

The Regulation and Quality Improvement Authority
Review of Statutory Fostering Services
Overview Report
December 2013

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews aim to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. Our reviews are carried out by teams of independent assessors, who are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health, Social Services and Public Safety, and are available on the RQIA's website at www.rqia.org.uk.

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Table of Contents

Executive Summary	1
Section 1 – Introduction	5
1.1 Context for the Review	5
1.2 Terms of Reference	7
1.3 Exclusions	8
1.4 Review Methodology	8
Section 2 – Findings from the Review	10
2.1 Background to the Findings	10
2.2 Baseline of Statutory Foster Care Services	14
2.3 Role of the HSC Board.....	31
2.4 Implementation of the Minimum Kinship Care Standards	37
2.5 Experiences of Children and Young People.....	54
Section 3 - Conclusion and Recommendations	62
3.1 Conclusion	62
3.2 Summary of Recommendations	66
Appendix 1 - Abbreviations and Glossary of Terms	71
Appendix 2 - Summary of Legislation	76

Executive Summary

The role of a family is to provide a stable, protective and formative environment for children and young people. In today's society, some families struggle to achieve this position. Children and young people may, for a variety of reasons, be unable to live with their parents. This may be as a result of abuse, neglect, birth parents not acting in their child's best interests, or for other reasons. The protection of children and young people must take precedence over family life, and access to alternative forms of care and family support is required in these circumstances. In cases where children and young people cannot live with their birth parents and are subject to statutory intervention, the trusts assume the role of the corporate parent¹.

Children and young people in care are one of the most vulnerable and disadvantaged groups in society. HSC trusts, foster care agencies and others involved in their care must strive to achieve the best outcomes for them. By reviewing the provision of foster care services and the role of the trusts as corporate parents, RQIA aims to inform the development of the new fostering services standards, and assist in the improvement of outcomes for children and young people in care.

In Northern Ireland, three-quarters of all children in care live in non-kinship or in kinship² foster care, making foster care the single largest provider of care for children. In May 2013, Fostering Network indicated that in Northern Ireland four new foster families are needed each week to provide care for vulnerable children.

At 30 September 2012, there were 2,676 looked-after children (LAC) in Northern Ireland³, an increase of 6% from 2011. Of these, 75% were in foster care placements (including kinship care placements). Eleven per cent were placed with family, 9% were in residential care and 5% were in other placement types⁴.

At 30 September 2012, a total of 2073 households were involved in foster care, providing 2,837 placements. The number of foster carers in Northern Ireland has increased by 5% from 2012, and in the last decade, this number has risen by 8.5%.

This report outlines baseline facts and figures about foster care in Northern Ireland. It presents the views of children, carers, social workers and other agencies that support foster carers. It assesses implementation of the Minimum Kinship Care Standards, issued in May 2012, and makes a number

¹ The term corporate parent means the collective responsibility of the HSC trust, for providing the best possible care and safeguarding for children who are looked after by the trust. This is a statutory duty under the Children (Northern Ireland) Order 1995.

² Non-kinship care is an approved foster carer who is not related to the child. Kinship care means a relative, friend or other person with a prior connection with somebody else's child who is looked after by the state and cares for that looked after child full time.

³ Information provided by the HSC trusts

⁴ Information provided by the HSC trusts. Other placement types include other lodgings, hospital and supported living.

of recommendations for inclusion in the new fostering services standards. This review also identifies gaps in the service that need to be addressed.

The review team found that, in general, trusts had well planned and organised foster care services, in the absence of Department of Health, Social Services and Public Safety (DHSSPS) standards, to meet the assessed needs of looked-after children. Overall, the quality of foster care is good, and carers are generally positive about the way agencies prepare, assess and support them for this role. Systems are in place for supervision and appraisal of staff. Foster care panels included foster carers, with a wide range of knowledge and experience.

The review team found that children desire an ordinary life, and do not want to be seen as or feel different from their peers.

The Care Inquiry (2013)⁵ identified relationships as the 'golden thread' in the lives of children in care. Supporting relationships and developing positive contact must continue to be prioritised. Contact with immediate and extended birth family and friends is a significant and important issue for children, although for many, this often brought problems. Where there are barriers preventing contact, it is important that they are explained clearly to children in foster care.

The relationship between children and the social work staff is critical. This was sometimes difficult when there was a lack consistency. Of those surveyed by Voice of Young People in Care (VOYPIC)⁶, 47% reported having one to three social workers since they came into the care system and a further 42% reported having four or more social workers.

All of the young people interviewed during the review, from the Extern Project Group, said that they did not know a lot about the decisions being made on their behalf, and were not informed of anything that was happening.

Developing relationships, communication and involvement are key areas that contributed to placement stability and the sense of an ordinary life for children.

This review highlighted areas of good practice, including looked-after children therapeutic services in each trust; the Going the Extra Mile (GEM) scheme; employability schemes for the 16+ group in the Southern and Western health and social care trusts. A range of advocacy and mentoring services were provided by the charity VOYPIC.

This review also highlight areas for improvement in foster care services. These include early intervention and family support services to support carers, rather than only responding to emergencies. This would build resilience in

⁵ Making not Breaking, Building Relationships for our Most Vulnerable Children - The Care Inquiry 2013 - <http://thecareinquiry.files.wordpress.com/2013/04/care-inquiry-full-report-april-2013.pdf>

⁶ Voice of Young People in Care (VOYOIC) – A charity that represents the voice of young people in care in Northern Ireland

foster families to manage challenges and prevent placement breakdown. A regional retention and support strategy should be developed to inform practice and future support and training initiatives.

Finding replacements for foster carers who retire or stop fostering each year continues to present a challenge. This is happening against the background of increasing numbers of children being taken into care and the continuing reduction in the number of children's homes. In Northern Ireland, much attention is paid to the recruitment and support of foster carers. The review team found there was no regional strategy to retain existing foster carers.

A gap was noted in administrative record keeping, particularly in kinship care. Inadequacies in the information data collection systems require to be urgently addressed, in order that the Health and Social Care Board (HSC Board) can collate accurate information to address deficits in the service. The HSC Board needs to be able to compare and contrast the range and quality of foster care activity across Northern Ireland, as the review team noted discrepancies in information provided to by the HSC trusts about foster care placements.

Delays in completing the foster care assessments in a timely manner and in carrying out annual reviews of foster carers were noted in all trusts. The review team recommends that the new fostering services standards should include expected key performance timelines from the first expression of interest to approval as a foster carer.

This report makes 46 recommendations for action by trusts, the HSC Board and DHSSPS. The review team was concerned at the practice of admitting children to foster care placements with foster families already caring for their approved number of foster children. It is recognised that this often happens in a crisis, where suitable alternatives are not available. The HSC Board should ensure consistent scrutiny of all decisions to vary the approved number of children cared for by foster carers.

New standards are required to support service user involvement, including birth parents and young people. The HSC Board identified six high level outcomes in children's services derived from the ministerial strategy for children. These outcomes need to be incorporated in the new standards and the HSC Board commissioning framework, to ensure a robust performance framework can be developed to measure compliance with standards.

While there is evidence of good practice in communicating with children, a number of young people were critical of the quality of this communication.

The key challenges facing the foster care service are: how it meets the expectations of Transforming Your Care (TYC)⁷; ensuring that foster carers are supported to meet the complex needs of looked- after children; and the further implementation of the new standards.

⁷ Transforming Your Care (December 2011) - A Review of Health and Social Care in Northern Ireland - The Review was to provide a strategic assessment across all aspects of health and social care services, examining the present quality and accessibility of services, and the extent to which the needs of patients, clients, carers and communities are being met. - <http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf>

Section 1 – Introduction

1.1 Context for the Review

In December 2012, DHSSPS advised RQIA of its intention to develop new fostering services standards, and commissioned RQIA to undertake a review of foster care to help inform the process. The scope of the review included an assessment of the implementation of the Minimum Kinship Care Standards⁸ published in 2012.

Under the Children (Northern Ireland) Order 1995⁹ (Children's Order), a key consideration of trusts is to have children looked after by their extended family. Where this option is not available, or not appropriate to the child or young person's needs, other available alternatives, include fostering, adoption and admission to children's homes.

As no fostering standards have been agreed within Northern Ireland, RQIA assessed the fostering services against current best practice from other areas of the United Kingdom¹⁰.

Under Part 4 of the Children's Order, any reference to a child who is looked after by an authority is defined as follows:

In Northern Ireland, a looked-after child means a child accommodated for 24 hours or longer in the care of the authority, or in accommodation provided by the authority.

In 2006, the Northern Ireland Assembly through the Office of the First Minister and Deputy First Minister (OFMDFM) developed a vision for children and young people in care. They published - Our Children and Young People - Our Pledge, A Ten Year Strategy for Children and Young People in Northern Ireland 2006 - 2016¹¹.

This strategy identified the outcomes and indicators within which children's policy was to be developed to help benchmark progress over the 10 year period.

In England, the publication of the Care Matters (2006)¹² by the then Department for Education and Skills, outlined the reforms necessary to improve the quality, range and choice of care for looked-after children.

⁸ Minimum Kinship Care Standards Northern Ireland (May 2012) <http://www.dhsspsni.gov.uk/kinship-care-standards.pdf>

⁹ The Children (Northern Ireland) Order 1995 - <http://www.legislation.gov.uk/nisi/1995/755/contents/made>

¹⁰ This approach was confirmed in the letter from Eilis McDaniel (DHSSPS Acting Head of Child Care Policy Directorate) to Glenn Houston (RQIA Chief Executive) on 19 December 2012.

¹¹ Our Children and Young People - Our Pledge A Ten Year Strategy for Children and Young People in Northern Ireland 2006 - 2016 http://www.delni.gov.uk/ten-year-strategy_1_.pdf

¹² Care Matters: Transforming the Lives of Children and Young People in Care <https://www.education.gov.uk/publications/eOrderingDownload/Care-Matters%20Green%20Paper.pdf>

In 2007, DHSSPS followed this with the publication of Care Matters in Northern Ireland, A Bridge to a Better Future¹³. This established a Northern Ireland strategy for children in and on the edge of care, within the overall context of the OFMDFM 10-year strategy. Care Matters has been further augmented by other policy directives.

Work on the development of both adoption and fostering services for children and young people has been ongoing, and resulted in recent publications of policy and procedures, guidance and standards. These include:

- Adoption Regional Policy and Procedures¹⁴
- Regional Policy on Permanence¹⁵
- Minimum Kinship Care Standards Northern Ireland¹⁶

Further investment and development in social care services was recognised within Transforming your Care. Developments are proposed in advocacy, information services, training and recruitment, particularly in kinship care, aimed at improving the wellbeing of children and young people.

In addition to this work, fostering regulations and standards are currently being developed by DHSSPS.

At an operational level, a Regional Fostering Recruitment and Training Coordination Service was established in 2007 and has since expanded to become the Regional Adoption and Fostering Service (RAFS). This team continues to work closely with the five trusts to recruit, support and provide learning and development opportunities for both foster carers and adoptive families.

The Quality 2020 Strategy¹⁷ commits to the identification and development of a set of quality indicators for use in monitoring the strategic implementation of outcomes for future years. This will embrace the components of safety, effectiveness and child/carers experience.

The Quality 2020 Strategy and work underway on a new public health strategy will present reference points for the future commissioning of the foster care service. This will ensure that children at risk of harm are effectively looked after. Quality 2020 will help to ensure targets are in place, to reflect a strong outcome focus in helping to drive forward the necessary improvements in the quality of services required.

The review used a range of reference documentation including:

¹³ Care Matters in Northern Ireland - A Bridge to a Better Future (DHSSPS - May 2007)

<http://www.dhsspsni.gov.uk/care-matters-ni-3.pdf>

¹⁴ Adoption Regional Policy and Procedures (December 2010)

http://www.baaf.org.uk/webfm_send/2565

¹⁵ Regional Policy on Permanence (May 2007) http://www.baaf.org.uk/webfm_send/2565 Appendix 4

¹⁶ Minimum Kinship Care Standards Northern Ireland (May 2012) <http://www.dhsspsni.gov.uk/kinship-care-standards.pdf>

¹⁷ The Quality 2020 Strategy (January 2011) - http://www.dhsspsni.gov.uk/quality_2020_-_consultation.pdf

- The Children (Northern Ireland) Order 1995
- Guidance and Regulations Volume 3 - Family Placements and Private Fostering¹⁸
- Care Matters in Northern Ireland¹⁹
- Regional Policy on Permanence²⁰
- Minimum Kinship Care Standards Northern Ireland²¹
- Social Care Institute for Excellence Guide 7: Fostering²²
- Fostering Services: National Minimum Standards²³
- UK National Standards for Foster Care (1999)²⁴
- Code of Practice on the Recruitment, Approval, Training, Management and Support of Foster Carers

1.2 Terms of Reference

The terms of reference for this review are:

1. To build a profile of fostering services in Northern Ireland.
2. To establish a baseline of HSC trust fostering services and an understanding of the nature of the relationship with fostering service provision by organisations contracted by HSC trusts, with a specific focus on:
 - a. the availability of fostering placements
 - b. the recruitment of foster carers
 - c. placement stability
 - d. the support for foster carers
 - e. the retention of foster carers
3. To assess the role of the HSC Board in the commissioning of fostering services, including the role of the Regional Adoption and Fostering Taskforce.
4. To review the implementation of the Minimum Kinship Care Standards.
5. To obtain the experiences of foster carers, including kinship foster carers, children and young people in relation to fostering services.
6. To report on the findings, identify areas of good practice and, where appropriate, make recommendations for improvements to the Fostering Services.

¹⁸ Guidance and Regulations Volume 3 - Family Placements and Private Fostering - <http://www.dhsspsni.gov.uk/co-volume3-family-placements-private-fostering.pdf>

¹⁹ Care Matters in Northern Ireland - A Bridge to a Better Future (DHSSPS - May 2007) <http://www.dhsspsni.gov.uk/care-matters-ni-3.pdf>

²⁰ Regional Policy on Permanence (May 2007) http://www.baaf.org.uk/webfm_send/2565 Appendix 4

²¹ Minimum Kinship Care Standards Northern Ireland (May 2012) <http://www.dhsspsni.gov.uk/kinship-care-standards.pdf>

²² Social Care Institute for Excellence Guide 7: Fostering (November 2004) <http://www.scie.org.uk/publications/guides/guide07/files/guide07.pdf>

²³ Fostering Services: National Minimum Standards - Department for Education (2011) <https://www.education.gov.uk/publications/eOrderingDownload/NMS%20Fostering%20Services.pdf>

²⁴ Published in 1999 by the National Foster Care Association on behalf of the UK Joint Working Party on Foster care (Endorsed by the chief inspectors of SSI in England, Scotland, Wales and Northern Ireland).

1.3 Exclusions

Services or facilities excluded from this review included independent agencies that provide fostering services and respite care.

A review of respite care/ short break provision will be carried out at a later date, as part of the RQIA 2012-15 Review Programme. The review did not include adoption services or adoption agencies.

1.4 Review Methodology

The review methodology was designed to gather information about fostering services, including the views of staff, kinship and non-kinship carers, and children and young people. This included:

1. A review of relevant literature to examine the context for the review and to identify appropriate lines of enquiry.
2. An initial profiling questionnaire to each trust. The questionnaire included sections on the availability of fostering placements, the recruitment of foster carers, placement stability and the support and retention of foster carers.
3. Fostering Network facilitated a meeting with the four independent fostering providers, which allowed RQIA to assess the interface with the trusts' fostering services.
4. A second questionnaire was forwarded to each trust to obtain further information regarding the services and arrangements in place associated with fostering. The questionnaire covered various aspects of both kinship and non-kinship foster care.
5. The views of both kinship and non-kinship carers were a key element of this review. RQIA worked in conjunction with Fostering Network to set up and facilitate focus groups to obtain the views of kinship and non-kinship carers in each of the trusts. A total of 91 carers attended the focus groups. A questionnaire was distributed to kinship and non-kinship carers via Fostering Network and the trusts, with a further 91 responses being received.
6. Two focus groups with children and young people were organised by Fostering Network to seek their views and experiences about foster/ kinship care. A total of 17 children and young people participated in the groups. VOYPIC undertook a survey of 114 children and young people in foster care, and submitted the results to RQIA for consideration.

