility and structure to take account of the network of relationships that are a feature of relative care (O'Brien 1999). The model takes account of enabling legislation, values, (child and family centred, partnership etc), the policy expressed as a preference for keeping children within their own family networks, and best practice. The model is ultimately aimed at enhancing outcomes for children in care and their families.

Kinship care is seen as a journey for the child. The model is taken as dealing with the part of the journey which commences when the need for a care placement is identified, and an emergency placement is made or /about to be made. It ends when the approval committee / panel have made a decision in respect of approving /licensing the kinship home within the statutory time-frame (Fig 2).

The model provides for an empowering, transparent, evidence-based assessment process in which the agency makes the final decision, emphasizes an appraisal of the importance of relationship building, need for robust knowledge, good analysis and utilisation of a strengths and self-reflective perspective. These aspirations are assisted by the use of a number of techniques and tools to enable completion of the tasks (Fig 4 & 5) identified/ required along the stages of the process and with a firm focus on processes that enhance collaboration, communication and cooperation (Fig 3).

The model is aimed at co-ordinating the different elements of risk appraisal, identifying and clarifying vulnerabilities and support needs, as well as identifying and categorizing strengths available in the network. It is structured so that the optimum means of ensuring the child's

safety and well-being are identified firstly, and secondly, that the best possible placement in the network has been found. The views of extended families, and their participation, are seen as central to ensuring these outcomes in the model.

The model sets out the different stages involved in making and approving a kinship care placement. Within these stages the tasks are clearly delineated, as are the techniques and structures needed to deliver these tasks. The model helps to make explicit what needs to be done, thereby making it easier to quantify the resources required for good practice. While in practice, the kinship journey may not be necessarily as sequential a model as illustrated in (Fig 2), there is a need to ensure that all identified stages are considered.

This model moves assessment from a narrow, 'home study' perspective to an appraisal of the information available about the network of evolving relationships in the family, while recognising the normal statutory requirement to ensure a summary report is presented to enable approval /licensing to occur. The model re-defines kinship care assessment to be part of a larger case management system (Fig 2), but is clearly focused on ensuring the organisation can make a decision re the suitability and eligibility of the proposed placement in respect of the child needing care, as required by legislation.

The approach does not see the assessment as an end in itself, but as a stage structured to meet appropriate statutory requirements. While practitioners and managers sometimes argue for extending the time period laid down in law, this model recognises that this narrow time period is appropriate, particularly to optimise the creation of stability in the network. This is based on the understanding that the explicit care plan indicated at the stage of reception into care/ beginning of placement, is further assessed /adapted during the same time period, and the assessed needs of all parties are then overseen in subsequent stages through support, supervision and case review structures and processes. In this respect, the model takes account of other decision-making structures and inputs that will be part of the case management of the kinship placement.

Figure 2: Stages of Kinship Care Assessment: From Placement of Child to Approval of Kinship Home.
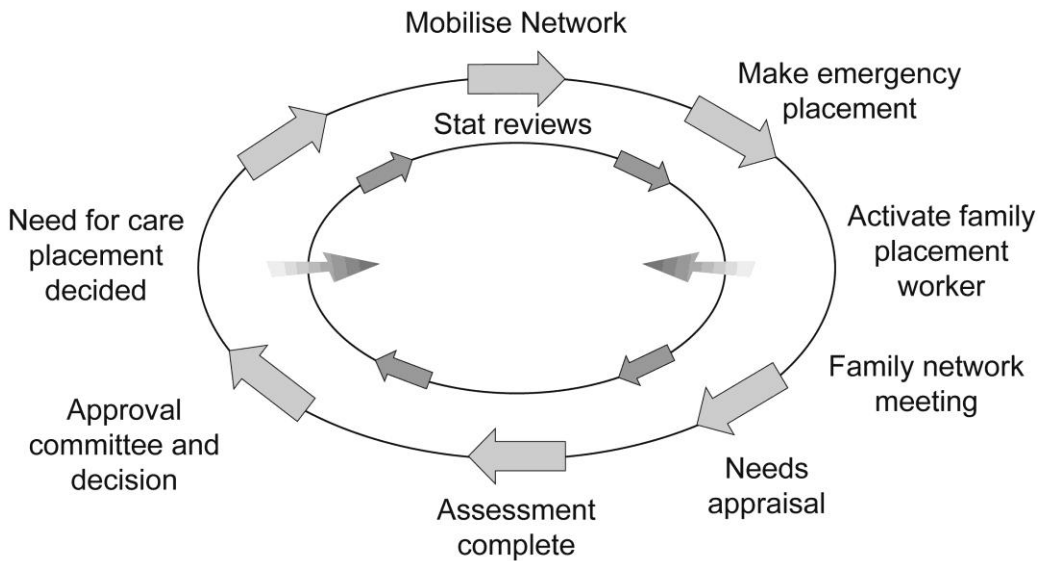
Parameters of Kinship Assessment.

