



INFORMATION FOR KINSHIP CARERS AND SPECIAL GUARDIANSHIP

Section One:

Being a Kinship Carer / Special Guardian

-Managing the expectations and processes

Kinship Care and the assessments:

You maybe being assessed by a colleague from the Kinship Team to care for your Grandchild/ren, Niece, Nephew, Sister, Brother, Cousin, or a family friend. This booklet is to help you with the process and expectations of being a Kinship Carer, whether this is for the short term or long term. We refer to long term as until the child is able to live independently, approximately 18 years old – we appreciate this is often a big decision for you to make at the time of the assessment starting.

We want to support you to make sure that you are able to provide a safe and nurturing home to ensure the child/ren are able to:

- *Enjoy good physical and emotional health.*
- *Feel safe.*
- *Have fun.*
- *Do well at school, college or work.*
- *Stay out of trouble.*
- *Contribute to their communities.*
- *Achieve well as adults*



What is an assessment and why do you need to do it?

An assessment is a written document which helps to capture and analyse relevant information about you, your family members, including the child/ren's parents, as well as any child/ adult living in your household. This information helps to make decisions about where a child/ren might live in the short or long term.

When undertaking the assessment, which is completed by the Kinship Team, there needs to be information from Children Services in the Local Authority where you live, the Police in terms of any offending history, as well as medical checks from your GP about your health.

These checks allow the social worker to analyse all the information provided and make a recommendation about your ability to care for the child/ren's physical, social, educational, emotional, and behavioral needs.

- As part of the assessment, we need to know about your employment status, and if you have adequate income to support a child/ren living with you.
- We need to know your understanding of the risks to the child from people who have hurt them or could hurt them. And to ensure that you are aware of what the child/ren may have experienced and been witness to.
- It is important we know and have an understanding about your childhood, who were your parents, what were they like, and how has this helped you become the person you are now. This allows us to understand about your personality and your upbringing. We ask about whether you have been a parent and what experiences and skills this has given you.

All of these questions are important as it helps to gain an understanding of how you could keep a child/ren safe if the child is not able to live in their home with their parents. We need to be confident that you and your family can follow the guidance from Together for Children and potentially the Court to keep the child/ren safe.

The Viability Assessment (Schedule 4)– what is it?

A viability assessment is normally the initial assessment where you would meet a member of the Kinship Team. In normal circumstances, the child/ren's Social Worker will undertake a home visit or have a discussion with you, to obtain some basic information, such as your dates of birth, and how long you have lived at your address. They will also ask about childcare arrangements, where the child/ren would

sleep and who else lives at your home and who visits your home.

The child/ren's Social Worker will get your consent to complete the initial Agency Checks with your GP, Local Authority Children's Services and the Police– we refer to this as a PNC check. In future assessment we may ask you, your partner, any adults over 18 in the home and your support network to complete a further police check, this is an Enhanced DBS.

The 'part one' assessment is written up and then, if authorised, is progressed to the Kinship Team who will complete 'part two'. This may include another home visit where the Kinship Team will look around your home and speak to you in relation to caring for the child and meeting the Fostering Services: national minimum standards ([Fostering services: national minimum standards - GOV.UK \(www.gov.uk\)](http://www.gov.uk)).

We need to ensure that the home environment is safe, this includes checking building regulations if you have a loft conversion. Unfortunately, if you cannot provide documentation then the room can only be used as storage and not as a bedroom, as this would impact on any home insurance as well as not meeting the Fostering Services: national minimum standards.

A viability assessment is the beginning stage of becoming a Kinship 'Foster' Carer for child/ren and there are guidelines and expectations that need to be met, similar to you being a mainstream Foster Carer.

The completed viability assessment is sent to Together for Children's Senior Managers to agree whether the Fostering Services: national minimum standards have been met and if this is the best place for the child to live, on a temporary (interim) basis; this is also referred to as 'temporary approval'.

Should your viability assessment be completed and the recommendation is not to progress with any further assessment, there are different reasons for this, which would be discussed with you.

There may be a recommendation of further options that could be explored with the Court, to assess whether you could care for the children with a legal Order such as a Child Arrangement Order or Special Guardianship Order.

You are welcome to seek legal advice from a family law solicitor regarding the outcome of your viability assessment and the actions you may need to take to appeal the recommendations.

From the viability assessment to Approval as a Kinship Carer:

When the child/ren come to live with you, you will become their Kinship Carer. You will be allocated a Kinship Team Social Worker, who will organise a Care Agreement Meeting within 72 hours of the date the child moved in. The meeting is for you, the Kinship Team Social Worker, and the Child's Social Worker to discuss: the reason why the child/ren need to live outside of their parent's care; the potential timescales of other assessment work and what you are able to do as their carer for example, attending health appointments, signing for school trips or getting the child's haircuts.

As part of the 'temporary approval', you will be provided the same support as any other foster carer. This includes monthly carer supervision, this is an opportunity to speak to your Kinship Team Social Worker about what is working well, what you are worried about and what can assist you and your household. Monthly supervision is part of the Fostering Services: national minimum standards.

There is also an expectation of you to complete daily records, attending meetings, contributing to a child/ren's life story work and attending training. Your Kinship Team Social Worker will discuss this further in your supervision sessions.

