



Children's Services

Kinship Care

1. Executive Summary

The Kinship Care team was set up to meet the needs of children placed with their kin.

To discharge the Duty placed on the Local Authority under the 1989 Children Act, to ensure that children who cannot remain living with their birth family are given the opportunity to be placed with extended family or friends as an alternative to being placed in public care.

This is achieved by making long term plans through residence order placements or special guardianship placement orders.

These procedures focus on family and friends foster carers. One of the aims of the service is to reduce the number of children "Looked After" in the public care system. Also it is important that children are kept as close as possible to their family & ethnic and social community. The Children Act 1989 promotes exploration of children remaining within extended members of their family.

The following groups are the key stakeholders:

- Children & Young people looked after by Tower Hamlets: their immediate & extended families and their friends.
- Social workers, Support Workers, Personal Advisors, Family Group Conference Service, CAMHS, Permanency Team & Post Adoption Team and other related professionals including residential workers, foster carers, teachers and health workers.
- Tower Hamlets community in general
- Central & local Government

The Kinship Care Service, through their support groups, regularly hold functions and celebrates different cultural festivities such as Eid, Ramadan, Diwali, & Christmas, that are open to people of all background to attend. These types of events not only provide opportunities for cross cultural contacts but also facilitate informal learning of other cultures and religions.

The staff group at Kinship Care represents many different ethnicities; the information & knowledge that workers have enhances the work in support groups and within meetings.

The Kinship Care Team actively promotes methods of working with those carers where English is not their first language, by using Tower hamlets Interpreters Service bridging the gap between the expectations of kinship care process and the lack of understanding from the older generation. Through Kinship carers user questionnaires, different ages, sexuality, gender & sexuality of carers had their views represented.

The Council run numbers of courses around equality of opportunities and on anti-discriminatory legislations such as Disability Act, Race Relation, Sex Discrimination, Human Rights. There is a foster care training programme – accessible to Kinship carers – and also workshops and training sessions specifically targeted to the tasks of Kinship care. These sessions range from managing behaviour to health & safety. All training offer interpreting and translation services.

2. Data Collection & Consultation

Data Collection

Figures below represent children that are involved with Kinship Care Service in December 2006

Male	22
Female	16
Total	<u>38</u>

Ethnicity:

Asian British: Bangladeshi	14
Black British: Somali	1
Black British: Caribbean	3
Mixed: White and Asian	2
Mixed: White and Black African	1
Mixed: White and Black Caribbean	4
Other Ethnic Group: Chinese	
Other Ethnic Group: Not stated	1
White British	12

What these figures indicate is that there is an under representation within the White British community, which will need to be addressed in future planning considerations within the service.

Religion:

Christian	12
Islam	15
Jewish	2
None	1
Not recorded/Not Stated	1
Other Religion/Not known	*7

* It is unclear the extent to which this section represented either no religion, or where the religion was not known or did not fall into the categories of one of the main religious groups. Work in future needs to take greater account of this factor & for it to be recorded accurately.

Disabled Children

2001 Census estimated 4% of the Borough's children have some form of disability.
Of 38 clients, 3 disabled children are placed with Kinship Care

The ethnicity breakdown is:

Asian/Asian British: Bangladeshi	1
White: British	2

For all of the children and young disabled people, their religion was recorded (1x Muslim; 2x Christian).

Locality of Placement:

- 50% placed in Tower Hamlets
- 50% placed outside the Borough – This includes % of Children with Disabilities

Kinship Carers

Female	16
Male	4
Total	20

Ethnicity

Asian British: Bangladeshi	3	15%
Black British: Somali	1	5%
Black British: African	4	20%
Black British: Caribbean	2	10%

Other Ethnic Group: Not stated	1	5%
Not Recorded	1	5%
White: Any other Background	1	5%
White British	7	35%

Of these:

Refugees	0 %
Asylum Seekers	0 %

Consultation

Kinship Care Consultation Survey with Kinship Carers – Nov 2003

The survey was conducted with all the borough's kinship carers. Some of the findings of the consultation were;

When English was not 1st language of the carers, consideration should be given to use of community helpers, who could translate social workers requests & convey difficulties experienced.

Carers can feel isolated from one another: so a medium for communication such as a mentoring scheme, support group or a Newsletter may prove beneficial.