This case management model of assessment is built firmly around addressing the two questions that seem to most trouble practitioners. These are 'how can we be sure that the child is safe'? and 'how do we know the agency have found the 'best family placement' in the child's extended network? These are central questions and they rightly tend to preoccupy service providers. However, a few supplementary questions can bring clarity in terms of:

- What are the outcomes being worked towards for children in kinship care?
- Is there a delineation of the core and desirable capacities required in kinship carers?
- What support and service provision is required and available to optimise outcomes?
- Do supervision structures take account of the diversity of network / placement? and
- Is there a decision-making framework to balance the risks and vulnerabilities with the strengths and competencies intrinsic to the particular network of relationships in existence at this point in time?

In essence, the agency's peripheral position in relation to the family network, the ambiguity about using kinship care as a formal care placement and concerns regarding the risk of inter-generational family dysfunction are at the core of these questions. If clarity is not achieved on these points, the pre-occupations will continue, the delays will lengthen and the frustrations and confusions highlighted earlier will be maintained.

The model requires a minimum of two workers working as part of a team under the supervision of one manager while another manager (clinical) is available for case consultations. Their respective tasks are laid out in Figures 4 and 5.

The assessment process places the appraised needs of the child, birth family and kinship home centrally in the considerations; it utilises a family network meeting as part of the decision-making process; it sees the home study/ exploration as a continuation of these processes rather than some stand-alone process it all too often becomes. The model takes

account of differences between kinship and traditional foster carers and the challenges experienced by the different participants as outlined earlier.

Key Concepts Underpinning Assessment Model

Central to the model is the belief that safe care can be found for the vast majority of children in their extended family and social networks, provided adequate support and supervision structures and processes are in place. Ensuring safe care involves the agency sharing the responsibility for decision-making with the child's own network, while retaining the ultimate mandate to decide what the best interests of the child are where he or she is subject to a care order. While the issue of safety is seen as key, moving to a position where decision-making about this becomes a shared responsibility is central.

It is seen as essential that as much clarity as possible is provided from the outset on agency expectations about the child's and family needs, and how the agency would like the kinship carer to meet those needs. The kinship carers need to be clear what the agency expects of them, the parameters of their work, and most importantly clarity about the changes that will occur. Information/ communication needs to be provided in a clear, non-jargonistic manner.

In many instances, children who enter care are already known to services and therefore, the care plan may be more predictive. Workers are keen generally to avoid jumping to conclusions prematurely, but the flip side of this may be that information which is known is not used robustly in decision-making. As a general principle, workers should strive to be clear as possible on the care plan. If, following an initial appraisal, there is high probability that the child will be returning home in the short term, then the extent of the assessment should reflect this. The different pathways are central features of the model, as is a feature of evolving practices elsewhere.