From the day the child/ren come to live with you under the 'temporary approval' the Kinship Carer assessment needs to be completed and presented to the Fostering and Permanence Panel within 16 weeks. The Kinship Team Social Worker will arrange a number of home visits to complete your assessment; speak to you and any other household members.



The Kinship Carer assessment requirements are:

- 10-year address history and checks with the Local Authorities where you have lived
- Personal References from three of your friends / colleagues/ neighbours
- Social Media check if you use Facebook, Instagram, Twitter, Tik Tok
- Employment references; current and previous employers
- Interviews with your adult children
- Interviews with your ex-partners
- Children's views of those who reside in the home
- Pet Questionnaires
- Health and Safety check list
- Safer Caring policy which may be completed as a Safer Care house
- Smoking Policy
- Financial assessment – with proof of income via Bank Statements and pay slips
- There will also be checks on any adults, who attend your home on a regular basis, as well as those who would provide you with support, such as childcare and/or transporting the child.

The Kinship Team Social Worker needs to evidence that what you are saying is factual.

For example: if you say that you are a calm person who manages stress well and does not use physical chastisement such as smacking, this will be discussed in your

referees' interviews and with the child and your own children, to evidence this is a true picture of who you are and how you respond.



You will be provided with a 'homework' pack, it is advised to start with your DBS and medical requests, as these can sometimes cause delays in being returned. The DBS application is online. A commissioned service will work with you to complete your medicals and provide relevant information about your health, in terms of any health issues which may impact upon you caring for a child.

There may be a delay with Agency Checks, such as DBS not being received within the 16-week timescale, therefore your Kinship Team Social Worker can request an extension to the assessment under the Regulation 25 of the Care Planning, Placement and Review (England) Regulations 2010. This allows the assessment timescale to be extended from 16 weeks until 24 weeks to allow time for outstanding checks to be received.

After this 16-24 week timescale, you are required to attend the Fostering and Permanence Panel where the Panel members will ask you questions about how you are managing your role of a Kinship Carer and to explore further about some of the information within your assessment.

You do get these questions on the day before the Panel to help you prepare your answers and you can discuss these with your Kinship Team Social Worker. There is a leaflet regarding the Fostering and Permanence Panel which will be provided to you

nearer the time of Panel.

The Kinship Team Social Worker and child's Social Worker attends with you to support and answer questions. Panel members will then make a recommendation regarding your approval as a Kinship Carer. Once you are recommended by Panel, the information is forwarded to the Agency Decision Maker, who will make the overall decision regarding you being approved. You will be advised of this within 7 – 10 working days following Panel.

There may be a recommendation, which is agreed by the Agency Decision Maker, that you are not approved as a Kinship Carer. The reasons for this will be explained at Panel, by your Kinship Team Social Worker and in a letter from the Agency Decision Maker. You will also be advised of how you could appeal against this decision.

Should you approved you will be required to participate in yearly reviews with an Independent Reviewing Officer and the Kinship Team Social Worker, to ensure that the care you provide to the child/ren continues to meet the Fostering Services: national minimum standards. You will also have the opportunity to discuss your own training and development needs. This is recorded as your Training, Support and Development Standards which need to be completed within 18 months of approval. The timescales and requirements of these will be discussed with your Kinship Team Social Worker at a later date.

Within the first 6 months, and then every 6 months, you will have an Unannounced Visit, where a colleague from the Kinship Team will make an unannounced visit to you and complete a form observing the home conditions, where your daily records are kept and whether these are up to date, as well as the general care provided to the child.

Expectations of being a Kinship Carer:

Whilst these are the expectations if you have been a temporary approved Kinship carer, if you are completing a Special Guardianship assessment and the child/ren are in your care, you could also do the following-

You will be provided with the Child's Journal, we used to refer to this as the red file. Within the child's journal, there is a daily recording sheet that needs to be completed and signed off by the child's Social Worker and your Kinship Team Social Worker. The information should include how the child was that day, if there was any good or worrying behaviours, what the child enjoyed doing or if they ate something for the first time.

You are asked to record any appointments, such as if the child's Social Worker is visiting them. If they have family time with parents, you can comment on how this went.

There is also a monthly life story sheet included in the journal, this is a space for you to record key moments in the child's life, such as their best friends, favourite music or food that month.



To the end of the journal there are more formal forms, such as accident records and records for administration of medications that need to be filled in when these are given.

Please keep the child's information confidential and in a safe place.

The Safer Care House:

Together for Children asks that as Kinship Carers you care for children 'as your own' but looking after other people's children is not quite the same - it comes with additional risks, worries, responsibilities and restrictions.

Who lives in this house?

Maxine

John

Emma (8)

Beth (11)

Tony (13)

The children all call each other by first names. Maxine and John call the children their first names too.
Emma calls Maxine and John Auntie Maxine and Uncle John; Uncle John is her mam Joanna's brother.
Beth and Tony call Maxine and John mam and dad

Our house rules

We all have our own bedrooms and beds to sleep in. We knock before going in anyone else's room and wait for them to say it's okay first.