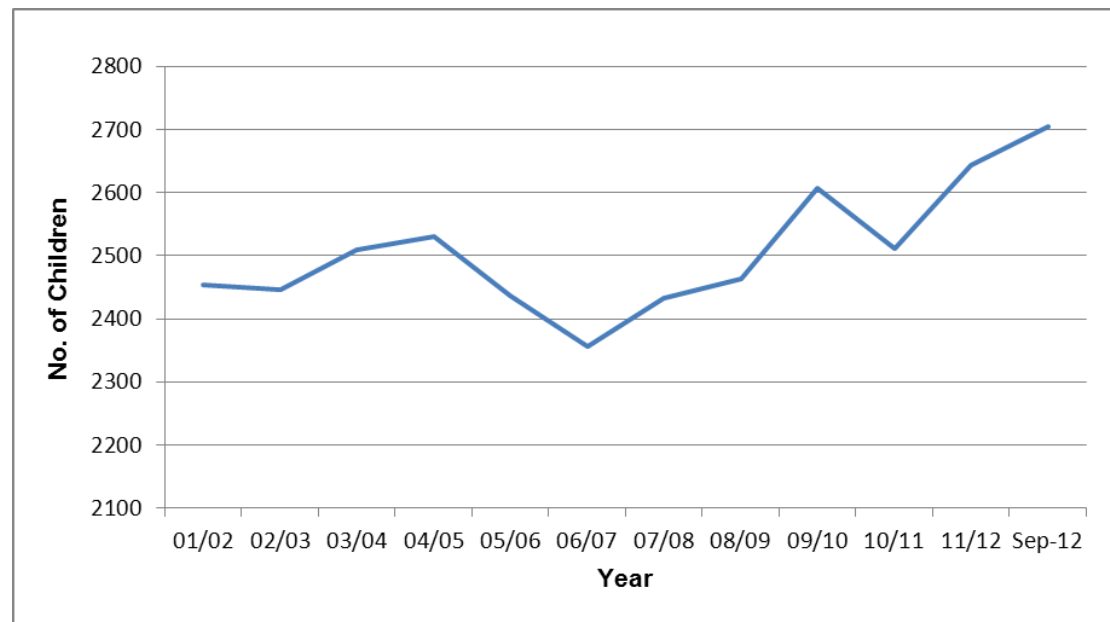
7. An audit of kinship carers' case records was undertaken to assess the trusts' compliance with the Kinship Care Standards. Twenty five case records were reviewed.
8. Validation visits were undertaken to trusts to meet with practitioners working within the fostering services including, representatives of senior management and senior leads responsible for the fostering services, and staff responsible for the delivery of psychotherapeutic looked-after children services.
9. Publication of this report including the findings from the review and recommendations for improvement to foster care services.

Section 2 – Findings from the Review

2.1 Background to the Findings

Over the past 10 years, the lowest number of looked-after children in Northern Ireland was recorded at 2,356, in March 2007²⁵. However, since then the number has increased by approximately 15%.

Chart 1: Looked-After Children (2001-12)



Within the numbers of looked-after children, those children placed in foster care are the largest grouping. In 2001-02, children in foster care accounted for 61% of the population of looked-after children. By September 2012, this figure had increased by almost 18% and children in foster care accounted for 73% of the population of looked-after children.

²⁵ Information provided by the HSC Board.

Chart 2: Percentage of Looked-After Children by Residential and Fostering Placement Type (2001-12)

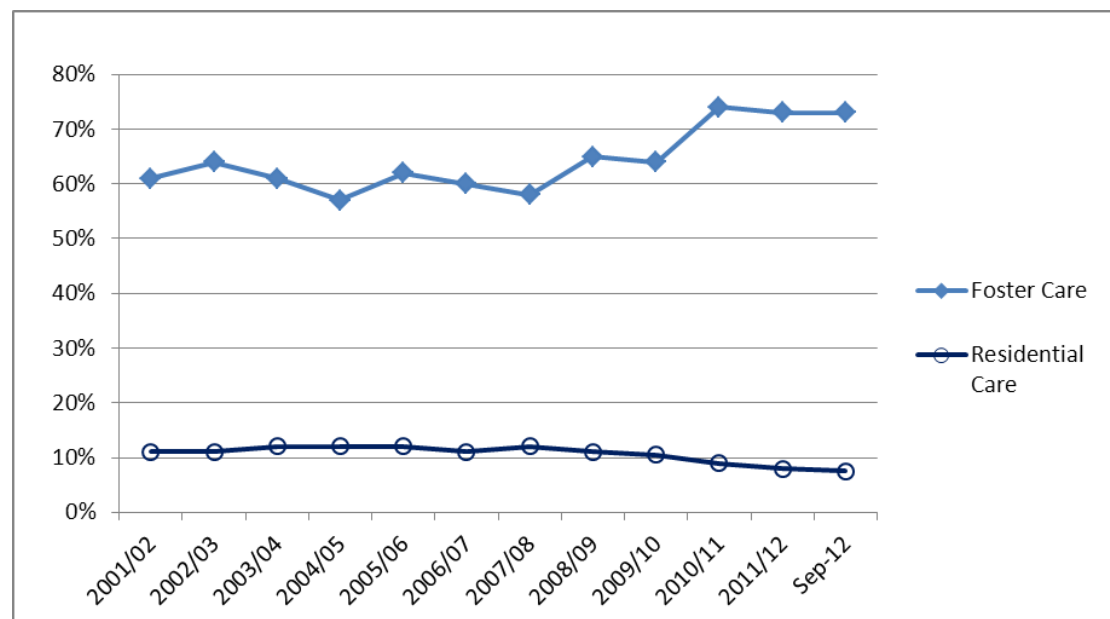
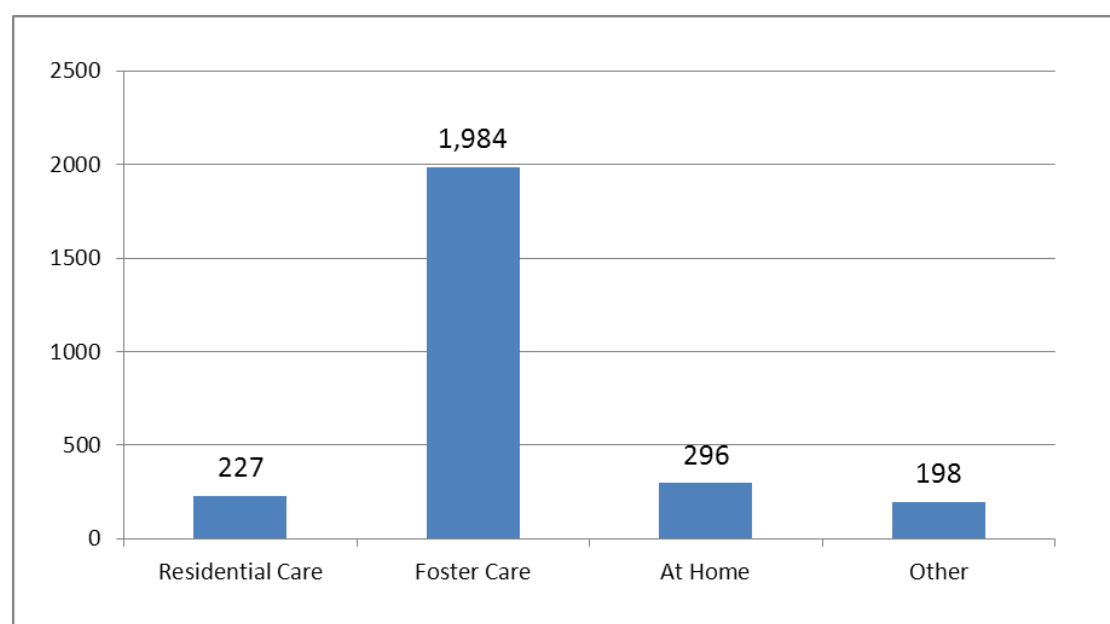


Chart 3: Placement of Looked-After Children (September 2012)



Within the foster care grouping, the prevalence of kinship fostering, where relatives care for a looked after child, has grown in recent years. Between 2009 and 2011, the number of cases of kinship fostering has increased by approximately 53%. The drive to formally approve existing kinship placements was enhanced by the development of standards of practice for kinship care in May 2012.

From March 2011 to September 2012, there was an increase of 103 kinship placements, equivalent to a 14% increase. In contrast, for the same period

there was only a decrease of 53 non-kinship placements, equivalent to a 5% decrease.

Chart 4: Looked After-Children in Non-Kinship/ Kinship Foster Placements (March 2011 to September 2012)

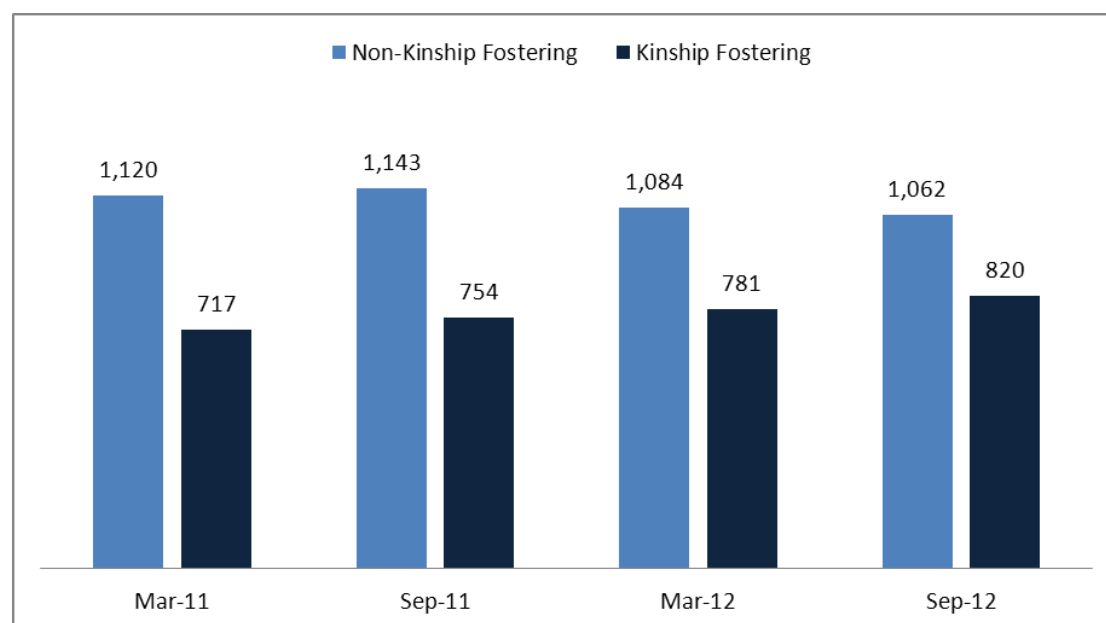


Table 1: Number of Fostering Households and Available Fostering Placements (at 30 September 2012)

Number of Fostering Households and available Fostering Placements (at 30 September 2012)	Total households	Total placements
Kinship Foster Carers (Panel Approved)	449	561
Kinship Foster Carers (Field Work Approved ²⁶)	222	291
Panel Approved Stranger ²⁷	933	1,340
Living with former Foster Carers	121	135
Dedicated Foster Carers ²⁸	183	278
Prospective Adopters dually approved as foster carers ²⁹	165	232
Total	2,073	2,837

All five trusts provide fostering services, accounting for 94% of foster placements as at 30 September 2012. Four independent foster care agencies provided 170 foster carer placements, representing 6% of the placements across Northern Ireland.

²⁶ Field work approved relates to the stage in the process prior to the carer having been assessed by the panel.

²⁷ A panel approved stranger is an approved carer that is not related to the child in their care.

²⁸ A dedicated foster carer is a person who is in receipt of a fee from trust to provide foster care in addition to the normal allowance.

²⁹ A dually approved foster carer is a person that has applied and been approved for both foster care and adoption.

The number of private/ independent foster care agencies remains small in Northern Ireland. The high cost of placements appears to have been an inhibitor to the development of a mixed economy of foster care provision.

During the review, it was indicated that the annual cost for an independent foster care placement could be as high as £50,000, depending on the complexity of the needs of the child. Trusts advised that an average annual cost for a placement was in the region of £18,000. However, this figure may not have considered all costs, such as overheads associated with administrative support or building resources. It was also unclear as to whether the therapeutic services were included as part of the costs if they were provided by the trust. Until a full cost comparison has been completed, it is difficult to determine the most cost effective placement.

Due to a lack of available placements across all trust, each had incurred additional costs due to spot purchasing from the independent sector. The HSC Board was concerned that some trusts have purchased placements reactively, and there was little evidence of planning in the use of an expensive resource. The review team also considered there was insufficient clarity in terms of the added value of the placements sourced from independent foster care agencies.

2.2 Baseline of Statutory Foster Care Services

Recruitment

Fostering Network estimates that across the United Kingdom a further 9000 foster families are required in the next 12 month period. Fostering Network (NI) indicates that in Northern Ireland, four new foster families are required each week to meet current demand. The reasons for children requiring foster care included: parents being unable to care for the child (due to parental illness, imprisonment, homelessness, acute financial problems etc.); problems with parenting (neglect, abuse); problems with the child's behaviour (for example, offending); and/or a breakdown in family relationships with the child (for example, child seen as beyond control).³⁰

The needs of children vary greatly and a sufficiently large pool of foster carers must be maintained in order that the placing agency can ensure appropriate placements are made.

The active recruitment and assessment of foster carers is a time consuming, and expensive process. Currently, the demand for foster carers outstrips supply. From information provided by the trusts, between 2011-12, it is estimated that 51% of the 906 people that requested an information pack went on to submit an application to foster. Trusts need to encourage more of these enquirers to proceed with an application to foster.

The RAFS take a lead role in recruitment of foster carers regionally, such as facilitating online enquiries; providing fostering information online; and ensuring these enquiries are forwarded to the trusts immediately.

The aim of the recruitment process is to inform potential applicants of the nature of the task and the qualities carers need to be deemed suitable to foster a child. Trusts need to respond to enquiries efficiently to sustain the interest of potential carers and to support them through the approval process.

While initial inquiries were responded to promptly by sending out an information pack, the review team found that many of the trusts could not provide carers with a clear timescale for completion of the recruitment process. With the exception of the South Eastern and Belfast trusts, the demands of court directed work, particularly in relation to kinship care assessments, has caused a considerable time delay in completing foster care assessments.

Carers interviewed by RQIA during the focus groups indicated that they value being provided with information about the types of fostering opportunities and the range of allowances or fees, to help them in making a choice. It is important to retain potential carers at this initial stage, as they may have had to overcome many anxieties about applying in the first place.

³⁰ SCIE - Fostering Success, An Exploration of the Research Literature in Foster Care - <http://www.scie.org.uk/publications/knowledgereviews/kr05.pdf>

One carer stated she was told it would take 15 weeks for recruitment; however, it actually took 15 months. Approval time appeared to vary between 6-16 months. Another stated that the length of time it took for approval was too long.

Prior to presentation to the fostering panel (the final step of the recruitment process), the social worker provides details of the assessment to the potential foster carer. There is a tension between maximising recruitment and having thorough rigorous checking and assessment procedures. Some foster carers raised issues about the assessment process, indicating they found the process “too personal and intense in some aspects”, but others recognised that the foster carers have to be “the right people for the job”.

Other foster carers said “whilst there were police checks and financial checks, real issues around finance and the financial commitment that foster carers are making were never discussed”. It is important that trusts are clear in the information they provide and that this is balanced, fair and proportionate to the needs of people who wish to embark on fostering as a choice.

One foster parent said it “took a while to understand who all the agencies were and what they could do to help” and information around this would be helpful”.

Another foster carer suggested that a “book of real life experiences” could be useful to enable new foster carers to see what foster care is really like.

Foster carers were asked what would deter them from fostering children. One reported “bureaucracy, red tape and social work personalities left me disillusioned about fostering”. Others said they would “recommend it, but foster carers should do it with caution”. Many complained about the turnover of trust staff in particular the child’s social worker, and expressed frustration about how they were not always valued and remunerated for the task.

All foster care teams had an events calendar for the year and made use of local media in sending out good news stories about fostering. The trusts had designed marketing materials and had developed and delivered information packs. This approach is supported by a regional corporate marketing strategy, using local marketing campaigns, aimed at recruiting new foster carers each year. There are links on the regional website to Fostering Network and British Association of Adoption and Fostering (BAAF)³¹.

The fostering teams reported that successful recruitment is often related to the use of local recruitment teams, word of mouth, and brief articles in the press. The Western Health and Social Care Trust (Western Trust) demonstrated best practice in recruiting a specialist foster carer for a disabled child through the regional team, which facilitated a placement across trust boundaries.

³¹ British Association of Adoption and Fostering (BAAF) (www.baaf.org.uk)

This practice should be encouraged for all hard to place children with specialist needs. Good practice was also identified in Barnardo's long-term fostering scheme, with good outcomes demonstrated for children who were fostered over a number of years. This involves the use of Children's House residential unit, for children under 12 years of age, who have experienced three or more breakdowns in foster placements. This model of care helps by offering continuity of care to children who have experienced significant disruption in their lives. This scheme also provided a notable example of effective cooperation between the Belfast Health and Social Care Trust (Belfast Trust) and the voluntary agency. The scheme's leader sits on the trust's fostering panel and a senior social worker from the trust panel being a member of the Barnardo's panel.

Allowances for Foster Carers

All foster carers, kinship or non-kinship, receive the basic fostering allowances which are recommended by Fostering Network. A carer may receive an enhanced allowance for a child with disabilities or complex needs. The children's social worker, based on the assessed needs of a child, completes an enhanced allowance application form in respect of children with needs over and above the normal identified needs of children in foster care.

Any additional fees are considered by the family placement manager and paid based on the assessed needs of the child. This information is shared with the fostering panel. The Belfast Trust reported that decisions on fees or enhanced allowances are made at monthly finance meetings. Decisions are made according to the needs of the child, and the budgets available.

The issue of allowances came up frequently when foster carers were asked for comments about how trusts can recruit more carers. While trusts have a financial reward structure, the review team found this to be differentially applied across Northern Ireland. The HSC Board reported that the allowances for foster carers are reviewed and uplifted on an annual basis.

The review team noted that funding has been made available by the Southern Health and Social Care Trust (Southern Trust) to enable the purchase of 10 specialist fostering placements for young people aged 12-17 years, who require intensive support services.

A range of fees and placements for children with complex difficulties appears to be in place across the five trusts. It was reported during the review that foster carers in Northern Ireland do not receive the same rates as foster carers in other parts of the United Kingdom. Although there are regional differences, the HSC Board has sought to maintain parity with the national fostering allowances.