In general, the agency is in a peripheral position outside the family in kinship care. The boundary between family and agency needs to be explicitly acknowledged, and consideration given to how this dynamic operates in the network of relationships during the assessment and decision-making period. A sound understanding of positioning is also required to take account of the multiple tasks of assessment, support, supervision that may be happening simultaneously at this stage of the service delivery.

A good knowledge of kinship care is also crucial. The non-homogenous nature of kinship carers, the different categories of networks of relationships that can evolve, and the inherent ambivalence central in the relationships are key factors in successful working with kinship care. This type of understanding is crucial in predicting the direction in which the placements may go, and more importantly, indicates to the agency the level of support and supervision that is requried to optimise outcomes.

The utilisation of decision-making and accounting processes in the system needs to be considered. Regulations regarding case review generally are part of child welfare systems when the child is in care, and clarity is needed regarding utilisation of information and carrying through issues to the review stage. The review system should be an important structure to manage the issues summarised in the assessment and decision-making that occurs at panel stage. In this way, the assessment process contributes to the ongoing case review.

While moving in the direction of a standardised approach, the model relies on workers having a capacity to develop and exercise their professional judgement. The model does not see a conflict in holding the best of both standardised and professional approaches. Self-reflexivity (Lyons 2010, O'Brien 2009c, 2012) is seen as crucial in the professional work, and provides a lens with which to navigate the complexity of the context and the network of relationships that are dynamic and complex at this stage of the placement.

Lastly, this model sees kinship care as safe, but service providers should be aware of its limits, and the circumstances where a longer term plan based on the kinship care placement is not considered appropriate. The research evidence required to robustly support a conclusion not to approve the home is usually not easily available, and thus the evidence for such a decision requires attention to research evidence, clinical skill and judgment, law and statutory regulations, policy and standards, resources and value context markers (Fig 1).

Organisation of Assessment Work

From an agency perspective, there is a need to take account of involvement with kinship care at three different spheres of the organisation : front-line staff, supervisory/ managerial level and the decision- makers at panel / placement committee.

Like traditional assessment models, this model requires two workers, but is characterised more by a task than a role-oriented designation. The backbone of the kinship care case management connects the stage when the decision is made that a child is in need of an alternative care placement with the end when the panel has made a decision on the suitability of the relative home as an alternative placement for the child. Cooperation, coordination and collaboration are core (Figure 3) and will drive the processes to ensure that the agency obtains maximum benefit for the resources deployed on the case, and optimises the supports for the different participants in the family network. Attention to context markers such as laws, policies, best practices and case management specific to each jurisdiction is crucial.

Figure 3: The Case Management Model : Back Bone

In the model, the myriad of tasks required to be completed in the network during the assessment period, and shown in Figures 4 & 5, further drive the process. While there is still some emphasis on role, this is primarily to avoid duplication and enhance clarity,

coordination and communication in the system. It is likely that, in the first instance, the child's worker will have conducted the initial network appraisal, and mobilised key people and will have shared core information in the family. The second worker is only allocated once the decision has been made that an alternative placement is required, and it will be more usual that this occurs after the emergency placement has already been set up. If there is greater time available at this stage, the involvement of the second workers can be managed differently. *It is crucial that this flexibility is retained*.

A central feature of this model is the worker allocated to the child and birth family remains following the approval of the placement and kinship home by the panel, but the family placement worker may be changed. While it is crucial to provide continuity for enhanced relationship-building and optimising the delivery of the care plan, this model is structured on the need to have flexibility with human resources to respond to the need when an alternative placement for a child is indicated. If change of personnel is required for service delivery purposes, it is preferable that the continuity is offered to the child and birth family in the first instance.

The family placement worker will be part of a resource on a team which can be utilised for time-limited work, thus ensuring that there will always be a resource available to meet the need to conduct and complete the assessment in cases when a kinship placement has been indicated. It is envisaged that information management systems will be utilised to predict and plan service levels requirements. It is likely that these workers will also be involved in other pieces of work, but their workload is ring-fenced to ensure availability for completing the assessments in the required time frame.