Many of the carers were willing to assist in training & preparation of new kinship carers.

The majority of existing carers couldn't see the need for training and/or couldn't easily access it. Carers admitted that they didn't read information sent out to them, and instead relied upon conversations they had with social workers & support workers. They did though welcome an information "starters pack".

Kinship Care; User Consultation Survey Oct-Dec 2006.

The consultation was sent out to (and returned by) all 17 kinship carers. The questions were centred around the on-going support group for kinship carers and the extent to which the group was meeting the needs of the carers; some of the carers live outside the borough.

Gaps in service delivery – Analysis 2005 . This was carried out by one of the support workers within the team to look at the extent to which a further Support group where English was not 1st Language was desirable.

CSCI Inspection Report: Fostering & Adoption within Tower Hamlets Feb 2006

In the introduction to this report it states:

"The good practice developed within the Kinship Care Team has received national recognition. The team was involved in the British Association of Adoption & Fostering (BAAF) book "Relative Benefits, placing children in kinship care" by Bob Broad and Alison Skinner. "

3. Key Findings

Ethnicity

Carers of Bangladeshi ethnicity may experience negative impact due to the lack of understanding of the assessment process given that they are kin.

Housing is a huge issue because of the lack of stock of houses; assessments are carried out knowing the overcrowding issue exists.

There is no Somali worker and there is limited interpreting. However, the bigger obstacle is the service users lack of understanding about why they need to be assessed as kinship carers.

No referrals of carers from within the Vietnamese community, although recognised that this is an area that needs to be explored.

Carers may experience differential impact as a consequence of assessment formats being Euro-centric and not attuned to different cultural norms in child care practice.

A significant proportion of Kinship carers are Asian, Black British, & White UK and female. This is likely to present a negative impact in terms of the status such a group of users are perceived to hold and the power they will have in terms of negotiating an improved service or raising the profile of the service and the amount of resources channelled into it.

We do not have representation of social workers from the Somali community and Sylheti speaking Social Worker.

Gender and age

The majority of the primary carers are of female and grandparent status although there are a rising significant proportion of aunts.

Many of the kinship carers are grandparents where age does not impact negatively as opposed to the criteria of providing a safe environment. The older age range of grandparents who are likely to be approved precipitates a contingency plan of identifying 'back up' carers. This system is easily identifiable in the Asian, Bangladeshi community where extended families live in a family unit.

Overall the effect of having staff of female genders is very positive for the service as the majority of carers represent female gender. However, there is a gender imbalance of social workers as currently all are female. Therefore, sometimes the needs of individual user may not be reflected by gender of the social worker.

Disability

There are only 3 disabled children placed within the Kinship Care service. The Children with Disability Team provides a unique and specialist service to disabled children including disabled children looked after. This team encompasses the assessments and training of prospective carers. The kinship care team draws on the expertise and setting up of systems to achieve best outcomes for children and young people.

Due to the notion that 'kin' will care for their own, the resources that are put into place to facilitate the needs of disabled children are often limited i.e. obtaining the services of signers for several sessions becomes a costly exercise that has to be addressed irrespective of budgets constraints. There are acute shortages of BSL sign language interpreters and there are no Makaton interpreters. Lack of communication resources is directly discriminating against this group of young people

The employment of a social worker within the Recruitment and Assessment team, with BSL training, enhances knowledge and information on a multitude of disability areas.

Children Rights and User Involvement services are relatively inaccessible to children with disability who are under 16 years of age. They do not fully cater, facilitate or try to engage with children with disability. However, one of the priorities for the new Children Rights Officers is to engage and develop services for disabled children.

Faith

We have training for social workers on 'Work with Muslim Children' in conjunction with the local Mosques which has proven popular and very positive

Religion must be appropriately reflected in the choice of placement. In many cases it is not prioritised as with ethnicity. For Muslim children this is particularly important as their religion plays such a core part in their daily life.

Religion is not specifically asked about in the review form. It is included generally under the issue of identity, thus may not be explored or reviewed with young people within the LAC review process.

Potential adverse impact if, for example, foster carers and residential homes are in breach of Children Act (1989) in regards to religious issues as particularly the absence of religious teaching for some looked after children.