Foster carers felt that the complex funding arrangements can make it difficult to promote fostering as a career to prospective foster carers, who are increasingly aware of the problems facing abused and neglected children. The economic reality of caring for those most vulnerable in our society,

coupled with the availability of other employment opportunities, is a significant factor affecting the recruitment of foster carers.

Profile of Service Carers

The review team found that trusts did not have robust information about the profile of current foster carers. This makes it difficult to plan ahead, as information regarding current carers and demand for placements, needs to inform recruitment campaigns. Much information could be obtained from annual reviews of foster carers' case records. These should be proactively reviewed by each trust.

The five trusts actively involve existing carers in their recruitment campaigns, and hold preparatory training courses designed to raise awareness of children's needs. These courses provide foster carers with insights into the reality of foster care. The benefits of this were emphasised by one foster parent who said: "Honest information is crucial at the outset of the recruitment journey. The opportunity to have a frank discussion with a current foster carer to discuss the real issues was helpful in giving insights to the realities of the work".

Foster carers can be the best ambassadors for trusts in their recruitment of further carers. As one carer said "experienced carers are valuable, and a satisfied carer will attract a new one".

BAAF suggested that the current foster care system is in need of a radical overhaul in order to recruit and retain more foster carers. Changes need to be made to transform foster care from a volunteer-based service, to a modern, highly skilled, child centred service that places foster carers at the centre of the professional network. Fostering Network has led a campaign for the professionalisation of foster carers. This suggestion merits further discussion by the HSC Board and trusts in terms of the future strategic plan for the foster care service.

Effectiveness of Regional Recruitment Strategy

The review team was unclear about trusts' ability and practice in strategic profiling and targeting of need, for example, type and location of foster care required and the changing demographic profile of the service.

The review team was unclear if there was any established process for the review of recruitment campaigns, in order to establish what has worked well or what improvements could be made.

Recommendations

- Trusts should undertake a regular audit of foster carers, covering: skills available; training needs; areas of expertise; religion; geographical location; number of short-term intermediate and long-term carers, or short-term respite carers; and, the age distribution of the carer population.

- The HSC Board should ensure that the Regional Adoption and Fostering Service conducts an evaluation of the regional recruitment campaign, to identify any points of learning prior to commencing the next regional recruitment campaign.
- The HSC Board should review the strategic plan for the foster care services to determine the feasibility of instituting the professionalisation of foster carers.

Retention and Support

It was reported that foster carers are a scarce resource. As they are difficult to recruit, a retention strategy is required as a priority, which was not evident in any trust. A robust retention and support strategy requires: adequate remuneration; training; support (including the availability of respite carers); and, methods of enhancing the status of foster carers. Good retention rates would provide trusts with a pool of experienced carers.

It is recognised that the availability of foster carers is influenced by the family lifecycle, and levels of stress associated with particular placements. During interview, foster carers cited the following as reasons in not being able to continue fostering:

- poor levels of remuneration
- difficulties in staff turnover
- communication with social workers
- not feeling valued
- issues of admitting children over their agreed capacity

The review team found that the practice of recording retention rates for foster carers varied across the trusts. For example, the Western Trust allows foster carers to remain on the approved list while taking a sabbatical from fostering. It was difficult, therefore, to obtain an accurate view of the vacancy rate regionally. However, trusts reported that they can potentially lose up to 20% of their overall approved foster carers per year. The review team was also unable to reach a clear understanding of the numbers of foster carers available, because of the lack of consistency in the recording of categories of foster carers by trusts. No up-to-date figures were presented by trusts in relation to foster carers who retire or otherwise stop fostering. The turnover rate of foster carers is important. It is also crucial that trusts understand the reasons for ending an arrangement and this need to be clearly recorded.

The Belfast Trust has specialist support and development teams whose role is to supervise, support and develop carers without the demands of other work. This complements a range of other measures to involve and support carers.

Foster carers provided comment regarding retention, and what they felt could be improved. Some expressed frustration at not being seen as part of a team, and suggested that trusts reflect on this.

“We are here for the children, we are their life, but we are not given the respect for this.”

“Foster carers are not given enough credibility for the ideas they have.”

In situations where there is frequent turnover of the child's social worker, the lack of continuity and the constant need to retell their story can be very disruptive.

A foster carer stated: “if you have an opinion about something, it does not go down well with social workers and the social workers perceive you as a threat or a trouble maker”. Another said they had “been without a placement as a result of challenging the trust”.

Other foster carers indicated when there are allegations or complaints, “the support to foster carers is not readily available. This impacts on the relationship between the foster carer and the child”.

Looked-after children need to feel safe and nurtured at all times. All trusts cited difficulties in responding to allegations made against foster carers in a way that is proportionate, fair and thorough, but which retains at its centre the protection of the child. It is particularly difficult in situations where allegations are made against foster carers or approved kinship carers.

Some foster carers raised concerns about how allegations impact on them, their family and the children they care for. They felt that it needs to be understood that some allegations may be made about foster and kinship carers, because of the child's conflicting loyalties, as well as their lack of basic trust in adults, as a result of trauma or neglect.

Trusts appeared to have taken account of the important messages coming from foster carers. The retention of foster carers increases placement opportunities and provides greater numbers of looked-after children with the experience of living in a family setting, as opposed to residential care. Trusts agreed that better retention of foster carers helps to create more time for social work staff to meet the needs of children.

Social workers are acutely aware that inappropriate placements frequently lead to breakdowns in fostering arrangements, poor outcomes for children and have resulted in the loss of good foster carers. Successful matching of placement and support is essential if trusts and other agencies are to deliver an effective service.

Each foster care panel chair indicated that they try to ensure the needs of children are met by placing children with foster carers who have the competence and skills required to meet their needs. However, a shortage of carers can sometimes mean that matching is restricted, resulting in a less suitable placement.

To facilitate placements, at times trusts permitted exemptions in specific situations to allow a foster carer to look after more than three children who were not all part of a sibling group. During 2011-2012, 43 exemptions were in operation in fostering households across all trusts. Of these exemptions, only 12 lasted more than six months.

Some foster carers can become demotivated if a placement breaks down and may decide to stop fostering altogether. Carers who feel unsupported are more likely to give up fostering when they have difficulties with a foster child. This perception of a lack of support available can allow, as one carer said “a downward spiral to develop”. Carers who feel supported by social workers as well as their family, including their birth children and friends, are more likely to provide successful placements.

Trusts indicated that some foster carers left the service due to the impact fostering had on their own family. Trusts identified the range of assistance they offered to foster carers, including:

- Access to 24 hour emergency advice, with support from knowledgeable staff. A revised emergency social work service for advice had been put in place in April 2013.
- Access to support from social workers, health, education and therapeutic crisis response teams, and a programme of training designed to deal with problem behaviours and contact problems. Every trust had a consultant psychology led therapeutic service for looked-after children. The South Eastern Health and Social Care Trust (South Eastern Trust) spoke highly of its Connect Team that provides support for carers of young people using the Dan Hughes’ intervention model³².
- Each trust pays allowances and fees, in accordance with the regional fee structure. Enhanced allowances have to be approved by the chair of the fostering panel, following completion of a regional assessment form. Some trusts appeared to provide enhanced allowances more readily than others. Higher fees of £18,000 are usually paid if the child or young person has complex needs, and for sibling placements.
- A particular area of stress for foster carers is a foster child's contact with their birth family. In these situations, strong support from social workers was particularly welcomed.

Foster carers indicated that placements are more likely to be successful where:

- training, support and the chance to meet and get support from other foster carers is provided
- allegations are dealt with speedily and foster carers receive appropriate support from peers and other professionals

³² Dan Hughes’ intervention model - <http://www.danielhughes.org/treatmentandparent.html>

- foster carers are treated as a member of a team, and valued by social workers
- foster carers receive adequate information about the child they care for
- prior to the placement of the child, sufficient information about the history and assessed needs of the child is provided
- good out-of-hours support, and access to specialist advice and help is provided
- good levels of remuneration, realistic and well managed payment systems are provided
- additional respite is provided (trusts acknowledged that the range and use of respite care needed to be reviewed)
- clarity of roles in relationships with social workers

Recommendations

- DHSSPS should ensure the fostering services standards reflect best practice guidance, similar to that issued in Scotland (May 2013)³³ on managing allegations against foster carers and approved kinship carers.
- Trusts should provide foster carers with support, commensurate with their status and identified need and develop appropriate respite provision.
- Trusts should ensure there is a mechanism for foster carers to report any deterioration in relationships between them and the child's social worker or supervising social worker.
- Trusts should provide access to competent relevant professionals in managing/ treating complex behaviours.
- Trusts should undertake exit interviews with all foster carers who leave the service, by a social worker independent to the carer. The findings should be presented to the fostering panels and the HSC Board for monitoring.

Support for Foster Carers

Research³⁴ indicates that the better the level of support, the easier it is to recruit and retain foster carers. It is critical that foster carers receive the support and supervision they need in order to care properly for children placed with them. This did not always appear to be the case, given the mixed feedback from foster carers to the review team. One foster care stated that in the build-up to LAC review, they are treated well and told they are doing a great job. However, after LAC review, the support dies off.

³³ Managing allegations against foster carers and approved kinship carers - How agencies should respond - <http://www.scotland.gov.uk/Publications/2013/05/4006/0>

³⁴ Wilson, K; Sinclair 1; Taylor C; Sellick, C (2004) 'Fostering Success'. An explanation in the literature in foster care, knowledge review 5; London, SCIE

Fostering makes demands on the whole family and can be the cause of stress in family relationships. Carers not only provide an experience of family life for children in care, they are expected to take on a range of activities including:

- ensuring children have contact with their birth parents
- record keeping
- dealing with schools
- attending various appointments and participating in self-directed training

Contact with Birth Parents

Foster carers, while appreciative of the foster child's need for contact with birth parents, reported the problems. These included concerns about the effect on children of parental drinking, or the impact of a parent's serious mental health problems. Children and foster carers were often also exposed to angry or disruptive members of the birth family.

Foster carers also expressed concerns about the unreliability of some birth parents in keeping agreements about contact arrangements, and the distress for children when contact is not maintained. Many foster carers had worries about the impact of contact with birth parents on the behaviour of the foster child, which then impacts on the behaviour of their own children.

Contact must therefore be monitored by social workers, assessing and taking account of the risks and the impact for all concerned. Foster carers indicated they, and the children, require support and follow-up after contact, in order that any anxieties can be dealt with appropriately.

Level of Support for Foster Carers

While the range of support provided was generally good, a number of foster carers believed the systems currently in place to support foster carers need to be more extensive and effective. A number of foster carers complained about not getting access to their social worker or to a support group.

"Sometimes getting access to a social worker is difficult". Another foster carer said they feel they have to "go and sort out a lot of things themselves".

Some foster carers said that when social workers are on sick leave, there is no replacement and carers are often left with no support or advice.

A foster carer reported that "the current support group is not organised in a suitable location, at a good time."

The role of supervising social workers is important in the support of foster carers. Varying opinions were expressed about support received from supervising social workers, some viewing the support as "reliable", while others advised they had "no supervising social worker".

One foster carer stated “I had no support from my supervising social worker and only saw them three times per year.” Another foster carer indicated: “I would have given up, were it not for my supervising social worker”.

The review team considered the efficiency of use of resources and the potential for unwanted intrusion with both the child's social worker and supervising social worker visiting in situations, where there is good evidence of placement stability or low assessed risk.

Foster carers reported that the two field social work visits sometimes can cause restrictions on the routines of children and foster carers. Foster carers suggested that it would be helpful if visits could be coordinated between the child's social worker and supervising social worker for joint meetings with the child. The requirements in relation to the regularity of social work visits should be clarified by DHSSPS and discussed further with HSC Board and trusts, and the outcome used to inform the future regulations and standards.

Foster carers and children raised concerns about the turnover of social work staff. This issue was also present in the VOYPIC submission to the review. Of those surveyed by VOYPIC, 47% reported having one to three social workers since they came into care, and a further 42% reported having four or more social workers. The remainder stated they did not know.

The role of the HSC Board and trusts in building capacity of staff in the foster care service was unclear. It was, however, apparent from the review team meetings with staff that many are working over and above their daily hours. It is unclear how much this is masking a capacity issue, which may be a contributory factor to the high levels of staff turnover.

An example of good practice was noted in the Belfast Trust, a partnership arrangement with the community placement scheme, a specialist fostering project. It was established in 1997 as a joint initiative between the former South and East Belfast Trust and Barnardo's. This offers an alternative to residential care for young people displaying seriously challenging or offending behaviour. The scheme is characterised by the attempt to develop partnership relationships between foster carers and social workers, and the intensive support offered to foster carers by the social workers.

Guidance in Use of Delegated Authority

Some foster carers complained about the frustration for both they and their foster children when foster carers have no delegated authority to make day to day decisions reflective of family life.

Authority to consent can be delegated to foster carers, including kinship carers, in accordance with DHSSPS Circulars CCPD 02/2009³⁵ and CCPD 01/2010³⁶ on Delegation of Authority.

³⁵ Delegation of Decisions on 'Overnight Stays' for Looked-After Children
http://www.dhsspsni.gov.uk/circular_ccpd_02_2009_-_delegation_of_decisions_on_overnight_stays_for_looked_after_children_-_03_07_2009.pdf

Some foster carers said they were not given clear guidance as to what they were allowed or not allowed to decide in relation to the care of the child. This created difficulties between birth parents and foster carers, with children often being caught up in the circumstances.

A number of foster carers and kinship carers expressed dissatisfaction with this process and felt that they needed more authority to replicate normal family life.

Concerns were expressed by foster carers about the lack of consistency by trusts in the application of delegated authority. The lack of an agreement with birth parents around decisions on issues such as hair style, school trips and other minor decisions about the child's welfare created many problems for children and foster carers.

Many foster carers spoke of the lack of ability to forward plan for children whose schools require agreements to be signed. This caused embarrassment to the children because of the delays in obtaining parental consent. The best interests of the child should be paramount in all such decisions.

Support in Managing Children Who are Challenging

The review team found that overall, a high level of service was being offered by therapeutic support teams to children who have emotional or behavioural problems in foster care.

Some carers said they found it difficult to manage children who were challenging. Others complained: "the therapy available for children is non-existent", or found that the child was more difficult than expected, and there was a "lack of responsiveness to requests for help".

All of the foster carers interviewed said they need to be able to call on 24 hour support for advice and guidance about the care and control of children who have complex or challenging needs, or behaviour problems. The trusts reported that they try as corporate parents, to provide practical support, emotional support and advice to foster carers in a simple and flexible way.

Foster carers stated their need to be given adequate support to meet the demands of foster children, particularly when placements are in crisis. Trust staff, highly commended the interventions provided by the therapeutic support teams who were described as responsive, and worked seamlessly across the service.

The review team met key staff from the therapeutic teams. They indicated frustrations at the varied communications in relation to referrals from the service. This is an area identified for potential improvement.

³⁶ Guidance on Delegated Authority to Foster Carers in Northern Ireland
<http://www.dhsspsni.gov.uk/ccpd-2010-01.pdf>

In recent months some trusts had introduced a waiting list for therapeutic support services. The review team also found that trusts have different eligibility criteria for access to therapeutic services. Some offered it from age five to eighteen years, while the Belfast Trust's eligibility criterion for access to the services was age twelve years and upwards. Given the frequency of placement problems for children aged 8-12 years, this appeared to the review team to be counterproductive.

Recommendations

- Trusts should ensure there is appropriate support in place for children and foster carers to deal with emerging concerns.
- The HSC Board should reinforce with the trusts, their responsibility to follow the relevant DHSSPS guidance and circulars associated with the delegation of authority.
- DHSSPS should ensure the fostering services standards reflect the support necessary for children with complex and challenging needs, and their carers.
- Trusts should ensure that the referral of children to the therapeutic teams is based on identified needs, and not subject to other restrictions, such as age.
- The HSC Board should identify if a more regional approach for cross trust access to therapeutic services could be developed.

Support Services

Trusts were noted to be providing a range of appropriate supports, advice and assistance to foster carers and to the foster families. These included:

- arrangements for training and development, including annual reviews of needs
- encouragement of self-help groups/ networks and links with other carers
- supervision and support from the fostering service and supervision of a supervising social worker
- information and advice from social workers, and assistance in dealing with relevant services, such as education and health
- provision of out-of-hours support at evenings and weekends
- a varied but uneven provision of respite care, and ensuring foster carers have breaks between placements

All trusts were also noted to provide foster carers with:

- the regional handbook containing policy/ procedures, guidance, legal information and details of supervision arrangements

- an agreement in relation to what is required of foster carers in relation to the Foster Placement (Children) Regulations (Northern Ireland) 1996³⁷
- insurance cover
- support for foster care associations and local support groups
- support for membership of Fostering Network Northern Ireland

Two trusts contributed to the funding of and encouragement of participation in the Fostering Achievement Awards

The Belfast Trust also issued a helpful update for foster carers in their newsletter.

Training

Research has shown that foster carers value training in relation to the task, the needs of foster children and organisational changes. Berridge, D and Cleaver, H (1987) and Sellick and Thoburn 1996³⁸ recognised that continuing training contributes positively to greater placement stability, along with the provision of post placement support and preparation.

There should be a commitment to ongoing training by foster carers and this should be included in their care agreements.