We charge our tablets and mobile phones downstairs at night. Maxine and John check Emma, Beth and Tony's tablets and phones to make sure they've not sent rude or mean messages or pictures to anyone, or downloaded any apps that aren't for kids. Maxine and John have passwords on the TV so Emma, Beth and Tony can only watch things meant for their age. They have the same controls on the internet in the house.

No nakedness where others might see! We get dressed and undressed in our bedrooms or in the bathroom, and close the door while we do this.

Maxine runs the bath for Emma every night. Emma can wash and dry her body on her own, but Maxine will help her wash and dry her hair twice a week.

The kids all have different bedtimes – Emma goes up first at 8pm, then Beth at 9:30pm and Tony at 10pm. Everyone gets up at half 7 to get ready for school.

Maxine drops all the kids to school in the morning in the car. She picks Emma up at 3:15pm, but Beth and Tony can make their own way home.

Everyone can do homework together on the kitchen table, especially if they need Maxine or John's help. They can do homework in their room if they prefer somewhere quiet.

Saturday night is family night! We take turns to pick what takeaway we'll get and what we will do together (like watching movies or playing board games).

If Maxine and John both need to go out at the same time, Uncle Samuel (Maxine's brother) or Carly next door will come to look after Emma, Beth and Tony.

Maxine and John's social worker Claire will come over once a month to see them and to check that things are going well. Emma's social worker Tim will come over every six weeks to spend time with Emma and check that she is okay.

We all know the difference between "safe secrets" (like surprise parties or Christmas presents) and "unsafe secrets" (where someone might get hurt/upset) in our house. Emma, Beth and Tony would tell Maxine or John if anyone asked them to keep a secret that made them feel uncomfortable or worried.

We use calm voices and kind words and hands to each other; we do not shout, swear or hit out at each other. If one of the children is feeling sad or angry, they will stay with an adult in the lounge until they feel calmer; everyone else will go to their bedrooms, the kitchen or the garden.

We talk openly about sex, sexuality, our bodies and healthy relationships and what these look like, like the kids have learnt in PSHE at school.

We love giving each other hugs and kisses (except Tony – he says he's too old for this!)

We spend time with each other in the kitchen, the living room and the garden. We don't spend time in each other's bedrooms.

When we're in the car, Emma and Beth always sit in the back. Emma has a booster seat. Tony usually sits in the back, but sometimes he goes in the front.

NO SMOKING IN OUR HOUSE!! It stinks! Smokers like Emma's mam Joanna need to stand at the end of the garden path to have cigarettes, even if it's raining.

It isn't safe for Emma's mam Joanna to visit whenever she likes. Emma will see Joanna once a week at the Bramble Centre after school for 1.5 hours. Maxine will take Emma there and pick her up. On a Sunday, Joanna can come over for roast dinner with Emma, Maxine, John, Beth and Tony. Maxine or John will always be in the room with Emma and Joanna to make sure they're both safe and having fun.

On a scale of 0 to 10 where 10 is that I think the rules that we have come up with today in our safety house are ones that everyone can understand and stick to, and that they will keep everyone safe and well, and 0 is that the rules we've come up with are too hard to understand and stick to, and they won't keep anyone safe and well, where would you scale today?
Emma – 8 Tony – 9 Maxine – 9 John – 8 Beth – 9

Unfortunately, it is not possible to eliminate all risks completely. We must be 'realistic and proportionate' in our approach. As Kinship Carers and social workers, we need to identify as many potential areas of risk or worries as possible and then develop strategies in order to avoid, minimise and manage these risks.

Within Together for Children, we use a Safer Caring House tool, that will help you and members of the household to formulate a plan suitable for your family and for child/ren who are living with you as Kinship Carers. This is completed with your Kinship Team Social Worker.

Within the Safe Caring House, you and your household will need to consider the following:

- The names you use in the home, do you have pet names for one another?

- How you and your household show affection towards one another.
- How will you and your household react and respond to behaviours such as aggression, stealing, self-harming. Research shows that Time-Out methods are not a great strategy for children who have suffered abuse, neglect, and trauma.

Remember that Together for Children has a 'no smacking' policy and does not support punitive punishment-based models of behaviour management or the physical restraint of children.

- What language is used in the home - what happens if someone swears or uses racist or sexist language. Is every member of the household a good role model?
- The way you and your household dress. Adults, children and young people should be clothed at all times.
- How would you and your household promote privacy and dignity when the child/ren are using the bathroom. Consider the age and stage of the child's ability to bath themselves, do they need help with washing their hair? If so, who is the most appropriate adult to do this and what needs to happen to prevent any allegations or the child feeling unsafe or being harmed?
- How would you and your household promote privacy in the child's bedroom. Think about who can enter the child's bedroom, why they need to go inside? It might be a house rule that no-one enters another person's bedroom without knocking. You may also need to consider whether it is safer to have 'story time or movie nights' in living rooms rather than in the child's bedroom.

Cared for children's photos should never be published on Facebook or other social media.

- Think about how you could record a child's memories and lifestory work using photos and videos. Where will these be stored? Who will have access to them?

It should be clear in the child's plan, provided by the Child's Social Worker who can agree for the child's photo or video footage to be taken in settings such as in school events.