The exact timing of family placement worker departure from the case the will depend on the frequency of the panel meetings, the type of recommendation made and a judgment as to the likelihood of the panel accepting the recommendation.

Following the submission of the report to the panel, the family placement worker introduces the new link worker to the kinship carer. The new worker follows through working with the kinship carers in respect of supporting and supervising the kinship home, coordination of training and taking part in the statutory review process.

The provision of a therapeutic service targeted at different configurations of relationships in the kinship network is an additional feature of this model. This aspect may involve working conjointly with the child and family worker to carry out therapeutic work that may be required to build up working relationship between birth parents and kinship carers and any other network configurations that may require therapeutic assistance. Clarity in respect of commissioning, objective, positioning (Byrne & McCarthy 2007), and attention to intersection and impact of this work on other tasks and roles is critical.

It should be noted that one of the key management issues anticipated is the operational arrangement between the child and family social worker, who will do the appraisal of the child's needs, write up the care plan and participate (if necessary) and the family placement worker, who may convene the family network meeting and continue conversations with the kinship family to complete the appraisal. It should be noted that the model, while clearly identifying the tasks involved, allows flexibility as to who undertakes the work. It will also be necessary, where workers from two different teams may be involved to assign the case management mandate to one manager.

Tasks of the Child and Family Worker

The tasks for the two workers are delineated, while paying attention to the tension in social work where practices are becoming increasingly task and outcome-oriented (Gardner 2012).

**Figure 4 : Intervention and Assessment Tasks for Child and Family SW.**
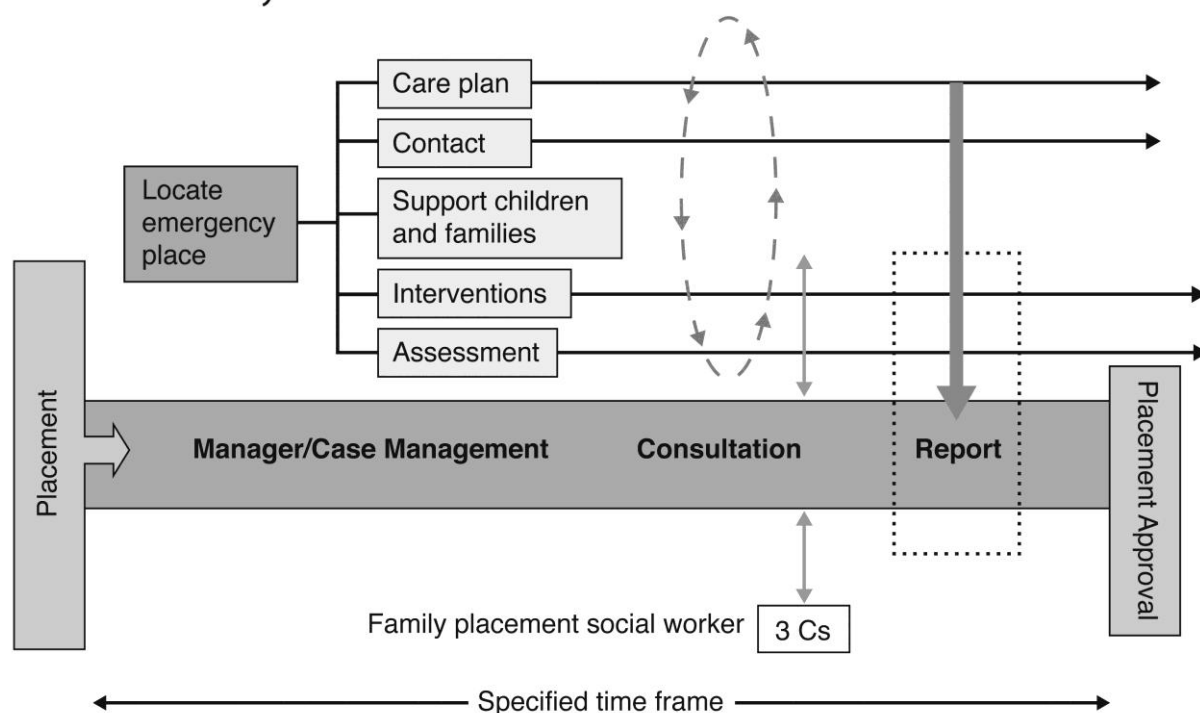
The central tasks of the child and family social worker:

- Identify the need for an alternative placement and conduct an initial appraisal and mobilisation of the child's network;
- The initial assessment is a key task at this stage, and this assessment is critical to the making of a robust, clear care plan which includes the identification of any gaps that requires further appraisal or intervention (based on the information available at this time);
- Work out a suitable contact plan as part of the care plan;
- Provide support to the young person, and ensure opportunities are created in which they can have an input into decision-making;
- Devise short and medium-term interventions and identify sequence and personnel required carry out the interventions;
- Be open to potential to have dyadic, triadic and family conversations to deal with emerging issues (may be individual or co-work);
- Liaise closely with the family placement worker re many of the tasks and ensure there is good clear communication and coordination.

Tasks of the Family Placement Worker

The tasks for the family placement worker are outlined on Figure 5. It is the emergency placement that should activate the family placement worker, and it is important that this activation does not occur until it is indicated that a family placement is likely. If the family placement worker is activated too soon, it could result in this resource being used for child protection assessment, thus cutting down the ring-fenced resources available for kinship care assessment. Nonetheless, the timing of the family placement worker entering the system will impact less on the specificity of the tasks but will impact more on the sequence of the tasks.

Figure 5 : Intervention and Assessment Tasks for Family Placement SW.
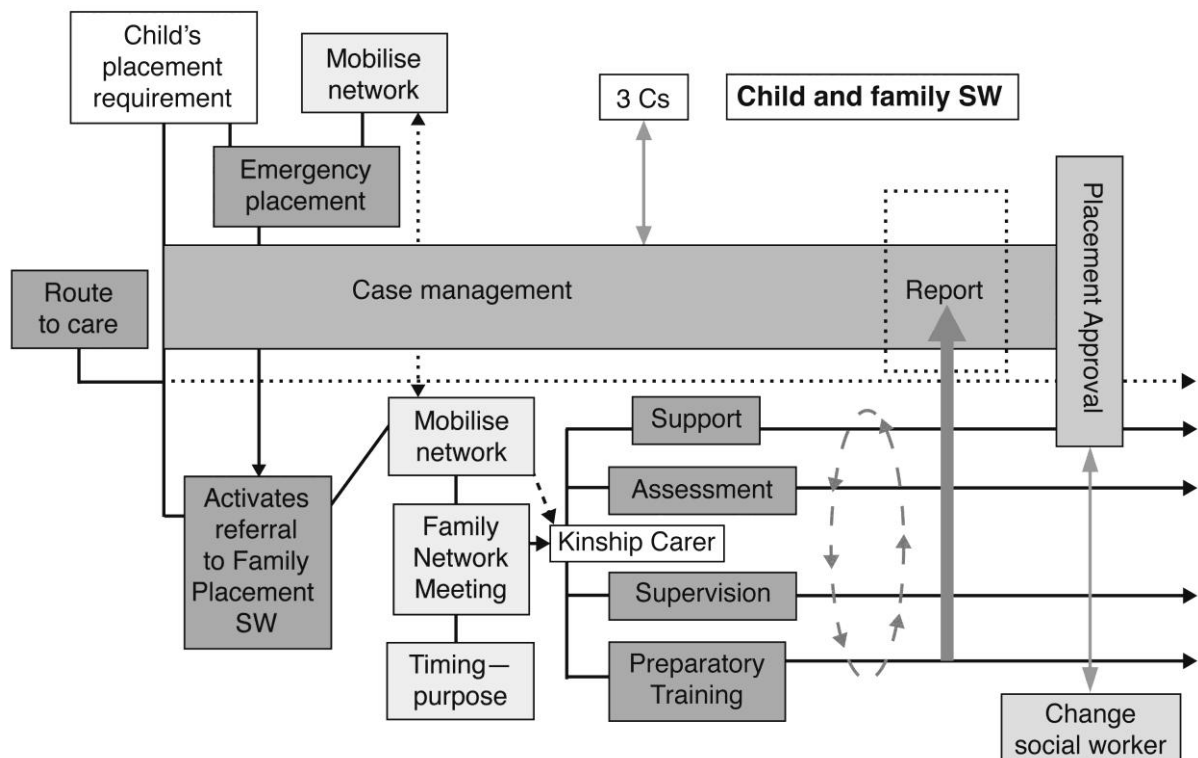
The tasks for the family placement worker are outlined on Figure 5 and are as follows:

- Decide on mobilisation of family network vis-a-vis the stage of the case when worker becomes involved;
- Build a relationship with the kinship carer who has emerged to care for the child for the purpose of completing the home study;
- Conduct a detailed assessment with the carers re their support, training and supervision needs vis a vis specific child/ren placed;
- Work closely with the child and family social worker to ensure that the assessment of the child and family needs are simultaneously feeding into the assessment of the kinship home;
- Be open to potential to have dyadic, triadic and family conversations to deal with emerging issues;
- Prepare and present a report to the panel;
- Provide the support service and therapeutic work.

Clinical Supervision and Management Structure

The supervision and management of the two workers is critical. Research has shown that the duplication of effort in the system creates difficulty, but lack of coordination and/ or different ideas re clinical direction in the management structure can also cause difficulty. To avoid these difficulties, the model is based on a single manager managing both workers during the assessment period, though it is likely that the assessment resource may, in fact, belong to a different team. It is envisaged the second manager would take on a case-consultation role during this period, and would be available either to the manager or to the workers for consultation on clinical aspects of the work.

The demarcation between management/ supervision of the case and clinical consultation is seen to crucial to facilitate assessment and intervention to occur simultaneously. Time does not stand still, and there is a need for both. Research has shown that the inability to bring the assessment to completion in the required time frame further impedes the other work that is needed (O'Brien 1997, 2010, HIQA 2010). This can have serious consequences in terms of un-met needs of children and family. Clear communication, collaboration and coordination are key elements in this model and this managerial structure is intended to enhance these elements.
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Tools / Techniques of the Model

While a range of tools are offered as part of the model, the social constructionist and systemic practice holds tools lightly and instead, more emphasis is placed on a way of being with clients. This fits with the renewed focus in the social work literature on the centrality of relationship for addressing many of the tenets of practice that have come to dominate the field (Munro 1998).

Tools are not presented for use in a formulaic or authoritative way, nor are they presented as being the only way to proceed. What they offer is a way by which complex work can be broken down and, through this process, enable the workers and family and agency to reach a decision re the placement.

The model utilises a range of tools and detailed description and application are available in O'Brien 1999a, 2004). Some of the tools will be familiar (see Beesley 2010) while others have been developed de-novo and or adapted from ideas currently in the field.