Preparation training before approval as a foster carer was universal, with every trust providing mandatory training courses on:

- skills to foster (preparation course)
- safer caring
- child protection

Having completed mandatory training, non-kinship foster carers can access further training, as identified in their annual review. Foster carers are encouraged to discuss their training needs with social work staff and identify courses they would find helpful. Trusts inform carers of the training programmes available and encourage foster carers to attend regional core skills training. The review evidenced good training opportunities for foster carers, as each trust had a published programme of events.

It is concerning that many foster carers do not attend training courses organised for their benefit. It is important that each trust conducts an annual evaluation of the appropriateness of the training provided and the attendance of their foster carers.

The Regional Adoption and Fostering Service has devised a coordinated approach to training including online and eLearning, which provides foster carers with a choice in terms of how they can access training. Trusts publish annual training booklets that highlight both trust and regional training

³⁷ DHSSPS – The Foster Placement (Children) Regulations (Northern Ireland) 1996

³⁸ Berridge and Cleaver (1987) Foster Home Breakdown, Oxford, Blackwell Sellick and Thoburn 1996

opportunities. This information is also available on the regional website - www.adoptionandfostering.hscni.net.

The foster carers consulted were generally complimentary about the training offered to them. A training DVD for managing contact and difficult behaviour was available in all trusts. However, some of the more experienced carers suggested the need for more in-depth training in managing children's behaviours, and misuse of drugs and alcohol.

The review team noted that training programmes cover a range of important matters including the role of men in foster care. Men play a vital and important role in foster families that needs to be recognised and valued.

Some foster carers said they found it difficult to attend training because they were working, had children, had foster children under school age, or were lone carers. Training has to be delivered in the right place at the right times for foster carers.

The review team was impressed by the personal invitation to foster carers, asking them to avail of training, and the menu of training events offered by the trusts. These included courses on attachment, building resilience in children, and the challenges of caring for a foster child. Two areas in particular that foster carers would value training in were managing contact between foster children and birth families, and dealing with difficult behaviour. The review team noted the absence of any regional audit of existing qualifications or of foster carers' skills, by the HSC Board.

Recommendations

- DHSSPS should ensure the fostering services standards reflect the training necessary for foster carers to provide high quality care and meet the needs of each child placed in foster care.
- DHSSPS should ensure the fostering services standards place a requirement on all foster carers to attend a minimum period of annual training.
- The HSC Board should monitor the uptake of training by both kinship and non-kinship foster carers.

Payment

Delivering Foster Care³⁹ (2000) has shown that payment to carers increases their efficiency, and is an effective incentive for recruitment and retention. The current fostering allowances should be included as part of a review of the payment structures for foster carers. The DHSSPS, in conjunction with the HSC Board and trusts, should undertake a comprehensive review of the payment structures for foster carers.

³⁹ Triseliotis, J., Borland, M. and Hill, M. (2000) Delivering Foster Care, London: BAA

Research⁴⁰ confirms that remuneration alone, does not suffice, and a range of support and relationships between agency and carers are equally important (Kirtton 2003). However, fostering must compete with other occupations to attract carers. The lack of financial recognition of the time and skill involved is a deterrent. The inability to make regular contributions towards pensions and the irregular income pattern means that some people who may be interested in fostering, simply cannot afford to do so. A number of foster carers stated that payments do not reflect the individual circumstances of the child.

If foster carers are to be recognised as part of a complex professional team, working to protect and enhance outcomes for children in public care, there is a need to review the system of rewards accordingly. One carer stated the £12 fee per day for respite was inadequate, and that the respite allowance did not provide enough funds to cover activities. Another foster carer said she had to increase her hours from part-time to full-time work to cover the expenses incurred in caring for the child.

The review team considered that a payment for skills banding or a differentiated model of payment, may assist in reducing the anomaly of discretionary payments made to secure placements. This could be linked to the training and skills of foster carers. It would also support the desire to up skill foster carers through incentivising training uptake. This may be preferable to providing for the additional assessed needs of the child. It is recognised this process may take some time to complete.

Recommendation

- DHSSPS should ensure the fostering services standards identify appropriate payments and allowances, and ensure the standard and enhanced allowances are applied across the region on a fair and equitable basis. Payments should be raised at least to the level of cost of living uplifts.

Placement Stability

All children require stability, and it has been reported that disruption may undermine their self-esteem, wellbeing and sense of self-worth. Placement moves, foster carers taking children over their agreed numbers, lack of communication of children's needs, and problems about contact, can cause disruption and placement instability.

At the time of this review, a survey by the Fostering Network UK, highlighted that in the last two years the majority of foster carers (61% nationally) have cared for children who had previously made two or more moves between homes.

⁴⁰ Kirtton, D., Beecham, J. and Ogilvie, K. (2003) Remuneration and performance in foster care: Final report to the Department of Health, University of Kent at Canterbury.

From the survey, a total of 43% of foster carers have looked after at least one child who has been moved four or more times; and 11% have cared for children who had 10 or more moves before coming to live with them.

The survey stated a further 28% of foster carers felt under pressure to take children who they were not sufficiently trained or supported to look after. As a result, children may be placed with a foster carer who has the capacity but not the experience or skill to meet their specific needs.

Foster carers in the Northern Health and Social Care Trust (Northern Trust) advised that there is no support for foster carers in relation to placement moves.

One carer gave an example of the impact of the lack of a stable placement. A child, having developed a stammer prior to being placed with her, overcame the stammer during the placement. However, the placement subsequently broke down and the child's speech and cognitive functioning deteriorated significantly.

A number of factors contribute to placement stability. With a few exceptions, most foster carers attend looked-after children reviews, to discuss concerns and agree ongoing placement care plans for children, including contact arrangements.

In cases where placements encounter difficulties, fostering disruption meetings are held. These meetings should involve the child's social worker and supervising social worker, visiting and meeting both the child and the foster care family on a regular basis.

Other carers indicated they did not have appropriate training to help them deal with offending behaviour, including drugs and alcohol abuse. They also stated that they did not receive the required level of support to deal with birth parents at reviews. Another carer noted: "A foster carer can be open to abuse by birth parents at LAC meetings. This can affect the stability of a placement."

One of the issues faced by foster carers is that trusts have to place children in foster homes that already have their approved number of children. This can put pressure on a placement. Current practice across Northern Ireland should be reviewed, with trusts making regular reports to the HSC Board.

The challenge for fostering services in maintaining stability is to find the right foster carers, with the right skills, in the right place, for each child. A wider pool of foster families is required to ensure that this happens constantly and for all children, particularly for teenagers, sibling groups and disabled children.

A number of foster carers identified lack of communication about children's needs as a factor affecting stability of placement. One carer in the Western Trust reported having an emergency placement of a child but was not told of the requirements for frequent contact with the birth mother.

Of the 114 children involved in the VOYPIC consultation, 75% stated they could discuss their contact arrangements with their social workers during their monthly visits. Issues of unresolved contact arrangements, as referenced previously, can affect the stability of a placement. Birth parents often tell children they will maintain contact but fail to do so. The review team suggests that children's concerns about contact should be reviewed by each trust at the LAC meeting. Every child should be given the opportunity to express an opinion about their contact arrangements.

The development of support for male carers, younger carers and older siblings may also be helpful in improving placement stability. The lack of diversionary activities and wrap around support for young people who have challenging and antisocial behaviour requires to be addressed. Increased levels of respite, training and mentoring will improve the retention of experienced carers. It is also suggested that good liaison between education and child and adolescent mental health services is also essential to promote greater stability of foster care placements.

It is the responsibility of trusts, as corporate parents, to do their best to provide support to maintain stability in foster placements. Children in foster care should have their education, health and other developmental needs met at least to the same extent as other children. Indeed, in a number of cases, the input from statutory organisations should be greater; to compensate for their unsettled and troubled experiences and higher levels of health and education needs of the looked after child.

However, teachers do not always attend looked-after children reviews and this can make it difficult to plan for a child, particularly if moving schools. Any disruption to the school arrangements can also affect placement stability.

The review team found that the number of placement moves by children is not recorded consistently by trusts, making it difficult to report on the stability of foster care placements locally and regionally.

Recommendations

- Trusts should ensure that all essential information about a looked after child is shared with the foster carer prior to placement, or in the case of an emergency placement, within 72 hours of the placement commencing.
- The HSC Board should develop an information system that permits the reporting of the outcomes of foster care placements, and these outcomes should be reported on annually.
- The HSC Board should establish relevant key performance indicators for measuring compliance with the implementation of the new Fostering Services Standards once developed by the DHSSPS.

2.3 Role of the HSC Board

The role of the HSC Board is to work with trusts and other stakeholders to effectively commission resources for children/ young people and parents in order to improve outcomes in the most cost efficient, effective, equitable and sustainable way.

The review team met with the HSC Board to explore its role in the development of the Regional Adoption and Fostering Taskforce (RAFT) and to find out what contribution this group has made to improve foster care services in Northern Ireland, to date.

The HSC Board identified a number of key objectives including:

- effective commissioning
- assessment through delivery/ monitoring
- performance management and robust governance
- partnerships with key stakeholders

The HSC Board indicated that the foster care service is under strain, due to an increase in the number of looked-after children; the challenges in recruiting and retaining foster carers; and the decrease in the number of residential care places⁴¹. There is also a particular difficulty in securing placements for the increasing number of teenagers; and children with complex needs.

In recent years, an increase in the number of looked-after children in both the Belfast and Northern trusts, raises issues about the level of thresholds used and the application for care orders. This requires further scrutiny by the HSC Board to understand the trend data and reasons for the variation between trusts.

Recommendation

- The HSC Board should commission a review of the level of thresholds for receiving children into care in all trusts to obtain further clarity on trend data in respect of looked-after children.

HSC Board Outcomes for Children

The HSC Board identified six high level outcomes in children's services, derived from the ministerial strategy for children⁴². These outcomes include:

- improving health outcomes for looked-after children
- living in safety and stability
- enjoying learning and achieving
- experiencing economic/ environmental wellbeing
- contributing positively to community and society

⁴¹ The number of children's homes registered with RQIA has decreased from 55 in 2009 to 50 in 2013.

⁴² Our Children and Young People – Our Pledge <http://www.ofmdfmi.gov.uk/ten-year-strategy.pdf>

- living in a society that respects their rights

To help deliver on the above outcomes, the HSC Board leads on three regional multiagency groups:

- RAFT (Regional Adoption and Fostering Taskforce)
- CSIB (Children's Services Improvement Board)
- CYPSP (Children and Young People's Strategic Partnership).

Role of the Regional Adoption and Fostering Task Force

The role of the RAFT is to set a strategic direction for looked-after children in foster care and those children who have been adopted, in partnership with trusts, voluntary and other statutory organisations and carers to:

- support effective collaboration by providing regionally agreed evidence based services for children, whether they are fostered, adopted or waiting for placement
- improve outcomes consistent with the high level outcomes set out in the ministerial strategy for children

Work Completed to Date by HSC Board on Fostering Services

The review team noted that the following policy/ guidance developments have been put in place since the RAFT group commenced:

- a regional definition of dual approved carers
- a paper clarifying the role and responsibilities of HSC trusts in relation to the use of independent sector placements
- a procedural agreement for reporting the management of concerns regarding internet use in foster families

The HSC Board reported that RAFT promotes best practice by running a number of events:

- a judicial/ social work workshop on contact arrangements for looked-after children in foster care
- a seminar on an evaluation of Multi Dimensions Treatment, a therapeutic intervention model for young people with challenging behaviours
- an overview of foster care in England, involving Professor Nina Biehal, University of Bristol
- the Pursuit of Happiness Conference (promoting the emotional health/ wellbeing of looked-after children)
- developmental dyadic psychotherapy training for practitioners to support children and their foster carers
- RAFT/ Fostering Network seminar on support care schemes

- a regional agreement was reached about coordination of fostering campaigns
- foster care audit fees
- review of the role of RAFS and trusts in recruitment and training

Work Plan for 2013/ 2014

The review team was advised that the HSC Board is developing, with RAFT, a work plan for 2013-14:

- a training pathway for kinship foster carers
- kinship care regional policy/ procedures
- updating policy/ procedures regarding foster carers annual review
- a regional specification for the procurement of independent sector foster care placements
- provision of guidance regarding parent/ child placements
- updating of policy/ procedures on transfer of children across Northern Ireland
- survey of kinship foster carers (the Fostering Network) to ascertain their experiences of social services and their needs – research and policy review of informal kinship care (BAAF)
- a survey to learn about barriers for foster carers attending training courses/events
- contributing to a reference group for DHSSPS on fostering regulations/ standards
- a review of foster care services in terms of emerging trend data in the context of Transforming Your Care

Weaknesses Identified by the HSC Board

Lack of Consistent Accurate Information and Data Flow

A weakness identified by the HSC Board, and confirmed by the review team, has been the lack of accurate of information about fostering provided by HSC.

The HSC Board acknowledges the need to obtain clearer information on:

- the impact and cost of court directed assessments for social services
- outcomes for children and young people
- better clarity about thresholds applied by trusts
- information on the number of placement moves of children

The main data collection includes:

- the discharge of statutory functions report
- the corporate parenting report (submitted six monthly to the HSC Board)
- the health needs of looked-after children in care, and information obtained from the working groups involved in RAFT, the children and young people strategic planning group (CYPSP) and the monitoring of targets

The HSC Board's looked-after children subgroup provides information on trends and unmet need which informs its strategic direction for future commissioning. The HSC Board has commissioned services from the Fostering Network and BAAF in relation to formal and informal kinship care.

The HSC Board indicated that it reviews the number of children becoming looked after, and serious adverse incidents/ untoward events with the trusts following the submission of monitoring returns. It has noted the increase in the number of children becoming looked after.

Following review of this information, the HSC Board agrees an action plan with each trust and shares annually any learning obtained from a regional perspective with the trusts.

Specific issues may lead to the HSC Board agreeing further work, for example, the consistency of the use of fee paid foster schemes. This matter was audited by the HSC Board for consistency, which revealed a difference in practice across the trusts.

Recommendation

- HSC Board and trusts should agree a core information data set to assist the HSC Board to look at thresholds for care, throughput of placements, permanency and disruption, to inform future strategy.

Commissioning of Placements from Independent Fostering Agencies

The HSC Board supports the development of a mixed economy of foster care provision in Northern Ireland, including voluntary and private organisations.

Currently there are two voluntary organisations (Barnardo's and Action for Children) and three private fostering providers (Core Assets, Kindercare Fostering and Foster Care Partners) operating as independent fostering providers (IFPs) in Northern Ireland.

The HSC Board is concerned about the unmanaged growth of the independent sector, yet wishes to continue to promote the development of a mixed range of foster care provision and services. There is a limited mixed economy in foster care services in Northern Ireland.

The low rate of commissioning from IFPs by trusts was reviewed by a sub-group of RAFT. No voluntary sector representatives or IFPs were part of this sub-group. It was acknowledged that the perceived high cost of some of the independent providers may be a deterrent in trusts purchasing placements in the current financial climate. The fostering teams in the trusts confirmed their reluctance to use IFPs, other than in crisis circumstances. Some trusts commented that the range of services they could now provide in-house was comparable to those offered by IFPs.

Where trusts need to purchase a placement from an IFP, both the HSC Board and the trusts try to ensure that the services are planned, the associated costs are clear and transparent, and offer value for money. The HSC Board and trusts are developing a regional specification to better manage the purchase of foster care placements from independent sector providers.

RAFT has also invited Scotland Excel (a centre of procurement expertise for local government) to present its work with the IFPs and local authority commissioners in Scotland.

Impact of Transforming Your Care on Foster Care Services

The current economic environment has underscored the importance of obtaining clarity around core tasks and the critical elements of the service requiring further development.

The HSC Board considers that TYC provides a focus on early intervention and prevention for looked-after children, from entry to care, to ensuring permanency within reasonable timescales. The reduction in residential care requires increased investment in foster care, with particular emphasis on professional carers for children with special and complex needs. The HSC Board anticipates that its proposed review of fostering, which will focus on a commissioning framework for foster care, will assist in informing the recruitment resource allocation and training strategy for foster carers.

Commissioning Plans in 2012-13 were required to support the direction set by Transforming Your Care. Transforming Your Care recommends that the child/carer are at the centre of the system, with services that are safe, resilient, and sustainable, that focus on qualitative outcomes rather than inputs.

The review team considers that a range of clear quality and performance indicators should be developed to monitor trends. The HSC Board and trusts need to take action, where necessary, to make improvements to the service.

Recommendation

- The HSC Board should establish recruitment targets with trusts and monitor these closely to measure compliance and outcomes annually.

The review team enquired about the key challenges created by TYC and how the HSC Board is addressing current and future needs for foster care service. The following initiatives are underway:

A. Review of Residential Care

A focus on permanence for children is a priority for the HSC Board, and a review of residential care has commenced. The HSC Board has expressed concerns about continuing to do the same things in the same way. Given that a number of residential care homes are caring for four children or less, the

review team considered it appropriate that the HSC Board should complete this review as a priority.

B. Development of a Professional Foster Care Scheme for Hard to Place Children

The HSC Board seeks to develop more consistency across trusts in relation to its professional foster care scheme for hard to place children, which should also include wraparound support. This is intended to act as a step down service, for example, from secure accommodation for children and young people over 12 years of age. The approach is in keeping with the strategic direction as set out in Care Matters strategy document.

C. Finalise Regional Policy/ Procedures for Children in Kinship Care

The HSC Board was advised by the review team that one trust had not commenced the implementation of kinship care standards until 1 May 2013. The trusts had been expected to deliver the kinship standards from May 2012. However, at the time of the review the HSC Board had not agreed the regional policy and procedure. This has resulted in trusts approaching the development of kinship care in an inconsistent manner across Northern Ireland.