- The use of TV, computers, mobile phones and the internet. How can you keep the child safe from accessing any worrying content such as sexualised images, the risk of being in communications with an older adult, uploading their own sexualised or abusive content on the internet? Think about where the phone and devices will be stored overnight? Remember, it is not recommended to charge phones or devices overnight due to them being a fire risk.
- The use of your own car - you need to ensure the child wears seatbelts and has the right car seat for their age. It is the responsibility of the Kinship Carers to keep their vehicles in good working order with up to date MOT, tax and insurance and inform their car insurance providers that it is a fostering household.
- When you are going out and need childcare or babysitters, it is important to choose a responsible adult who is a part of your support network and has a relationship with the child/ren. DBS checks should be considered for regular visitors and babysitters. You should be clear about what your Kinship Team Social Worker considers are satisfactory arrangements for caring for children when you are out.

- Together for Children has aspirations for all fostering households to become smoke free and therefore has a No Smoking Policy for those foster carers who are caring for children under the age of 2 years. If you do smoke, how do you ensure the child/ren are safe when you are outside? Who is supervising them? Do you allow anyone else to smoke in your house or around children? If so, what might you need to do differently?
- A Smoking Agreement will need to be in place for any individual within the family who smokes or uses e-cigarettes/vaping cigarettes).

A Special Guardianship Assessment:

Sometimes, the child's Social Worker will request a Special Guardianship Assessment and Support plan to look at the long term living arrangements for a child/ren. This can be completed alongside the Kinship Carer Assessment or as a standalone Court document. The Special Guardianship Assessment and Support Plan is jointly completed by the Kinship Team Social Worker and the Child's Social Worker and filed with the Court prior to the Order being made.

A Special Guardianship Order is in place until the child is 18 years old. Special Guardians obtain a majority of the parental responsibility to make decisions in the best interests of the child.

The benefits of a Special Guardianship Order are that the child/ren are able to live within their family or with a close family friend, where they are safe and cared for. The child/ren would no longer be cared for by Together for Children, there will be no further meetings or home visits by social workers.

The child/ren would be able to form friendships like their friends, potentially having sleepovers without a social worker needing DBS checks on the friend's family members. Although, as a Special Guardian, you do need to make sure you meet the family and ensure the adults and their household are safe for the child to stay overnight or visit.

The hope of a Special Guardianship Order is that stability is provided along with the support of the Special Guardian's parenting and understanding of the child/ren's lived life experience of abuse, neglect and/or trauma and would help provide a positive outlook for the child/ren. This includes the future outcomes for children who may wish to attend university, college, employment or raise their own family.

Within the Special Guardianship Assessment, it will explore:

- ◆ The child's background, whether the child has brothers and sisters and details of both parents and parent/'s and the child's wishes and feelings.
- ◆ The relationship a child has with other family members and the arrangements for the child to see or keep in touch with different family members.
- ◆ The prospective Special Guardian's family composition and circumstances, parenting capacity of the Special Guardian. This may include speaking to your own children and adult children. You will also need to provide three personal references, who are friends, distant relatives or neighbours.
- ◆ It will include medical information on the child, yourself as the prospective Special Guardian, and birth parent(s). As a Special Guardian you will be required to attend a medical practitioner within a service commissioned by Together For Children.
- ◆ An application for an Enhanced DBS (Disclosure Barring Service).
- ◆ An assessment of how a Special Guardianship Order would meet a child's long term interests as compared with other types of Order. Implications of the making of the Special Guardianship Order for all those involved.
- ◆ A recommendation regarding Family Time.

The Assessment and Support Plan are shared with the child's parents, their legal representatives and anyone else party to the legal proceedings. This means the Judge has agreed that the person has to participate in the Court Hearing (if you

need more information about this, speak to the Child's Social Worker about who attends the Court Hearings).

It is important to notify your Kinship Team Social Worker, if there is any information you feel should be taken out / redacted from your assessment and the reasons why you want it to be removed.

The Support Plan, which is filed to the Court alongside the Special Guardianship Assessment explores what support could be offered by Together for Children or your own support network to promote the child's health and education needs, as well as considering any emotional and behavioural needs.



The Support Plan also explores the proposed Family Time arrangements and how this is managed. The Support Plan explores if you or your household needs any additional support, an example of this may be your own children might struggle to share a bedroom and the Kinship Team may offer to do some direct work or look at speaking to your child's school around any pastoral support they could offer to allow your child's wishes and feelings to be heard.

As a part of the Support Plan, where eligible, you will be asked to complete a financial assessment to look at your entitlement to the Special Guardianship Allowance. The allowance is means tested and therefore you will be asked to provide evidence, such as bank statements, pay slips and evidence of any benefits you are claiming, to allow the finance team to complete the assessment accurately.

Should you receive the Special Guardianship Allowance, this is reviewed every year and subject to policy and procedures. You need to inform Together for Children if:

- You move home, please inform us of your new address
- The child dies
- The child you care for stops living with you
- The child stops full-time education or training and commences employment
- The child qualifies for Income Support or Jobseeker's Allowance in his own right, or
- There is a change in the child's financial circumstances or the financial needs or resources of the child, which may affect the amount of financial support payment to you
- you provide information by telephone or in person and you will confirm the information in writing within seven days
- you change bank accounts, to provide your new bank details



Parental Responsibility:

A Special Guardian has the responsibility for the day -to -day decisions relating to the care and upbringing of the child or young person. Special Guardians should consult with parents about important decisions, such as which school a child attends.