Furthermore, presently we do not prioritise accessing Catholic schools particularly for unaccompanied Asylum Seeking minors, who may have strong religious belief. This will need to be reviewed in consultation with the Service Manager.

Health

The division is aware that some children and young people looked after may be more prone to certain conditions or illnesses e.g. African/Caribbean young people are more prone to Sickle Cell and Asian young people to Thalassaemia. This is even more important as we often don't know their family history particularly unaccompanied Asylum Seekers. Asian young people could experience mineral deficiency and require more frequent dental care than other young people.

There is also some evidence to suggest that Asian young women are 2 to 3 times more likely to self harm than other women and have higher rate of attempted suicide.

Furthermore, in some African and Middle Eastern cultures girls undergo female circumcision (female genital mutilation) which often seriously effect their health particularly during pregnancy and giving birth. Given the high rate of teenage pregnancy among looked after children this is an issue not only require medical checks for young girls but training for all who work with these group of people.

As indicated above, there is a potential for an adverse affect on the health of certain young people. The Health Care Planning and Review procedures however, mitigate this risk for majority of YP. The individual health needs of children are examined within these procedures and most individual needs should therefore be met appropriately.

A more specific focus on conditions and illness noted above within the minority communities require special consideration.

4. Conclusions & Recommendations

Kinship carers to receive services that address their language and cultural needs. Ensure that the job they undertake is supported & minimises any adverse health effects for them.

Promote service that enables BME children to be brought up within their family of origin.

Link in with PAT on Special Guardianship orders and the impact on family life with this new order

Publicise the benefits of Special Guardianship orders with BME families where this order is culturally accepted.

Link in with CWD team to have in place guidance where carers are being assessed to look after children who are disabled.

Specific training for social workers, kinship carers on Somalian issues.

Further training for SW's on Special Guardianship order assessments where English is not the first language.

Summary of recommendations for improvement.

Training of kinship/Special Guardianship carers to care for children where the carers first language is not English.

Joint training between kinship and social work team on cultural issues when assessing prospective carers from abroad.

More specialised interpreters for assessments.

Recruitment of more Bangladeshi staff to the KCT.

More advocates for children/YP with profound disability.

Action Plan

Recommendation	Key activity	Progress milestones
1. Management Information Report to include profiles of all prospective carers from enquiry stage to outcome	<ul style="list-style-type: none"> • Reported regularly to the service management and strategic services 	<ul style="list-style-type: none"> • System agreed – Sept 06 • 1st MIR March 07
2. Development of specific training on the needs of kinship carers and Special Guardianships seeking children – practice issues and information re: specialist provisions.	<ul style="list-style-type: none"> • Delivery of training to social workers, Kinship carers and Special Guardians 	<ul style="list-style-type: none"> • Training commissioned by May 07
3. Target Children Rights Activity to engage with CWD to seek their views and develop services according to identified needs. (NB: Tower Hamlets Disability Equalities Scheme 2007-10) in favour of Positive Discrimination in this area)	<ul style="list-style-type: none"> • Specify targeted work with CWD when new Children Rights Service SLA in place. • Complete consultation exercise with disabled CLA 	<ul style="list-style-type: none"> • By September 07 • Consultation completed by June 07
4. Information and all publicity material is written in languages appropriate to the community	<ul style="list-style-type: none"> • Ensure that information about the policy/service is produced in relevant languages/formats • Establish costs and prioritise documents for translations 	<ul style="list-style-type: none"> • September 07
5. Analysis of Profile of Kinship carers and Special Guardians	<ul style="list-style-type: none"> • Undertake an analysis of Kinship carers and Special Guardian in terms of equality groups • Compare their perception of the service they receive 	<ul style="list-style-type: none"> • Consultation/survey or via kinship care support group by March 08 • Monitor the health issues of carers & plan training/support needed by March 08

	and establish any patterns that emerge	
6. Kinship care team to establish formal monitoring system for recording of faith and disability.	<ul style="list-style-type: none"> • System to be put in place for MIR 	<ul style="list-style-type: none"> • March 07 MIR
7. Maintain focus on recruitment targets for Workforce to Reflect the Community – ensure reflection of race and gender in KCT.	<ul style="list-style-type: none"> • Review staff profile information before each recruitment exercise. 	<ul style="list-style-type: none"> • Ongoing