The HSC Board advised that it is developing a regional policy and procedure. Monitoring the implementation of these will be undertaken by the HSC Board, through the discharge of statutory functions reports, and the corporate parenting reports from each trust.

Recommendation

- The HSC Board should establish relevant key performance indicators for measuring the implementation of the kinship care standards. Compliance should be reported in the trusts' corporate parenting reports to the HSC Board.

D. Education and Health Outcomes

Separate working groups report on education and health outcomes to the HSC Board. It was unclear to the review team, how the findings from these working groups, was shared with social workers in the trusts. Health and education are important factors for looked-after children. Children in stable fostering placements are more likely to succeed in education than those who are not.

2.4 Implementation of the Minimum Kinship Care Standards

Introduction

In 2007, DHSSPS brought forward a strategy in relation to children cared for by the state, in circumstances where they are unable to live with their parents. That strategy, *Care Matters in Northern Ireland – A Bridge to a Better Future*⁴³ (the Care Matters Strategy) received the endorsement of the Northern Ireland Executive in 2009.

As a product of the strategy, Minimum Kinship Care Standards⁴⁴ were developed to deliver on the Care Matters Strategy. Kinship care means a relative, friend or other person with a prior connection with somebody else's child, who is caring for a looked after child full time. The standards recognise the unique role played by family and friends carers in the lives of children separated from parents. In September 2012, these standards were issued to trusts for implementation. The UK National Standards for Foster Care⁴⁵ along with the code of practice on the recruitment, assessment, approval, training, management and support of foster carers, continues to be referenced in fostering services in Northern Ireland.

The Rationale for the Development of Minimum Standards for Kinship Care

DHSSPS considers that the best interests of the child should be at the core of all kinship care decision-making. In the United Kingdom there is a statute/legal direction that for a child's first looked after placement, consideration should be given to family or friend carers.

In addition to the relationship with a parent of the child, it is more likely that a kinship carer will have an existing and positive relationship with the child. This is a fundamental difference between kinship care and non-kinship foster care placements.

However, some standards must apply equally to both types of placement, for example, standards relating to child protection. To ensure that the best interests of children are being/will be served by the kinship arrangement, it is necessary to have in place effective processes of assessment, approval, monitoring and review.

The new kinship standards clarify the level of service that children and families can expect when placed with family members. Trusts are also expected to listen to the views, wishes and feelings of the looked after child.

⁴³ Care Matters in Northern Ireland - A Bridge to a Better Future (DHSSPS - May 2007) <http://www.dhsspsni.gov.uk/care-matters-ni-3.pdf>

⁴⁴ Minimum Kinship Care Standards Northern Ireland (May 2012) <http://www.dhsspsni.gov.uk/kinship-care-standards.pdf>

⁴⁵ The UK National Standards for Foster Care - <http://www.education.gov.uk/childrenandyoungpeople/families/fostercare/fostercarestand/b00203661/nationalstandardsforfostercarers>

The kinship standards apply specifically in kinship care placements, made by a trust under Article 27 of the Children Order ⁴⁶ in respect of a looked after child. Article 27(3) of the Children Order refers to a kinship carer, with whom a looked after child has been placed, as an 'authority foster parent'. In consequence, all regulations⁴⁷ which apply to either looked-after children or to fostering arrangements also apply to kinship care arrangements covered by these standards.

Audit of Kinship Care Standards

RQIA audited a sample of 25 kinship records from the five HSC trusts to assess compliance with primary and secondary legislative requirements (see appendix 2), and the Kinship Care Standards. The majority of placements were made prior to the issuing of the kinship standards in May 2012.

The requirements of the following legislation were considered in respect of trusts' decisions regarding placements:

- Children (Northern Ireland) Order 1995
- Children (Leaving Care) Act (Northern Ireland) 2002
- Children (Northern Ireland) Order 1995 Regulations and Guidance [Volume 3]⁴⁸
- Family Placements and Private Fostering [Volume 8⁴⁹ Leaving and After Care]

The United Nations Convention on the Rights of the Child and Human Rights Act 1998 was also taken into consideration.

⁴⁶ Article 27 of the Children Order - <http://www.legislation.gov.uk/nisi/1995/755/contents/made>

⁴⁷ A full list of relevant primary and secondary legislation is provided in Appendix 2

⁴⁸ The Children (Northern Ireland) Order 1995 Regulations and Guidance Volume 3, Family Placements and Private Fostering <http://www.dhsspsni.gov.uk/co-volume3-family-placements-private-fostering.pdf>

⁴⁹ The Children (Northern Ireland) Order 1995 Regulations and Guidance, Volume 8, Leaving and After Care

Standard 1 - Kinship Care Policy

In accordance with the standards, each trust was required to develop a kinship care policy. However, to ensure consistency across the region, the development of the kinship care policy was led by RAFT, under the direction of the HSC Board.

The regional policy and procedures were not finalised at the time of the review. This has resulted in trusts developing interim procedures. The Western Trust had introduced an interim kinship care policy, which actively supports the placement of children with family and friends, in circumstances where they are unable to live with their parents.

All interim procedures must to be reviewed once the new regional procedures are released, to ensure a more consistent regional approach to kinship care is achieved across Northern Ireland, and to ensure that children and families are treated equitably.

Kinship care decision-making should be based on effective and proportionate processes of assessment, approval, monitoring and review.

The status of a looked after child in kinship care, is decided following a looked after child review. All trusts stated they were making use of family group conferences to identify potential kinship carers to help create stability for children.

Trusts stated that they endeavour, where possible, to take a child out of the looked after process, by supporting and encouraging families to consider alternatives such as residence orders⁵⁰

In two cases, the audit indicated that trusts should have more actively promoted permanency planning, in situations where children had been placed with relatives for a long time.

Recommendations

- The HSC Board should complete and disseminate the Regional Kinship Policy and Procedures across Northern Ireland and audit its implementation for effectiveness.
- The HSC Board should undertake an audit of the five trusts, post implementation of the regional kinship care policy and procedures, and ensure consistency of approach.

⁵⁰ An order under the law the Children (Northern Ireland) Order 1995, settling the arrangements to be made as to the person with whom the child is to live. A residence order does not deprive either of the child's parents of parental responsibility for other aspects of the child's upbringing. In particular it does not deprive the non-residence parent of the right to have a say in where the child will live.

Standard 2 - The Centrality of the Looked After Child

Despite the fact that most kinship carers had been involved in the child's life for some time the audit noted that the transition to kinship care was sometimes sudden and crisis driven.

Some carers indicated they had no choice but to take responsibility for the child, and most carers had concerns about the child's welfare some time before the arrangements were made. The main reasons cited for requiring placements were:

- parental substance abuse
- domestic violence
- parental mental illness
- death
- imprisonment

Regulation 11 (3) of the Foster Placement (Children) Regulations (Northern Ireland) 1996⁵¹ states that in the absence of an emergency, which requires the immediate placement of a child, Article 27 of the Children's Order prohibits the placement of a child in any placement other than those prescribed by it.

The file audit demonstrated that, in six cases, Regulation 11 (3) was used when it was not an emergency situation, or in some cases when the child was already living with the carer.

By placing a child with an unregulated carer⁵² in non-emergency situations, the trust is in breach of both Article 27 and Regulation 11 (3). This matter has been raised with the trusts concerned by the audit team.

The review team suggests the merit in trusts having a resource panel for children in need. This may assist in more robust planning for children, for whom the trusts care for on a voluntary basis. This may assist in ensuring that children are only looked after when they cannot be safely supported through Article 18, 1(a) and (b)⁵³ of the Children's Order. This may help trusts to have greater control over the significant numbers coming into care.

When kinship placements are made in emergency⁵⁴ circumstances, information should be gathered to make a preliminary assessment of immediate placement suitability. This includes:

- an assessment of risk and health and safety issues

⁵¹ The Foster Placement (Children) Regulations (Northern Ireland) 1996 - <http://www.legislation.gov.uk/nisr/1996/467/contents/made>

⁵² An unregulated carer is a person that has not been formally approved by the fostering panel.

⁵³ <http://www.legislation.gov.uk/nisi/1995/755/article/18/made>

⁵⁴ 'Emergency' should not be solely understood to mean 'immediate' or 'urgent'. The circumstances in which a family finds itself may constitute an emergency. For example, a lone parent may be required to spend time in hospital and require his/her child to be cared for a short period. Family and friends may be able to care for the child in the short-term. In these circumstances, the trust should assess the support needs of the short-term care arrangement.

- a viability visit within two working days of the placement being made
- a looked after child review within two weeks of the placement being made
- the consent of a manager
- a written agreement with the kinship carer⁵⁵

In three cases, the consent of the manager to approve the placement was not recorded in the file record.

The Belfast and Western trusts highlighted arranging a number of sibling placements, and difficulties associated with placing them as a group with a single carer.

The nature and timescale for assessment were reported by the trusts to be determined by the plan for the specific child or children. In some cases the review team considered that this required to be completed in a more efficient timeline.

Recommendations

- Trusts should bring to the attention of all staff that Regulation 11 (3) of Foster Placement (Children) Regulations (Northern Ireland) 1996, should only be used in emergency situations.
- Trusts should review the resources for the significant number of children entering kinship care to determine if a larger range of Article 18 family support services, at an earlier stage may support children to remain safely in the care of his/ her parents or family.
- Trusts should review best practice and research findings to ensure they address the needs of sibling groups living in care. This should be shared with staff at training events.

Communication with Children

It was difficult to ascertain from file records that the looked after child was kept informed of progress by his/her social worker throughout the kinship care assessment and approval processes.

In one case the child had lived with their kinship carers for two years prior to the placement, despite the trust being aware of the kinship carer's illness and poor prognosis. Examination of records showed that a kinship care assessment had not been undertaken, but should have been commenced early in this situation. There was no evidence in this case of trust's records being checked prior to placement, although a health and safety assessment was completed two months after the placement.

There was no evidence on file, of medical checks or references being taken up or evidence of the carer having received essential information. The

⁵⁵ Regulation 11(2) (b) of the Foster Placement (Children) Regulations (Northern Ireland) 1996.

CLA9⁵⁶ form was also not completed, yet the placement was approved to continue as a non-regulated placement. It was recorded three months later in trust minutes that the CLA9 form was still not completed. The date of the LAC review following placement was also not present on file. There was no evidence of a written agreement with the kinship carers and statutory visits were recorded as only being carried out with the child, as the carer resisted contact with social services.

Some of the young people interviewed by the review team and during the VOYPIC consultation indicated they were not aware of decisions being made about them. One case record stated: "the boys cannot understand why they have a social worker, or why their granny is a foster carer".

Trusts stated that young people were given regular opportunities to attend their looked-after children reviews but did not always choose to do so. Children are also encouraged to complete a report which is presented at the looked-after children review. Trusts reported that the VOYPIC CASI monitoring project⁵⁷ was also available to all children placed in kinship care who wished to avail of it.

The Northern Trust is currently exploring the development of a specific kinship care contribution form for children attending looked-after children reviews. Some children spoken to by the review team indicated concerns about the impact of caring for them on their kinship carer, particularly when elderly. In two of the files audited, concerns raised by children were recorded but not how they were addressed.

The review team was made aware of the trusts' practice of the assessment and approval of two or more family members to care for the child. This ensured that concerns about carers' health or age were addressed through a continuity plan for care of the child.

It was reported to the review team that each trust facilitated access for the looked after child to independent advocacy services through VOYPIC, and stated they advised children of the DHSSPS complaints and representation process⁵⁸. The Guardians ad Litem⁵⁹, from Northern Ireland Guardian ad Litem Agency (NIGALA), were also noted to be actively involved in advocating for children in cases involving court proceedings.

⁵⁶ CLA9 - One of the assessment forms in the children looked-after suite of documentation. CLA9 relates to the stage one interim assessment of prospective kinship foster carers.

⁵⁷ CASI Project - this was an initiative run by VOYPIC to audit the views of children at looked-after children meetings.

⁵⁸ DHSSP - Complaints in Health and Social Care - April 2009

http://www.dhsspsni.gov.uk/hsc_complaints_guidance_march_2009.pdf

⁵⁹ A Guardian Ad Litem (Guardian) is an independent officer of the court who is experienced in working with children and families. The Guardian is required to represent the interests of the child in court and to report to the court the wishes and feelings of the child regarding his/her circumstances and the preferred outcome to the proceedings.

Standard 3 - Effective and Proportionate Processes of Assessment, Approval, Monitoring and Review

A number of files reviewed indicated that each kinship placement was not supported by decision-making, based on assessment, approval, monitoring and review. In some cases a delay was evident in providing approvals to placements, despite the child being placed for a considerable period of time.

In one case an assessment was allocated in June 2011 but not completed until June 2012. In three cases there was no record that the carer received written confirmation of approval. In another case the CLA7⁶⁰ form was signed 10 months after the placement commenced, rather than at the beginning of the placement. In two cases, the CLA9 form was not dated or signed.

All trusts stated they had to complete extensive kinship care assessments, in situations where families could not agree who should be the main carer. This has led to delays in other fostering assessments being undertaken across all trusts, as court directed assessments had to take priority. For example, in the Northern Trust, 16 kinship carer assessments were brought to the fostering panel, but were not approved in these circumstances. The trust indicated this was due to a lack of resources.

In one case, there was no evidence of suitability checks being taken up prior to assessment, no evidence of consent of the immediate manager to the placement, nor any written agreement with the kinship carer on file.

In one case reviewed, police checks highlighted concerns about criminality, but these were not completed prior to the placement by the trust. The fieldwork approval given by the senior manager indicated that the child should be moved if a particular relative should return to the family home. However, at a later foster panel meeting in this case it is noted that although this relative was no longer resident in the house, they were a frequent visitor. There was no evidence of a written placement agreement at the commencement of the placement. There was also a delay in completing the annual review.

Trusts reported that medical reports, trust-held records relevant to the care of a child and references are sought. Each child should be subject to a full health assessment prior to admission to kinship care and once per year thereafter. For children placed in kinship care on an emergency basis, trusts reported that the health assessment was completed as soon as possible after placement.

The audit found that police checks and health and safety checks were not always evident in the carers' files. Trusts reported that checks from police and barred list records by way of an enhanced disclosure check are requested. In another case, there was no evidence of suitability checks being completed prior to placement. Records indicated these were sent but there is no record of the checks being followed up subsequent to the placement.

⁶⁰ CLA7 - One of the assessment forms in the children looked-after suite of documentation. CLA7 relates to the kinship viability assessment.

There was a considerable time delay noted in having enhanced disclosure checks returned to social workers. It was unclear what quality assurance arrangements had been put in place by trusts to assess certain offences raised in the Access NI check, or of the decision-making by senior staff about such offences. In two cases, concerns were noted about offences by kinship carers, but the trusts did not demonstrate how during the assessment, the decision to waive these was made.

Recommendation

- Trusts should ensure that children are only placed after preliminary checks on the premises, with their GP and PSNI have been completed. Such information should be up to date and available on all carers' files.

Compliance with Good Management of Records

A number of records of assessments carried out in connection with kinship placements were found not to be maintained in accordance with Good Management Good Records⁶¹ requirements.

Signatures and dates were frequently omitted. Dates recorded for reviews on a number of files were not consistent or correct, for example, two dates for viability visits were recorded in one file. It was difficult to follow the chronology of visits, as a large number of files did not have an inside sheet to guide the reader to the contact.

Some kinship care files contained looked-after children documentation and information on younger siblings. This raises a data protection issue for the trust. In two cases the pre-assessment report on the child's parent was filed in the carer's file. Significant duplication of forms was noted in files, for example, looked-after children forms and Understanding the Needs of Children in Northern Ireland forms. In two files examined, there was no record of minutes of panel meetings.

In 11 files audited, the date of the first identification of placement was not recorded. The explanation given for this was that the child had been living with the kinship carer for some years prior to the placement.

In one case, it was also noted that the foster care agreement was not signed until 25 months after the child's placement.

In four file records there was no evidence that carers had received the essential information forms Part 1 and 2 (the day-to-day care plan). In three cases, there was no evidence on file of weekly visits to the child pending approval, although contact by email, text and telephone was noted. A gap in the recording of visits by social workers to children was noted in five cases.

⁶¹ Good Management Good Records can be accessed through:
<http://www.dhsspsni.gov.uk/gmgr.htm>

Recommendations

- Trusts should regularly audit carers' files for appropriateness of information, particularly in respect of data protection and freedom of information requirements.
- Trusts should provide guidance to staff about the content of information that should be available and maintained in kinship care files
- Trusts should routinely audit files to check that all CLA9 forms are completed appropriately within the 12 week period.

Stage 1 and Stage 2 Assessment Reports

All Trusts reported that stage 1 assessment reports are produced, provided to and considered by the panel. A looked after child review is expected to be undertaken in the course of the stage 1 assessment period (12 weeks) and a care plan produced for each child. However, the date of the LAC review following placement was not recorded in three records.

The staged interim assessments of kinship carers appear to be generating additional demands on staff and foster carers. The review team queried if this was the most efficient way to undertake assessments. The stage 2 assessment was often completed by the same person who did the stage 1 kinship assessment. A number of stage 1 assessments were completed in some depth and this information was added to in the stage 2 assessment.

The review team considered that in some cases, given the amount of duplication and overlap between both assessments, it may be preferable to undertake a much fuller assessment at the viability stage, rather than undertaking two assessments.

A number of kinship carers expressed frustration with having to be assessed again.