There are some decisions that Special Guardian's **cannot** make without parent's consent or permission from the Court:

- Changing a child's surname,
- Removing a child from the United Kingdom for more than three months,
- Agreeing to the child being placed for adoption.

Parents cannot apply to end (or 'discharge') a Special Guardianship Order without the permission of the Court. They would only get this permission if they could show that there had been a significant change of circumstances since the Special Guardianship Order was made. They would also have to show that it is in the child's best interests for the Order to be discharged.

Delegated Authority:

The child's parents (who hold parental responsibility) can 'delegate' that they wish for Special Guardians to make decisions for tasks, such as allowing a child to go to friends' houses for sleepovers, signing consent forms for school trips and arranging haircuts.

There are some decisions, for example administering an anesthetic that Together for Children Sunderland would need to seek senior management or legal agreement for.

Family Time:

For many children, relationships with family members, friends and others, are valued. Family Time is a planned time and date when a child, who lives with Kinship Carers and Special Guardians, has to spend time with their parents, brothers and/or sisters who they may not live with. Family Time can be very important in helping children develop their sense of identity and in understanding their lives.

As Kinship Carers, you may have to take on various roles with respect to Family Time. This could involve transporting the child/ren to and from Family Time, supporting the child to prepare for and reflect on Family Time; manage difficult emotions either before, or following Family Time, providing your observations to Social Workers to assist them in their assessments and organising and supervising Family Time, with brothers and sisters who are with other carers.

The welfare and safeguarding of the child must always be the highest priority. Sometimes Family Time can raise difficult feelings for Kinship Carers as you can witness children being let down by parents who do not attend, or the quality of the Family Time session is not meeting the cared for child's needs. The parents may be a close family member or friend to you and prioritising the child/young person's needs could also raise some difficult feelings.

Face to face meetings and visits will generally be the best way of maintaining relationships, but other means such as letters, phone calls, photograph exchanges, cards etc. can also play a part.

As a Kinship Carer you will need to resist the urge to make judgments. It is important that you work with the Family Time Plan which is generally made by the Child's Social Worker and therefore any changes will need to be discussed with them. Children's Family Time Plans are very often set out by the Court and therefore cannot be changed without the Court's oversight.

Challenges that may occur with Family Time :

Family Time can cause distress and upset for a child/young person, and you are often the person who has to respond to this, when a child feels confused, angry or disappointed. You may also have mixed emotions when this happens.

You may feel that the family is letting the child down, but there could be many reasons for this:

- The family may feel guilty or angry that their child is in your care. Parents may feel upset that their children are living with you as this may not be in line with their wishes
- A child may have been come to live with you in an emergency situation, when the family was experiencing problems
- Parents can also worry that you may take their place in the child's life
- Parents may also feel they have let their child down which can impact on their motivation and reliability

These reasons and feelings can lead to parents behaving in ways which appear inappropriate during Family Time. They may be very emotional, give the children unrealistic messages or make promises that they are unable to keep. Understanding the parents experience can help to make sense of the situation for the child as well as the family.

Any restrictions on communication by the child with their parents should be agreed by the Child's Social Worker and reviewed alongside the child's wishes and feelings.

If you need any support around Family Time, please speak to the Child's Social Worker or the Kinship Team Social Worker.

As Special Guardians once you have the Order granted by the Court, the expectations of Family Time are your responsibility. Arrangements are discussed within the support plan which is presented to Court as part of the legal proceedings.

After the Special Guardianship Order has been made, you can seek support from the Kinship Team on 0191 561 5667, about Family Time arrangements.

In terms of Family Time, the priority is that the children need to be safe. You may want to look at your support/family network to see who else can support you with Family Time.

What to do if you have a 'negative' assessment:

If you have been assessed as part of a viability assessment or a Special Guardianship Order Assessment and the outcome of the assessment was not positive, that would potentially mean that the recommendation is that the child/ren do not live with you and your household.

There may be worries about your previous involvement with Children's Services and the Police. There may be information that you or your partner have health concerns that might impact on your ability to care for the children. There may be worries that the children do not have a relationship with you. There may be worries that your own children's needs should be prioritised.

Whatever the worries are, the allocated Social Worker will share these with you, and you will have an opportunity to see your assessment and seek legal advice within 7 days to challenge this recommendation, if you wish to.

Section Two:

Understanding child behaviour

-Trauma and therapeutic parenting

All behaviour is communication

Sometimes we believe that a child is too young to remember the traumatic events in their early life, however research shows us that even in the womb, babies can suffer trauma which impacts on their growth and development.

"The body remembers, even when the mind cannot"

As a Kinship Carer/Special Guardian, you play a vital role in supporting a child or young person who has had a disrupted start in life. Some children will need extra help to feel safe and secure. This can be both rewarding and challenging for you as their carer. We appreciate that children have often come to carers in an emergency situation, it may have been unexpected, and this can be emotionally stressful for everyone involved.