1. *Assessment of Child's Needs:* Priority on reason and likely duration of care placement, need for safe stable care and enable child to get on with their lives. Psycho – social – biographical-appraisal with clear focus on developmental issues.
2. The *Task-Oriented Template* outlines the tasks associated with key stages, and each task is further refined in terms the anticipated outputs, identifies who is allocated the task, core issues to address with range of potential questions to be used, time-scale requirement, co-ordination issues and key supervision schema to enable robust practice, interventions and decision-making.
3. *Core Information and Training Material* provided to the kin carers which is aimed at clarifying relative care role, transitional and change issues involved with the family relationships, agency expectations and responsibilities
4. Template for analysing and establishing the *Agency's Concerns and Required Action in Respect of Protection and Change.*

5. *A Family Network Meeting* in which the family placement worker has a central role in mobilising the network of the child, convening and chairing the meeting. The scheduling of the family network meeting is dependent on the nature of the case, the family configuration and dynamics, and the length of time it is likely that care is needed. The family network meeting can offer an opportunity to obtain and share information, identify and appraise support and supervision requirements, and present a key opportunity for appraising the child protection issues at stake.
6. *A Topic Guide* to be used in conversation with the kinship carers and their family. This guide includes a set of techniques and a range of styles of questioning that may be useful. The information in respect of the child's needs is central to this topic exploration and information gleaned through the family network meeting, and the kin's own appraisal of their situation will be core.
7. *Ecomaps, Genograms and Sociograms* for use in collecting and analysing information
8. *Format of Report for the Approvals Committee.* The report is based on the <u>synthesis</u> of information obtained during the home study process, the Family Network Meeting and the ongoing consultation with multiple network participants over the duration of specified time frame. The report to be submitted to the committee in two parts, the first of which outlines the background of the child, their needs and care plan and the second part presents an <u>overview</u> of the kinship home. The recommendation is based on the child's needs, and the kinship family's needs, capacities, vulnerabilities, the supports and supervision arrangements in place (demarcated separately) to ensure that positive outcomes are obtained for all parties.

Implementation Issues

The implementation of a new model of kinship assessment can be anticipated to hold many challenges for both the agencies and individual workers. This is an innovative model and like any innovation, a change management process would be required for successful implementation.

As with any new case management model, it is envisaged there would be an introductory phase, with identification of issues, training of staff as well as consultation on network development and evaluation of outcomes.

It is envisaged that a reference / guidance manual would underpin working with the model. There also should be appropriate training for workers, and guidance/ advice as the model is applied and used to undertake the individual tasks.

Depending of the staff cohort, there may be additional work in becoming familiar with the provisions of the new model, and developing specific skills sets such as running family network meetings, applying systemic and social constructionist theory, becoming skilled in using genograms, ecomaps and sociograms and learning a repertoire of questioning techniques such as circular, future-orientated and interceptive questions.

It could be anticipated that fears about changing roles for individuals and groups of staff, supervision issues and cross-team working might also challenge successful use of the new model.

In considering change, the main questions to ask may be something like:

- Can we afford not to change the existing systems?
- Are we committed to doing something different?
- Can we adjust existing structures, and rethink some basic work practices?
- Is there a facility to mandate and drive change, and champions to lead it?

Conclusion

This paper introduces an innovative and comprehensive conceptual model of kinship assessment. It offers the possibility of harnessing effectively and safely an alternative care option which is recognised as having significant benefits and advantages, as well as specific challenges. This model addresses the well documented issues identified in the literature. The model offers an approach for the organisation and its professional staff involved to develop the type of quality, child-centred services which all aspire to for the vulnerable members of society.

The current delays and confusion surrounding kinship care assessment cannot be sustained, as the costs are simply too high. The preferred option of maintaining children within their own network is threatened, and change is needed to ensure that child centred approaches, such as outlined in this model, can work. In proposing a model, it is recognised that it would have to be fitted with specific legislative, procedural/ policy and best practice already in existence and would have to take account of the particular contexts and cultures.

This model suggests that provision of guidelines, training and support for people involved in the network of relationships is more likely to result in good placement outcomes. What is needed is to ensure that there is space for innovation and to enable change to happen while at the same time, continuing to deliver a service. The desired outcome should be a system of care that is safe and flexible enough to accommodate the realities, what is available and expected is clear, and the structures are in place to enable it to happen.

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