In a number of cases stage 1 assessment records were found not to be dated and signed by the social worker, yet had been approved by the head of service. In one case there was no evidence of a written agreement being in place at the commencement of the placement, or following initial approval

Trusts reported that stage 2 assessments are undertaken in all cases to consider the continued suitability of the placement for the child, and identified the longer term support needs of both the kinship carer(s) and the child placed.

However, the audit indicated that the stage 2 assessments were not always completed within nine months of the placement, that is, six months after it is decided that a specific kinship placement may be the longer term plan for the

child. In certain cases this may be due to the non-availability, or lack of cooperation, from kinship carers to meet timelines for the assessment.

In one case the child was in placement for 26 months before the first annual review. The report of the supervising social worker was not on file. In another case, the report of the supervising social worker was absent from file records for the 2004, 2005 and 2010 annual reviews.

Recommendations

- The HSC Board should review recent practice and experience of trusts, and provide revised guidance in use of discretion in completing stage 1 and 2 kinship assessments.
- Trusts should monitor the timescale for completion of stage 1 and stage 2 assessments to ensure compliance with the minimum kinship care standards.

Non-Approval of Kinship Carers

The review team was concerned at the number of potential kinship placements that were not formally approved by the panel. Figures submitted to the review team in the trusts' questionnaire returns indicated that 276 kinship carers had not been approved.

Recommendation

- The HSC Board should urgently review the timescale for approval, and numbers of kinship carers currently awaiting approval, and should ensure appropriate action is being taken to protect children in these circumstances.

Approval by Panel

The review team was informed by trusts that a panel is responsible for the approval of kinship carers, and any subsequent decision-making about the continued suitability of approved kinship carers. Trusts use a lighter touch for kinship than for non-kinship care placements, as in most cases the carers are well known to the child. The review team considered that while using a lighter touch in many situations is appropriate, it is critical that trusts do not in any way compromise the safety of children.

In one case a kinship carer had been approved, subject to attending a course. It was unclear from the records if the kinship carer had completed the required training.

It was difficult for the review team to determine if each trust was applying the same thresholds for approval. Letters to carers confirming their approval as a kinship carer were absent in four files.

There were no minutes available of the panel meeting in two of the audited files.

Constitution and Decision Making by Panel

The review team was advised that approval of kinship carers in all trusts was undertaken by a trained panel. These panels did not all have in their membership an independent person with kinship experience as set out in the kinship standards. This practice is also in line with BAAF guidance on the constitution of a panel.

HSC trusts indicated that copies of all full kinship care assessment reports are expected to be available to the panel to inform decision-making. Trust returns indicated that some checks were not always available at the time of the panel meeting.

In 11 cases audited, there was no record available of checks for risk assessments, health and safety or Access NI.

In another case, approval was contingent on the outcome of Access NI checks being completed. The file record stated that the Access NI checks could not be found. These checks were to be brought to the panel for verification. There was no evidence on file that this had occurred. The kinship carer had in fact an undisclosed conviction, which was stated on file not to have barred the person from fostering.

In six cases, there was no record, of a viability visit taking place, as the child was already placed with relatives. In three cases, the date of the LAC review following placement was not recorded on the carer's file.

In six cases, the CLA7 form was found to contain omissions or inaccuracies regarding dates of approval by the manager for the immediate placement. One form was signed by the social worker, but the approval section was not signed by the appropriate manager.

Each trust panel had access to medical and legal advice. In some cases, the trusts' medical advisor had highlighted concerns to the panel about the prevalence and risk to the child of continued use of alcohol or tobacco products by a birth parent. The audit of files indicated that information from health assessments was not always found to address the likely negative impact on the care of the child.

The audit of files has indicated that a number of kinship carers had high body mass index rates, smoked heavily and exercised very little. Trusts said that advice and information was provided to kinship carers on healthy lifestyle choices and health and safety issues. Evidence of this was not present in the file records.

It was reported that in kinship cases some leeway was given by trusts in respect of assessments about the standards of safety or the environment,

compared to non-kinship foster care. This resulted in two cases in children being placed with kinship carers who were living in overcrowded housing situations.

A number of kinship carers interviewed by the review team indicated they were given the opportunity to attend relevant panel approval meetings, but said they had chosen not to do so.

The review team noted that standard 3.11 of the Kinship Care Standards, does not stipulate (unlike non-kinship care), that monthly visits should be undertaken. There is a significant growth in this area of fostering, and the increasing complexity of the need of the children being placed. Therefore, it is important that the HSC Board has oversight of the frequency of contact by social services to kinship carers, including monthly visits by supervising social workers.

The HSC Board should seek information about the frequency of visits to kinship carers in trust's six monthly corporate parenting returns. A review of the number of placement moves or breakdowns should also take place, to determine whether increased numbers of visits would improve placement stability.

The review team noted that the chair of the trust fostering panel is not always completely independent. It is important that the chair is independent of the day-to-day management of staff undertaking assessments of foster carers, to ensure an objective and impartial review of a case. The role of the decision-maker also needed clarification.

Recommendations

- Trust staff should ensure that every effort is made to deliver the health promotion advice required to assist kinship carers to review their lifestyle choices which may impact on children they are caring for.
- The HSC Board should audit the composition of trust fostering panels and ensure good practice guidance is followed regarding their composition including the independence of the chair of the panel. The role of agency decision makers also needs clarification.
- DHSSPS should ensure the kinship standards identify the type of training to be provided to newly appointed panel members, to ensure decisions are based on a sound understanding of their role and the best interests of children.
- DHSSPS should ensure the kinship standards relating to frequency of visits are clarified.

Review

All placements should be subject to an annual review, undertaken by the kinship social worker, with input from the child's social worker. HSC trusts indicated that annual reviews include a check of the kinship carer's home to ensure it meets the needs of the child placed there.

The emphasis and timing of these reviews and the focus on privacy, space, hygiene and safety were however, found to be variable across the trusts. In one case the child was placed in 2011 and the first annual review was held in 2013. In four other cases, there was no record on file of the annual review having taken place at all.

In the Northern and Western trusts staff reported that they had recommended significant changes to the carer's approval status because significant issues about a placement arose at review. There was no evidence of this having occurred in any of the cases audited.

Standard 4 - Support for Kinship Carers

Research has shown that kinship carers continue to care for children, often beyond the point at which the contract to foster the child ends (Cuddeback 2004⁶², Winokur 2009⁶³). Kinship carers should be helped and supported to provide stable, safe, healthy and nurturing care for the looked after child placed with them.

The HSC Board acknowledged that kinship carers make a major contribution to providing children with security. The children cared for in kinship placements can be challenging, and some may have been affected by neglect or abuse.

The HSC Board acknowledges that kinship carers must receive adequate support to mitigate the strain on them, and to assist in the recovery of kinship children from abuse, neglect, parental addiction and mental illness.

Approved kinship carers can find it difficult to manage kinship children who may have disturbed behaviour and emotional problems, particularly if appropriate external help is not available. The uptake of training by kinship carers is not as high as non-kinship foster carers. Access by kinship foster children to the Going the Extra Mile (GEM) scheme⁶⁴ is encouraged by trusts.

The audit of kinship care files revealed a number of kinship carers with high rates of bereavements and long-term illness, who often found it difficult to maintain contact with birth parents.

⁶² Cuddeback GS (2004) Kinship Family Foster Care. A methodological substantive synthesis of research. Children and Young Services Review , 26 pp 623 -639

⁶³ Winokur M, Holtan A, Valentine D(2009) Kinship Care for the safety, permanency and wellbeing of children removed from the home for maltreatment (review). The Cochrane Collaboration: John Wiley and Sons

⁶⁴ Going the Extra Mile (GEM) Scheme is a DHSSPS initiative across Northern Ireland to promote continuity of living for young people aged 18-21 with foster carers.

Many of the records audited indicated that children placed in kinship care had challenging behaviour and clear attachment issues. Had they been placed with non-kinship carers, it was a strong possibility the placements would have been at high risk of breakdown. From the previously audited files, there was evidence of breakdowns in four kinship care placements, following a breakdown of a previous kinship care placement. Many kinship carers stated conflict often arises in kinship families.

Research suggests that open family communication is an important element of re-parenting children who have suffered depriving life experiences (Cook et al. 2003; Cohen et al. 2006⁶⁵). Children who have been traumatised may struggle with unresolved feelings of loss and guilt.

File records demonstrated difficulties in managing and promoting contact with family members and others.

Kinship carers, with family ties to the children, may find it difficult to openly talk of the past, as they may have strong feelings about the reasons for the placement and sometimes feel responsible for the difficulties (Crumbley and Little 1997)⁶⁶. This view was supported by the social workers interviewed by the review team. They stated that a child must have an opportunity to speak to their social worker or to an advocate, in these circumstances.

The areas of stress for kinship carers can be different to non-kinship carers. The ongoing relationship, direct and indirect, with the child's birth parents can be an added stressor. In seven cases, conflicts between kinship carers and parents were evident. It was unclear how the difficulties between the kinship carers and birth parents were being addressed to secure permanency. A number of kinship carers suggested they needed more support from social services in relation to contact with birth parents.

Supports Available Following Approval

Post approval, each kinship care arrangement is expected to have the support of a kinship social worker. The level of support provided should be proportionate to the needs of the specific placement at any given time.

The review team was advised by trusts that participation in education, training or employment beyond age 18 and the potential benefits of the GEM Scheme were actively promoted by trusts for children placed with kinship families. This was evident in three of the audited records.

Trusts reported that all kinship carers had access, where required, to the trust's therapeutic services. However, a delay in accessing specialist services was noted in six of the audited records. The Belfast Trust had

⁶⁵ Cook et al. 2003; Cohen et al. 2006

⁶⁶ Crumbley, J. and Little, R. (eds) (1997) *Relatives raising Children : An Overview of Kinship Care*. Washington: Child Welfare League of America

created a waiting list for children requiring access to the looked-after children therapeutic team.

Range of Kinship Care Support Groups

Some foster carers said that it was helpful to meet others facing similar issues. Other kinship and foster carers said they felt that peer support needs were different and separate support groups were better. The Belfast Trust has a partnership with Extern which offers a significant support to kinship carers and the looked-after children.

The trusts are aware that the increasing numbers of looked-after children in kinship care and the demand for more therapeutic services and training will have an impact on resource allocation. Some kinship carers said they found supervising social workers very supportive in guiding them through difficulties in caring for children, and did not need to attend training courses.

Recommendation

- Trusts should ensure that support groups and training offered to kinship carers take account of their particular needs and how these may differ from non-kinship carers.

Payments and Allowances

A kinship carer/proposed carer should receive written information concerning kinship care allowances and expenses available. The audit of files indicated these were payable from the time of each looked after child being placed. Kinship care allowances and related expenses were the same as those paid to foster carers. These fees are set regionally by the HSC Board in respect of looked-after children. One carer, however, said: "it feels like you have to fight for every penny you get for the child"; others stated: "travel payments should be increased."

Written Agreement with Kinship Carer

A written agreement between the placing trust and the kinship carer(s) should stipulate what is expected of both parties.

The audit indicated that six of the kinship carer files reviewed did not contain written kinship care agreements as required under Regulation 3(6)(a) and (b) of the Foster Placement (Children) Regulations (Northern Ireland) 1996, including agreement in relation to contact with parents or those with parental responsibility for the child, and confidentiality of the child's information.

Whilst some kinship carers indicated an awareness of kinship standards, many carers indicated they were not familiar with terms such as kinship panel, monitoring visits, or annual reviews. However, all of the kinship carers were familiar with looked-after children reviews.

Attendance at Training Events

The range of training offered to kinship carers by trusts included courses in:

- good parenting skills
- safe working practices
- internet safety
- indicators of abuse
- management of medicines

These courses were found to be helpful by some kinship carers; however, attendance was noted to be variable.

It was unclear from comments received from kinship carers if they appreciated the value of the good parenting skills training, particularly in situations where they had successfully raised their own children. Some had strong views on lifelong learning experiences of parenting children. Others suggested that more training for carers was required, and some commented that training can be repetitive.

There was limited evidence that the kinship carers attended or were encouraged to attend training events. A charity, Kinship Care Northern Ireland, has recently been formed that lobbied social services on behalf of kinship carers.

Increase in Kinship Carers

Each trust provided evidence of the increase in kinship carers and subsequent decrease in their recruitment of non-kinship carers, over the past three years.

All trusts expressed concern about this change, and the consequence of this increased workload, due to the increased numbers of assessments required. The increasing number of kinship assessments requires a shift in resourcing, and deployment of staff to ensure the recruitment and timely assessment of kinship carers, by the current foster care teams.

Trusts appear to have been slow to redirect resources from the traditional family placement teams, to support the changing trend. Slippage funding was given to the five trusts by the HSC Board last year, to help them reduce their backlog of assessments. This additional funding, according to trusts, had mixed success in dealing with the backlog. Some trusts reported that the requirement to undertake urgent kinship assessments had a knock-on effect in delaying the completion of other conventional foster care assessments, with a resulting impact on potential delay in securing new foster carers.

The HSC Board has encouraged trusts to review their fostering service to take account of the specific needs of kinship foster carers. HSC trusts stated that they continue to review resources in line with the HSC Board's requests.

Recommendation

- Trusts should review their staffing structure and monitoring arrangements, to ensure they are able to meet the increasing demand for kinship care assessments and support required by the kinship standards.

Standard 5 - Support for Looked-After Children in Kinship Care

From the files reviewed, a number of teenagers in kinship care were noted to be excluded from school, had attendance problems, or needed intensive support. Many kinship carers said there was no respite care available to them. A number of kinship carers said they were concerned about the standard allowances not meeting the circumstances of the child placed with them.

It was noted, from file records, that children had been provided with support for their education, and school attendance was encouraged. Three children interviewed said their kinship carers did not drive, and they were unable to attend extra school activities. A number of kinship carers said they were aware of eligibility for the Fostering Achievement Scheme.

Trusts reported that kinship carers should be encouraged to participate in the child's personal education plan. In four cases audited, there was no record of the kinship carer's contribution to the child's education placement, despite the fact that the child was of compulsory school age. Children said that attending the same school as they did when living with birth parents gave them the ability to keep in touch with their friends.

Recommendation

- The HSC Board should develop a system of comprehensive data collection and analysis, which is capable of measuring the outcomes for looked-after children in kinship care, in key areas of their lives, and comparing them to the outcomes of looked-after children in other types of placement.

2.5 Experiences of Children and Young People

Views of Children and Young People in Kinship Care

The views of children and young people were sought to help inform the review. Two focus groups with children and young people were organised by Fostering Network to seek their views and experiences about foster/ kinship care. A total of 17 children and young people participated in the focus groups.

RQIA also obtained a detailed submission from the charity YOYPIC, regarding the views and experience of children and young people in both non-kinship and kinship care. Eighty-seven children and young people participated in this survey.

The review team found that children want different things to suit their individual circumstances, but they all want an ordinary life and not to feel different from their peers.

Contact with immediate and extended birth family and friends is a significant and important issue for children and young people in foster/kinship care. Such contact helps to provide an understanding of their background, their identity and can improve their psychological wellbeing. This issue was raised and reviewed by those involved in advocacy.

The review team sought to find out the views of young people in kinship care. A consultation was also carried out with a small group of six young people aged 9 – 16 years by the Extern Project groups, who work in partnership with the Belfast Trust to deliver a kinship foster care support project.

In addition, a consultation was carried out with a group of nine young people aged 16 to 21 years in the Southern Trust area.

A number of the young people had been in more than one kinship placement. One young person had an experience of a previous non-kinship placement and one had been in a care home previously.

Involvement in Care Planning and Reviews

Involvement in care planning is enshrined in policy, legislation and good practice. The involvement of children and young people in the process is key to ensuring they understand why they are in care and have the opportunity to contribute to their care plan.

All the young people interviewed from the Extern Project group said that they did not know a lot about the decisions being made on their behalf, and were not informed of anything that was happening.

One young person who had attended a previous looked-after children review indicated that he did not like it, and did not attend any further looked-after children meetings.

All the young people knew their social workers, although some indicated that their social workers were being changed. One young person had to move to another location with a new kinship carer and, as they did not drive, it made attending activities or seeing friends in her home community more difficult.

The young people said that they all enjoyed being involved in the Extern Project as it gave them an opportunity to get to activities, as well as meet other young people with similar experiences.

Comments from Young People in the Southern Trust

The consultation with young people in the Southern Trust area highlighted what was good about their placement. This included being treated like part of the family, understanding that concerns and stability was important and knowing how long you are there, and who will be looking after you.

Some young people indicated they were unhappy that extracurricular travel and activities were not always supported, if the activities were outside the funding criteria for activities by trusts. Others said they disliked people making decisions without first asking for their point of view.

Separation from family or low level of contact was also cited as a concern by some young people. The ideal placement is where: there is no favouritism; carers do not talk about the child as if they are not there; there is phasing into their placement; and being able to say no to certain things in the home set up. These are key messages for those caring for children in foster care.

Young people also indicated they would like more involvement in decision making. One cited wanting more input in terms of contact decisions. One said “in our experience most decisions are made for us”, and “there had to be a conflict before the young person was listened to”.

The young people said it was important to have an approachable social worker to help support you to make the right decisions.

The Southern Trust has an active 16+ service user group and provides a DVD describing the functions of the group.

The young people from the Southern Trust said they also valued the support provided by family group conferences, and older foster carers who they knew were there if needed.