Research shows that the vital years of a child's life for development are in the womb until they are four years old.

Understanding the child's experience:

Cared for Children bring with them a history of trauma, loss and change. For some, this includes experiences of abuse and neglect. It might feel difficult to understand the long-term impact of these experiences, particularly if a child has been living in a safe and secure environment for some time, but it is important to consider the way their past parenting experiences have already impacted on their understanding of the world and managing their own emotions to situations that cause them stress.

By learning about the potential impact of a child's earliest experiences on their development, you will be in a better position to identify difficulties if they do emerge.

Sometimes we see behaviours in children, and we seek a label such as “naughty, ADHD or having behavioural problems”. Whilst there are children who have a diagnosis of ADHD and/or Autism, some children have similar traits as a result of early childhood trauma.

Challenging behaviour is usually a sign of an unmet need or underdeveloped skill.

What is early childhood trauma?

This is an early and/or repeated exposure to trauma and loss that occurs between the age of birth to six years old. A child's brain grows and develops rapidly, especially in the first three years. Young children are also very dependent on their caregivers for care, nurture and protection. This can make young children especially vulnerable to trauma. When trauma occurs early in life, it can affect a child's development. It can also affect their ability to attach securely, especially when their trauma occurs with a caregiver.

The child experiences emotionally painful or distressful events that often result in difficulties with emotional regulation, mental and physical developmental delays. Researcher, Dr Bruce Perry states that “the experience of early loss and trauma does not dictate a child's future”.

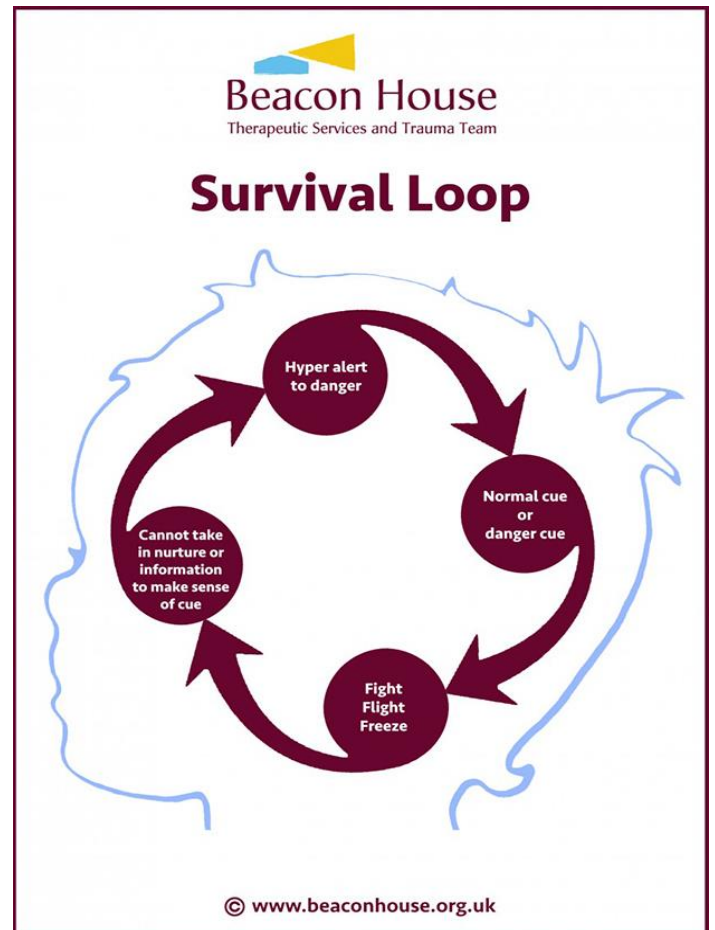
All human beings have a survival mode, a response of fight, flight, freeze or collapse. We had this as cavemen, to listen for the noise of the predator and either stand still hoping it would not see us, run away, or fight it with a stone or bat. This is the response of our primitive brain.



Figure 1 <https://www.mindmypeelings.com/blog/window-of-tolerance>

Because of our survival mode, our ancestors survived, and passed down the behaviours of **fight, flight, freeze or collapse** down the line of the family though genetics, but also other humans observed these behaviours and they taught one another what they should do in the same situation.

So, in the context of children, they are faced with a situation or an event that may have occurred in the past, they can become overstimulated, or they deem this 'trigger' to be scary/fearful. The primitive survival response will be to keep themselves safe.



One of the difficulties with children who have experienced trauma, is they do not know how to switch the survival response (the primitive brain) off as quickly, or at all. Sometimes the brain goes into survival mode, and they are not able to use the other parts of their brain for rational thinking- they may 'see red'.

The brain develops from the bottom up.

If you imagine the brain as a house.

The upstairs is the **thinking brain**. It helps a person to understand their emotions and focus/concentrate.

The upstairs brain helps a person to make decisions.

The downstairs brain is the **feeling brain** it helps a person to feel emotions (such as happiness, sadness, anger, joy). The downstairs brain is also responsible for being aware of dangers – as explained above.



So, when the downstairs brain is activated, it is harder for the person to make good decisions, learn and remember, and think things through.

As carer's you need to be more curious and less judgmental.

For example, the child having a tantrum over not getting what they want.

Maybe: What their body and behaviour is expressing is that they lack self-regulation and get overwhelmed by their big emotions.

Your Response: Do nothing. Help your child go through the big emotion by being present.

For example, a child is not able to sit still at dinner time.

Maybe: What their body and behaviour is expressing is that they have unspent energy and need help to channel it.

Your Response: could be distraction- “what can you smell”? This encourages the child to take a deep breath in and may help them relax/calm.

For example, a child is fighting with their brother, sister or other children.

Maybe: What their body and behaviour is expressing is that they need support and practice with conflict resolution.

Your Response: “it is okay to feel angry and frustrated. It is not okay to take it out on me or others”.

- ◆ It is hard but children cannot hear when they are feeling like this, so they can't understand when you are saying “calm down” or “stop it”. Once they are calm, maybe try to talk to them about it.
- ◆ Try not to send them away to their room, punish or use time out- keep them closer to help them calm down.
- ◆ Do not shame them for these feelings.
- ◆ Only leave the child alone, if you need to take a few minutes to regulate your own feelings. Try saying, “I see you are feeling very angry. I am going to step out for a bit to calm myself down, then I will be back”.

Loss and separation

Children will have experienced an important loss – the separation from their parents and some members of their birth family. This is still the case if children left their parents shortly after birth.

Children need ongoing help to think about and make sense of the reasons they are cared for away from their parents.

By being sensitive to a child's feelings and potential questions about their identity and story, you can help a child to communicate, process and understand these difficult feelings.

Life story work (helping children understand their history and tell their story) can help you make sense of frightening and complicated events. Children who lose track of their past and who are confused about the present, are likely to find it difficult to develop emotionally and socially. Listening to what they understand and being alert to any false information they have, will be helpful. Life story work is an ongoing process which needs reviewing and revisiting.

Insecurity in relationships and attachment difficulties

Due to their early experiences of loss, children can find it especially hard to form trusting relationships ('attachments') with the adults who care for them. The difficulties may be more significant if the child has experienced moves between multiple carers in the past.

Building secure attachment and resilience:

- **Stay connected to a child's experiences-** As you build a trusting relationship with a child, it's possible there will be times when they act in unexpected ways. By keeping an open mind about the kind of experiences that they've had, and the way this affects their responses to your care, you'll be well placed to understand the meaning of the child's behaviour and meet any underlying needs.
- **Practice using the idea of safety-** When you notice something unusual or challenging about a child's behaviour, try and ask yourself whether this could be related to the child feeling unsafe. For example, if they find it difficult to

settle at bedtime – might this be because the separation required for sleep feels scary to them? Or if they seem to find it difficult to leave the house, might this be because the uncertainty of where they are going and what will happen, is experienced as fear?

If you develop the habit of focusing on offering the child a sense of safety in response to difficult behaviours, you might find ways of calming things down, that work better than other responses that are more focused on the behaviour (such as limit setting, giving consequences).

Offering high levels of predictability, consistency and routine can be helpful. Firm boundaries delivered with warmth, acceptance and nurture will be key to helping a child settle and feel safe in your care. Only when they are feeling safe will they be able to respond to your guidance and comfort and allow you to care for them and be able to follow your instructions.

- **Take a moment when you need one**

In moments where a child is really 'pushing your buttons', give yourself space to 'cool off'. You can find your own preferred way of doing this – for example by stepping outside when things get heated. By taking time to reflect on what is going on before responding, you will put yourself in a much better position to handle difficult emotions and reconnect with the child.



- **Seek guidance if there are things you need help with**

If you are struggling with your own emotions, understanding what has happened or understanding a child's responses to you, please seek help from the Kinship Team. The team, supported by a Clinical Psychologist within Together for Children can help

you think through what might be going on for the child, their key fears that might be driving their behaviour and things you can do to help them manage any overwhelming feelings they may be struggling with. Children who have experienced adversity need to be cared for in a way that will help them overcome the hurt they have experienced.

Social Workers in the Kinship Team are available to support and advise you and your family, so please contact us on 0191 5615667 or at Kinshipteam@togetherforchildren.org.uk if there is anything you would like to discuss.

Section Three:

Life Story Work: what, how and when-

“It is difficult to know where you are going if you don’t know where you came from!”

Life Story work – Keeping memories and treasures:

For most children and young people, their parents have all the knowledge and memories about the child. Children separated from their parents do not have daily access to this information about their background. In these situations it can become more difficult for them to develop a strong sense of self and to understand how the past may influence present behaviours.

Without this awareness, it will be more difficult for them to make conscious choices and to take responsibility for their own behaviours.

It is important that children and young people have a good understanding of their background.

You should record the story of the child's stay with you as fully as possible, in the diary sheets including:

- Descriptions of what the child is like, what they like and dislike
- Details of development (e.g. learning to swim)
- Special memories of the child
- Birthdays, Christmas and other family celebrations/outings/holidays etc. - photos, favourite places etc.
- Details and photos of your family (including extended family), home, pets etc
- School - photos, certificates, reports, photos of and stories from teachers
- Family Time visits
- Significant illnesses
- Funny stories
- Photos and video clips with your family

- Crafts/pictures/work completed in your home/school/playgroup

Making a Life Story Book is about putting together an account of a child's life in words, pictures and documents and involves helping a child to make sense of their past. This process will be coordinated by the Child's Social Worker and involve you, the child, parents and relatives and significant others. This is particularly helpful when the child becomes an adult to help them make sense of what happened.