The young people were asked what improvements they might recommend to foster care services. Their responses included the following:

Young people should have access to a personal advisor from the age of 14 rather than 16 years. The planning for transitions may be able to commence earlier, particularly when a child is in a settled stable placement.

They also raised an issue about allocation of funds to foster carers for activities. They recommended better communication on this from trusts to foster carers.

The young people supported the principle that they should be encouraged to speak up and have a say on what is going on. Children in the Southern Trust are given a copy of the Coming into Care guide, produced by VOYPIC. The trust also provides children with a leaflet Happy? Got any ideas? Not happy? Speak up. It also provides information about the complaints procedure and how to make suggestions and comments about the service.

Comments from young people consulted by VOYPIC

RQIA obtained a detailed submission from YOYPIC regarding the views and experience of children and young people in both non-kinship and kinship care to help inform the review.

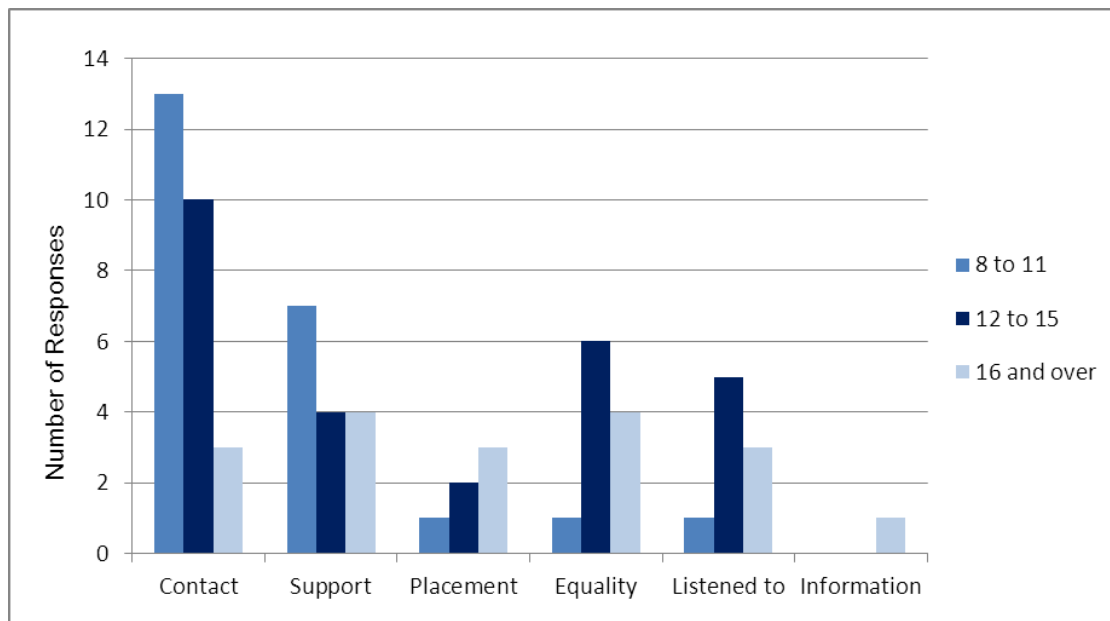
VOYPIC provides a regionally commissioned advocacy service for looked-after children and care leavers receiving a 16+ service. They had examined the issues and experiences of 114 children and young people in foster and kinship care who received advocacy support between April 2012 and March 2013.

It was found that children and young people often may not feel free to say what they really think, as they may be worried about upsetting their foster carers and birth families. In spite of these reservations, the children demonstrated a number of similar issues.

The issues raised included:

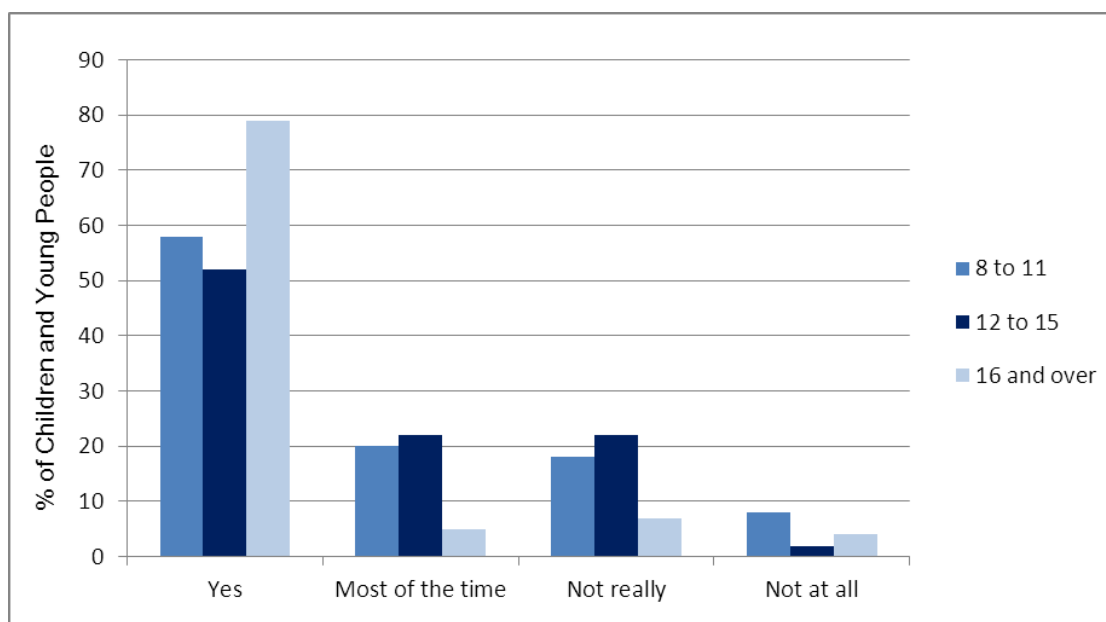
- contact with immediate and extended birth family and friends
- stability in placement
- active involvement and support with decisions made about their lives through care planning and review
- positive relationships with social workers and personal advisors
- supporting education and achievement

Chart 5: The Most Important Issues for Children and Young People in Foster Care



1. Contact with Immediate and Extended Birth Family and Friends

Chart 6: Children's Responses on Keeping in Touch with Family "As Much As They Want"



Sixty per cent of children and young people indicated to VOYPIC they are able to keep in touch with their family as much as they want. However, over one third of survey participants, were unable to keep in touch as much as they want. Care planning and contact with birth family and siblings is a significant issue. The majority (75%) of those surveyed indicated they were happy with

their present living arrangements, and 81% were happy with contact arrangements.

Supporting and developing positive contact must continue to be prioritised, and explaining barriers preventing contact and alternative strategies is crucial for children in foster care.

2. Stability in Placement

Placement stability was raised as a significant issue within advocacy. Some children and young people were facing placement moves due to financial pressure within trusts, for example, moving from private foster placements, to trusts foster placements. This issue was raised also by Fostering Network as a concern.

All agencies believe that they should make young people feel secure and stable in their placement which should be maintained and supported. However, several children highlighted that there is a high staff turnover in relation to social workers and contact workers, resulting in a lack of continuity. They also indicated that they lose interest when there is a lot of change of social workers. This is particularly problematic for children with learning difficulties.

Decisions need to reflect the balance between the child's wishes and the risk assessment. Research indicates that multiple moves have a negative impact on children's wellbeing and self-worth. Financial pressure should not outweigh a child's welfare as a factor in determining a child's placement.

The review team is concerned that almost half of the children in foster care consulted by VOYPIC with age groups 8-11 and 12-15 years, indicated they did not fully know or understand their care plan.

Every child and young person in care should fully understand the reasons why they are in care. Trying to produce an account of what happened that can be explained to others, particularly at school, preoccupies many children.

Consultation indicated that children do not want to be seen as different, but with constant social work visits this is not possible. Some children do not tell their friends who these people visiting are, as they do not want people to know they are in care. The promotion of a sense of identity must be a priority in care planning and support.

3. Active Involvement and Support with Decisions Made About Their Lives Through Care Planning and Review

VOYPIC undertook a survey of 114 children and young people who were living in foster care and kinship care. Of those surveyed, 41 were aged 8 to 11 years. Fifty-three were aged 12-15 years, and 20 were aged over 16 years. The findings indicated that support and being listened to are of critical importance to children and young people.

Some young people requested an advocate to support their involvement in the looked-after children review process. The use of advocacy can empower and support children and young people to be heard and involved in decisions affecting their lives. A 17 year old male in foster care said: “I feel I understand my rights but need my advocate to ensure my voice is heard”. The looked-after children review should have a person centred approach to support the involvement of young people in the process.

Recommendation

- Trusts should ensure that children and young people have contributed to and have a copy of their care plan, set out in a meaningful and understandable form.
- Trusts should review the effectiveness of participation in the looked-after children pathway planning and child protection process in the looked-after children meetings/reviews. These should be child centred and actively support the involvement of children and young people and their advocates.

4. Positive Relationships with Social Workers and Personal Advisors

The care system should place at its heart, the quality and continuity of relationships, and should promote the ability of those who are important to children, care givers and others, to provide the support and care they need.

The Care Inquiry (2013)⁶⁷ identified relationships as the golden thread in the lives of children in care. For children in the United Kingdom in foster care and for the adults in their lives high quality relationships with those close to them matter more to them than anything else.

The review team was pleased to note that 98% of the children and young people consulted by VOYPIC said they had an adult in their life they could trust, who they could go to, if they had a problem.

The relationship between a child and their social worker is critical. Only half of the children/ young people stated they could go to their social worker with ease. This was because the majority of them had known their social worker for less than a year. Of those surveyed by VOYPIC, 47% reported having one to three social workers since they came into care, and a further 42% reported having four or more social workers (survey included young people who had been in care for more than three years).

Another key relationship is with the young person’s personal advisor who helps to prepare them for adulthood and leaving care. Teachers who attend looked-after children reviews can also play an important role for children in understanding their difficulties and liaising with the personal advisors. This

⁶⁷ Making not Breaking, Building Relationships for our Most Vulnerable Children - The Care Inquiry 2013 - <http://thecareinquiry.files.wordpress.com/2013/04/care-inquiry-full-report-april-2013.pdf>

role could be further reinforced within the care planning and corporate parent responsibilities.

Only half of the required participants aged 16+ surveyed stated they could go to their personal advisor about things in their lives. Although the VOYPIC sample was small (a sample of 20) this may require further exploration by the trusts, as it is concerning that only 50% of young people indicated they could talk to their personal advisor.

Recommendation

- Trusts should review the findings from the survey undertaken by VOYPIC and discuss these with their personal advisors to identify any action required in view of the comments expressed by children about their personal advisors.

5. Supporting Education and Achievement

Fostering achievement is a scheme that foster carers can apply to, in order to provide assistance for their children, such as, outdoor play equipment, a laptop for school work, driving lessons or equipment to support hobbies and interests. Children are encouraged to complete relevant education plans which are discussed at their looked-after children review.

Statistics presented by the HSC Board show that children who are fostered and avail of the Fostering Achievement initiative are more likely to achieve better educational results in GCSE and A-levels than their counterparts in residential care.

Table 2: Educational Outcomes for Foster Children

Results	Looked-After Children	General Population	Fostering Achievement
5 GCSES A* - C	20%	74%	38%
5 GCSES A* - G	42%	95%	79%
At least 1 GCSE	64%	99%	100%

Education is of vital importance for all children. Ninety per cent of children surveyed by VOYPIC stated they enjoyed school. Twenty-four per cent said the range of support received by young people and their carers through Fostering Achievement was a key factor in support with their education. Children in foster care, consulted by VOYPIC presented a range of views and ambitions as follows:

One child said “I dodged school, sometimes I just don’t feel like it or something may be annoying me”.

However, other young people had a range of ambitions:

- I want to be a pop star
- I want to become a nurse
- would like to be a singer
- would like a nice car, Honda Civic
- to be a footballer
- getting a good education
- I would like to be a workman
- I would like to become a detective for the CID in the PSNI But before that I would like to study criminology, sociology or psychology so I might get a chance to work for the FBI's BAU (Behavioural Analysis Unit) in Virginia
- my greatest ambition is to go to college and get a degree for archaeology or become a history teacher
- to have a farm and have a wife and kids and own a tractor and a quad and a lot of sheep
- I would like to be a singer and to go to university, if the singing doesn't work out I want to be an architect or a social worker
- to be a professional chef in a Michelin star restaurant

To further improve the educational prospects of children in foster care, the HSC Board is working in partnership with Fostering Network and the University of Ulster to develop a scheme aimed at supporting young people to university or further education.

Some young people in foster care have realistic goals; others have ambitions which may be beyond their abilities. While children want different things to suit their individual circumstances, all children are indicating they want their general needs and wishes met. These include the ability to enjoy an ordinary family life with their foster family.

It is important, therefore, that the views of children continue to be sought about involvement in reviews, meetings and family contact. Where necessary, children are helped to work out an explanation, which they can give and friends at school about their current family situation.

The critical role for the trusts is in finding out whether the children they are working with feel valued, respected, secure, and what they can do to promote these positive feelings and build resilience in the children in care.

Section 3 - Conclusion and Recommendations

3.1 Conclusion

Foster carers and kinship carers look after some of the most vulnerable children and young people in Northern Ireland. The HSC Board invested £29.5m in foster care services (2010-11). There is an increasing demand for foster carers and kinship carers, and currently the demand for foster carers outstrips supply. From information provided by the HSC trusts for the period between 2011-12, it is estimated that only 51% of those people that requested an information pack went on to submit an application to foster. Fostering Network (NI) indicates that in Northern Ireland, four new foster families are required each week to meet current demand.

The organisations that recruit foster carers and support children in foster care have a complex and challenging job for ensuring the safety of children and young people who are looked after. All trusts had robust assessment procedures to determine applicants' suitability to care for children, and provided support to families following the placement of children.

All HSC trusts provide comprehensive preparation and initial training for applicants interested in fostering children. This review team found that foster carers are generally positive about the way they are assessed by the trusts. Ongoing support was provided by trusts and in many cases, staff were noted to be going the extra mile to offer support to foster carers and children.

The review team considered that the HSC Board has set out a clear vision for children's services and identified six high level outcomes. However, this vision appeared less evident from trust staff. The outcomes were not fully reflected to the review team in the questionnaire returns or presentations made by the trusts. The review team recommends that the DHSSPS fostering standards should reflect these outcomes.

The lack of consistency in information about fostering activity within the trusts is problematic. It is important that the HSC Board and trusts accurately identify and agree information requirements for the future.

The review team was concerned that there appears to be little clarity on what placements and services the trusts can best provide, compared to those provided by independent fostering agencies. The HSC Board acknowledged that the use of independent fostering agencies needs to be better planned and managed.

All foster carers, kinship or non-kinship, receive the basic fostering allowances and a carer may receive an enhanced allowance for a child with disabilities or complex needs. The issue of allowances was raised frequently by foster carers. HSC trusts have a financial structure for fees, although the review team found this to be differentially applied across Northern Ireland. The HSC Board reported that the allowances for foster carers are reviewed and uplifted on an annual basis.

Looked-after children need to feel safe and nurtured at all times. At the time of this review, a survey by the Fostering Network UK, highlighted that in the last two years the majority of foster carers (61% nationally) have cared for children who had previously made two or more moves between homes. The survey stated a further 28% of foster carers felt under pressure to take children who they were not sufficiently trained or supported to look after. As a result, children may be placed with a foster carer who has a place but not the experience or skill to meet their specific needs.

Changes need to be made to transform foster care from a perceived volunteer-based service, to a modern, highly skilled, child centred service that places foster carers at the centre of the professional network.

One area where foster carers felt vulnerable was in relation to allegations made about them. All the trusts cited difficulties in responding quickly to allegations made against the foster carers in a way that is proportionate, fair and thorough. It is important that trusts work with the police to fast-track investigations into any allegations made by foster children.

The main issues identified during the review included the provision of guidance for dealing with children, contact with birth parents and dealing with allegations. These issues all have an impact on placement stability.

Some foster carers highlighted a lack of ability to forward plan for a child. They stated they were not given clear guidance in relation to what they were allowed or not allowed to decide upon, in relation to their care. An example included the embarrassment caused to the children due to delays in obtaining consent from birth parents, where schools required agreements to be signed, for example, day trips. The review team considered such cases were not in the best interests of the child.

Foster carers were appreciative of the foster child's need for contact with birth parents, but reported problems associated with transport problems. The unreliability of some birth parents in keeping contact agreements to visit children often created distress for children. Foster carers indicated that both they, and the children, require support and follow-up after contact, in order that any anxieties can be dealt with quickly and appropriately.

To maintain the services, a robust retention and support strategy requires attention to adequate remuneration, training, support (including the availability of respite carers) and methods of enhancing the status of foster carers. Good retention rates would allow trusts to have a pool of experienced carers to draw on.

The review team also looked at kinship care. Kinship care means a relative, friend or other person with a prior connection with somebody else's child, who is caring for a looked after child on a full time basis. In addition to the relationship with a parent of the child, it is more likely that a kinship carer will have an existing and positive relationship with the child. This is a fundamental

difference between kinship care and non-kinship foster care placements. The DHSSPS Kinship Care Standards clarified the level of service that children and families can expect when placed with family members.

DHSSPS considers that the best interests of the child should be at the core of all kinship care decision-making. Kinship care decision-making should be based on effective and proportionate processes of assessment, approval, monitoring and review.

There is a steady rise in the number of kinship carers entering the fostering system, which in turn increases the number of assessments required. The repeated message from HSC trusts was their difficulty in terms of capacity as a result of the increased demand for kinship carers' assessments. HSC trusts also stated they had to complete extensive kinship care assessments, in situations where families could not agree who should be the main carer. These situations impact on the trusts' ability to progress their mainstream fostering assessments in a timely way.

The review team considered the HSC Board should urgently review the timescales and numbers of kinship carers currently awaiting approval. Appropriate action should be taken to improve efficiency and free up resources, while ensuring the protection of the children.

Future challenges for the trusts include identifying the capacity to support the changes required for the delivery of foster care, and to address the emerging demands of training and support for kinship carers.

The review team sought to find out the views of children and young people in kinship care. A consultation was carried out with a small group of young people aged between 9 and 16 years by Extern, who work in partnership with the Belfast Trust in delivering a kinship foster care support project. A further consultation was carried out with a group of young people aged between 16 and 21 years in the Southern Trust.

The children and young people told the review team that they all desire an ordinary life and not to feel different. They stated their ideal placement is: one where there is no favouritism; carers do not talk about the child as if they are not there; where they are phased into their placement; and able to say no to certain things in the home set up. It is important that trusts and other agencies working with children, determine if this is being achieved.

Other issues raised by the children and young people were their will to be more involved in decision making and also about the allocation of funds to foster carers for activities. They recommended better communication between the trusts and foster carers regarding these matters.

All HSC trusts believe that children and young people should feel secure and stable in their placement, which should be maintained and supported. However, it was reported during the review that some children and young

people were facing placement moves due to financial pressure within trusts, for example, moving from private to trusts foster placements.

The relationship between a child and their social worker is clearly critical in terms of support. Only half of the children and young people stated they could go to their social worker with ease. This was because the majority of them had only known their social worker for less than a year. Of those surveyed by VOYPIC, 47% reported having one to three social workers since they came into care, and a further 42% reported having four or more social workers (the survey included young people who had been in care for more than three years). The review team considered the HSC Board should review those areas where there is a higher than normal turnover of social work staff to avoid further disruption to the lives of children.

A number of issues have emerged from this review, and it is important that the HSC Board discusses the changes required with the HSC trusts. All organisations need to be fully engaged in reshaping the way services are delivered. Findings within this report can be used to inform the development of the fostering services standards by DHSSPS.

The standards need to include high level indicators for: living in safety and stability; health; environmental and economic wellbeing; enjoying learning and achievement; and respect for rights. The standards also need to support the development of outputs and outcomes to help trusts articulate what success looks like. A joint holistic approach to education and health also needs to be considered, alongside the social work input to care planning for children.

The engagement and involvement with children, birth parents and foster carers, and best practice in relation to the recruitment, assessment, support and retention of foster carers needs to be clearly defined.

With the majority of looked-after children now placed in both kinship and non-kinship foster care rather than residential care, DHSSPS should review with RQIA how the application of the standards should be assessed in the future.

RQIA wishes to thank the children, kinship and non-kinship carers, the management and staff of the HSC Board and trusts for their cooperation and invaluable contribution to this review.

3.2 Summary of Recommendations

Recommendations for HSC Trusts

HSC Trusts should:

- undertake a regular audit of foster carers, covering: skills available; training needs; areas of expertise; religion; geographical location; number of short-term intermediate and long-term carers, or short-term respite carers; and, the age distribution of the carer population.
- provide foster carers with support, commensurate with their status and identified need and develop appropriate respite provision.
- ensure there is a mechanism for foster carers to report any deterioration in relationships between them and the child's social worker or supervising social worker.
- provide access to competent relevant professionals in managing/ treating complex behaviours.
- undertake exit interviews with all foster carers who leave the service, by a social worker independent to the carer. The findings should be presented to the fostering panels and the HSC Board for monitoring.
- ensure there is appropriate support in place for children and foster carers to deal with emerging concerns.
- ensure that the referral of children to the therapeutic teams is based on identified needs, and not subject to other restrictions, such as age.
- ensure that all essential information about a looked after child is shared with the foster carer prior to placement, or in the case of an emergency placement, within 72 hours of the placement commencing.
- bring to the attention of all staff that Regulation 11 (3) of Foster Placement (Children) Regulations (Northern Ireland) 1996, should only be used in emergency situations.
- review the resources for the significant number of children entering kinship care to determine if a larger range of Article 18 family support services, at an earlier stage may support children to remain safely in the care of his/ her parents or family.
- review best practice and research findings to ensure they address the needs of sibling groups living in care. This should be shared with staff at training events.

- ensure that children are only placed after preliminary checks on the premises, with their GP and PSNI have been completed. Such information should be up to date and available on all carers' files.
- regularly audit carers' files for appropriateness of information, particularly in respect of data protection and freedom of information requirements.
- provide guidance to staff about the content of information that should be available and maintained in kinship care files.
- audit files to check that all CLA9 forms are completed appropriately within the 12 week period.
- monitor the timescale for completion of stage 1 and stage 2 assessments to ensure compliance with the minimum kinship care standards.
- ensure that every effort is made to deliver the health promotion advice required to assist kinship carers to review their lifestyle choices which may impact on children they are caring for.
- ensure that support groups and training offered to kinship carers take account of their particular needs and how these may differ from non-kinship carers.
- review their staffing structure and monitoring arrangements, to ensure they are able to meet the increasing demand for kinship care assessments and support required by the kinship standards.
- ensure that children and young people have contributed to and have a copy of their care plan, set out in a meaningful and understandable form.
- review the effectiveness of participation in the looked-after children pathway planning and child protection process in the looked-after children meetings/reviews. These should be child centred and actively support the involvement of children and young people and their advocates.
- review the findings from the survey undertaken by VOYPIC and discuss these with their personal advisors to identify any action required in view of the comments expressed by children about their personal advisors.

Recommendations for the HSC Board

The HSC Board should:

- ensure that the Regional Adoption and Fostering Service conducts an evaluation of the regional recruitment campaign, to identify any points of learning prior to commencing the next regional recruitment campaign.
- review the strategic plan for the foster care services to determine the feasibility of instituting the professionalisation of foster carers.
- reinforce with the trusts, their responsibility to follow the relevant DHSSPS guidance and circulars associated with the delegation of authority.
- identify if a more regional approach for cross trust access to therapeutic services could be developed.
- monitor the uptake of training by both kinship and non-kinship foster carers.
- develop an information system that permits the reporting of the outcomes of foster care placements, and these outcomes should be reported on annually.
- establish relevant key performance indicators for measuring compliance with the implementation of the new Fostering Services Standards once developed by the DHSSPS
- commission a review of the level of thresholds for receiving children into care in all trusts to obtain further clarity on trend data in respect of looked-after children.
- establish recruitment targets with trusts and monitor these closely to measure compliance and outcomes annually.
- establish relevant key performance indicators for measuring the implementation of the kinship care standards. Compliance should be reported in the trusts' corporate parenting reports to the HSC Board.
- complete and disseminate the Regional Kinship Policy and Procedures across Northern Ireland and audit its implementation for effectiveness.
- undertake an audit of the five trusts, post implementation of the regional kinship care policy and procedures, and ensure consistency of approach.
- review recent practice and experience of trusts, and provide revised guidance in use of discretion in completing stage 1 and 2 kinship assessments.

- review the timescale for approval, and numbers of kinship carers currently awaiting approval, and should ensure appropriate action is being taken to protect children in these circumstances.
- audit the composition of trust fostering panels and ensure good practice guidance is followed regarding their composition including the independence of the chair of the panel. The role of agency decision makers also needs clarification.
- develop a system of comprehensive data collection and analysis, which is capable of measuring the outcomes for looked-after children in kinship care, in key areas of their lives, and comparing them to the outcomes of looked-after children in other types of placement.

Joint Recommendation for the HSC Board and Trusts

The HSC Board and trusts' should:

- agree a core information data set to assist the HSC Board to look at thresholds for care, throughput of placements, permanency and disruption, to inform future strategy.

Recommendations for DHSSPS

DHSSPS should:

- ensure the fostering services standards reflect best practice guidance, similar to that issued in Scotland (May 2013)⁶⁸ on managing allegations against foster carers and approved kinship carers.
- ensure the fostering services standards reflect the support necessary for children with complex and challenging needs, and their carers.
- ensure the fostering services standards reflect the training necessary for foster carers to provide high quality care and meet the needs of each child placed in foster care.
- ensure the fostering services standards place a requirement on all foster carers to attend a minimum period of annual training.
- ensure the fostering services standards identify appropriate payments and allowances, and ensure the standard and enhanced allowances are applied across the region on a fair and equitable basis. Payments should be raised at least to the level of cost of living uplifts.
- ensure the kinship standards identify the type of training to be provided to newly appointed panel members, to ensure decisions are based on a sound understanding of their role and the best interests of children.
- ensure the kinship standards relating to frequency of visits are clarified.

⁶⁸ Managing allegations against foster carers and approved kinship carers - How agencies should respond - <http://www.scotland.gov.uk/Publications/2013/05/4006/0>

Appendix 1 - Abbreviations and Glossary of Terms

Belfast Health and Social Care Trust (Belfast Trust)

British Association of Adoption and Fostering (BAAF)

Children (Northern Ireland) Order 1995 (Children's Order)

Department of Health, Social Services and Public Safety (DHSSPS)

Going the Extra Mile (GEM)

Health and Social Care (HSC)

Health and Social Care Board (HSC Board)

Health and Social Care Trusts (HSC trusts)

Independent Fostering Provider (IFP)

Northern Ireland Guardian ad Litem Agency (NIGALA)

Northern Health and Social Care Trust (Northern Trust)

Office of the First Minister and Deputy First Minister (OFMDFM)

Regional Adoption and Fostering Service (RAFS)

Regional Adoption and Fostering Taskforce (RAFT)

Regulation and Quality Improvement Authority (RQIA)

South Eastern Health and Social Care Trust (South Eastern Trust)

Southern Health and Social Care Trust (Southern Trust)

Transforming Your Care (TYC)

Voice of Young People in Care (VOYPIC)

Western Health and Social Care Trust (Western Trust)

Advocacy Services

For the purpose of these Standards advocacy is a process which helps children and young people to speak up for themselves, to access information and entitlements or get something stopped, started or changed. Trusts provide an independent voice or advocate for every looked after child, young person, care leaver and child in need, who wants to take part or comment on decisions about their lives. An independent advocate should also be provided if the child or young person wants to make a complaint. Examples of an advocate can be a friend, teacher, family member, social worker or an advocate from an agency approved by a trust.

Care Plan

A care plan details the arrangements a trust puts in place for a child who is looked after following discussions with interested parties including those with parental responsibility. The plan details arrangements to meet the needs of the child with regard to health, education, emotional and behavioural development and placement.

Child's Social Worker

The social worker assigned to ensure a looked after child receives adequate and appropriate care to meet his/her assessed needs.

Family Group Conference

A family group conference (FGC) is a process to engage the wider family in decision making. This process leads to a meeting in which a child or young person or vulnerable adult and the wider family and friends network come together within a supportive environment to make decisions which will ensure that the child/young person/vulnerable adult is safe and his/her wellbeing is being promoted.

Fostering Achievement

The Fostering Achievement Scheme, which is delivered through Fostering Network, provides foster carers (and kinship carers who fall within the scope of these Standards) with opportunities to secure educational and development support for children fostered with them, based on needs which the carer identifies.

GEM Scheme

Going the Extra Mile (GEM) is a DHSSPS initiative, unique to Northern Ireland, which seeks to promote continuity of living arrangements in post care life for young people, aged 18 to 21. For looked after young people who currently reside with foster carers/kinship carers, the scheme ensures that appropriate and agreed levels of financial and other supports are available to

assist carers to continue to meet the care, accommodation and support needs of these young people.

HSC Trust

Health and Social Care Trust is the organisation responsible for looked-after children, including those in kinship care.

Kinship Carer

For the purpose of these Standards, 'kinship carer' means a relative, friend or other person with a prior connection with somebody else's child, who is caring for a looked after child full time. An individual who is a "connected person" to a looked after child may also be a kinship carer. A 'connected person' means a relative, friend or other person connected with the child. This may be someone who knows the child in a more professional capacity such as a child-minder, a teacher or a youth worker although these are not exclusive categories. A wider definition of kinship care exists and relates to the care of children who are not 'looked after' but are being cared for by family and friends.

Kinship Care Agreement

The Kinship Care Agreement is a document which sets out what happens day to day in the kinship placement. It includes information about the child's living arrangements, education, allergies and other health issues and everyday routines. It also describes any contact arrangements with parents or others and how these will be managed, including travel. A Kinship Care Agreement is required under Regulation 3(6) (a) and (b) of The Foster Placement (Children) Regulations (Northern Ireland) 1996 (the 1996 Regulations) 13. Schedule 2 of the 1996 Regulations outlines the required content of the Agreement, which is between the placing trust and the kinship carer(s) and stipulates what is expected of both.

Kinship Social Worker

The social worker who is responsible for undertaking kinship assessments and completing assessment reports. They may be part of a specialist kinship team or a generic fostering/family placement team. The kinship social worker may also continue to provide support post approval or this may be provided by another supervising social worker.

Looked After Child

Looked after is the term used in the Children (Northern Ireland) Order 1995) to cover all children accommodated by a trust, whether by voluntary arrangement or under a Care Order made under Article 50 of the Children Order.

Manager/Senior Manager

In this document, reference to a manager/senior manager is intended to mean a manager above the level of a senior social worker.

Parental Responsibility

Refers to the rights, duties, powers and responsibilities and authority which by law a parent has in relation to the child and his property. Parental responsibility may be acquired by someone other than a child's parent, by way, for example of a Residence Order under Article 8 of the Children (Northern Ireland) Order 1995. While the trusts acquire parental responsibility for the child through the granting of an Interim Care Order/Care Order, parents continue to have parental responsibility and they should be kept informed about their child and participate when decisions are made about their child's future.

Pathway Plan

This is a document drawn up by the responsible trust along with a looked after young person which sets out: the manner in which the Trust proposes to meet the needs of the young person in his/her transition into adulthood.

Personal Adviser

Is a person appointed by the responsible trust for each eligible, relevant and former relevant child, within the meaning of the Children (Leaving Care) Act (Northern Ireland) 2002. The Personal Adviser is responsible for overseeing the pathway plan and ensuring the young person receives the support to which he/she is entitled in a coordinated and easily accessible way. They are the main contact between a young person and his/her responsible trust.

Private Fostering

A private fostering situation is an arrangement whereby an adult, who is not a relative of the child, cares for a child under the age of 16 years (or in the case of a disabled child, under 18 years) for more than 28 days. Under the Children Order, a 'relative' is defined as a grandparent, brother, sister, uncle or aunt (whether of the full blood, half blood or by affinity) or a step parent. The legislation governing private fostering arrangements is: Part X of the Children Order (Articles 106-117) and the Children (Private Arrangements for Fostering) Regulations (NI) 1996.

Supervising Social Worker

The social worker who supervises and helps each foster care family. They may be part of a specialist team or a generic fostering/family placement team.

Viability Visit

A Viability Visit means a visit undertaken jointly by the child's social worker and kinship social worker for the purpose of supplying information to and exchanging information with a prospective kinship carer. In the course of the Viability Visit, there should be discussion of: the assessment processes, the role and responsibilities of kinship carers; and support, including financial support for kinship carers. Particular reference to the circumstances of the specific child concerned should also be considered and information and advice provided.

Appendix 2 - Summary of Legislation

PRIMARY LEGISLATION

The Children (Northern Ireland) Order 1995
<http://www.legislation.gov.uk/nisi/1995/755/contents>

Children (Leaving Care) Act (Northern Ireland) 2002
<http://www.legislation.gov.uk/nia/2002/11/contents>

Human Rights Act 1998
<http://www.legislation.gov.uk/ukpga/1998/42/contents>

SECONDARY LEGISLATION

The Arrangements for Placement of Children (General) Regulations (Northern Ireland) 1996 (453)
<http://www.legislation.gov.uk/nisr/1996/453/contents/made>

The Children (Leaving Care) Regulations (Northern Ireland) 2005 (221)
<http://www.legislation.gov.uk/nisr/2005/221/contents/made>

The Children (Private Arrangements for Fostering) Regulations (Northern Ireland) 1996 (452)
<http://www.legislation.gov.uk/nisr/1996/452/contents/made>

Contact with Children Regulations (Northern Ireland) 1996 (443)
<http://www.legislation.gov.uk/nisr/1996/443/contents/made>

The Disqualification for Caring for Children Regulations (Northern Ireland) 1996
<http://www.legislation.gov.uk/nisr/1996/478/contents/made>

The Foster Placement (Children) Regulations (Northern Ireland) 1996 (467)
<http://www.legislation.gov.uk/nisr/1996/467/contents/made>

The Placement of Children with Parents etc. Regulations (Northern Ireland) 1996 (463)
<http://www.legislation.gov.uk/nisr/1996/463/contents/made>

The Refuges (Children's Homes and Foster Placements) Regulations (Northern Ireland) 1996 (480)
<http://www.legislation.gov.uk/nisr/1996/480/contents/made>

The Representations Procedure (Children) Regulations (Northern Ireland) 1996 (451)
<http://www.legislation.gov.uk/nisr/1996/451/contents/made>

The Review of Children's Cases Regulations (Northern Ireland) 1996 (461)
<http://www.legislation.gov.uk/nisr/1996/461/contents/made>

CONVENTIONS

United Nations Convention on the Rights of the Child

<http://www.unicef.org.uk/UNICEFs-Work/Our-mission/UN-Convention/>



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