You could keep all memories in a **memory/ treasure box** or book specifically for the child/young person. This could include, photographs, art work, any favourite toys or clothing, pressed flowers/rocks or stones, school reports, certificates, medals and anything you think would be good to look back on and have a memory of.



Section Four:

Support for Kinship Carers

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We currently offer the following support to all our Kinship Carers and Special Guardians both past and present.

Support for all Kinship Carers:

Monthly Support Groups:

We facilitate Kinship Support Groups. Kinship Carers and Special Guardians are welcome to attend these sessions. The sessions are monthly and look at providing you a network of people who are all Kinship Carers. There is opportunity to discuss any worries or feedback directly to the facilitators from the Kinship Team.

Consultation with a Child Psychologist within TFC:

Specialist consultations can be arranged with a Child Psychologist. These consultations can help carers think about a child's difficulties, gain a deeper understanding of why these occur and consider ways to provide care that can ease a child's distress and guide their behaviour. Consultations often focus on the principles of therapeutic parenting, as many difficulties that children experience are related to the disruption and adverse events that have happened to them before coming into your care.

Solihull Therapeutic Approach Training:

The course runs for three hours, once a week for 12 weeks. It looks at six key topics

- Development needs
- Behaviour management
- Communication
- Parenting Styles
- Having Fun Together
- Sleep Issues

These sessions are a supportive environment to support your learning and reflect on how you are caring for a child. The course allows you to see things from a child's view, the world after they have experienced a form of abuse, neglect and/or trauma. The sessions help to explore techniques and an understanding of why the child may be responding in certain situations.

Feedback from a male Kinship Carer:

"I especially enjoyed the theory of child brain development from the time in the womb to teenagers... very professional delivery by all the trainers".

Secure Base training:

Secure Base training uses the 'The Secure Base' model approach, developed by Gillian Schofield and Mary Beek. The course provides a positive framework for therapeutic caring which helps infants, children, and young people to move towards greater security and build resilience.

The model focuses on the interactions which occur between a Kinship Carer and the children on a day to day, minute by minute basis within the caring environment.

During the training you will learn about trauma and how it affects children, to gain an understanding on how to support the child to cope with stressful situations such as, school, friendships, and the expectations of living in your household and the wider community of where you live.

Initial Kinship Carers Training:

This course runs for two half days. Within the training, the trainer will help you explore and reflect on your role of being a Kinship Carer. It is a safe space to meet other Kinship Carers and share learning and tips about your experience of the assessment process, as well as sharing behaviour strategies and ideas. The course will explore and get you to think about the positives and challenges of being related to and known to parents and extended family.

The training is a mandatory for Kinship Carers in assessment and attendance at the Fostering and Permanence Panel.

Feedback from a female Kinship Carer:

She stated she really wasn't looking forward to attending; however, had found the trainer's demeanor and delivery of the content really down-to-earth, engaging, "good craic" and, ultimately made it accessible for her. She felt she better understood the difference between being a Foster Carer / the fostering role and being a Special Guardian.

Feedback from a male Kinship Carer:

"Speaking with other Kinship carers and releasing your struggles are very similar ... it made me feel that we are still doing the right thing for our granddaughter".

Support to do training online:

If you need to complete some training for your Kinship Carer role, and you require the uses of a laptop and some support from a Kinship Team Social Worker, we have a small group which you can come along to and have some time to do this away from the home.

Please ensure you have completed the consent form to be added onto the database to receive information on training opportunities and key events.

The Adoption and Special Guardianship Support Fund:

The Adoption and Special Guardianship Support Fund has been established because many families need some form of therapeutic support for children who have been previously cared for by the Local Authority. The Fund currently enables them to access therapeutic assessments and therapeutic intervention. The eligibility criteria can be explored with you by contacting the Kinship Team.

The fund provides funding for a range of therapeutic services such as:

- Parenting training – evidence-based parenting courses adapted to meet the needs of Special Guardians.
- Theraplay– a child and family therapy to build attachment and the carer-child relationship based on directed play and activities.
- Creative therapies e.g. art, music, drama, play. Music therapy and art therapy can help children from complex and traumatic backgrounds in a range of ways. It can help to increase concentration and attention skills, improve family and social relationships and increase a child's confidence.
- Eye Movement Desensitisation and Reprocessing Therapy (EMDR) – a psychological treatment method which stimulates the brain to reduce the intensity of distressing memories.
- Sensory integration therapy/sensory attachment therapy aims to help a child re-organise or re-process sensory information in order to regulate emotional responses.
- Therapeutic life story work with a therapeutic intervention (where therapy is used to help the young person understand and cope with the trauma and difficulties that their life story work might revisit).

If there is anything you wish to discuss further, please speak with your allocated Kinship Team Social Worker or contact the Team at - kinshipteam@togetherforchildren.org.uk