



Consultation with foster carers

‘Draft Minimum Standards for Fostering Services in Northern Ireland’

Main report

September 2025

About The Fostering Network

The Fostering Network is the UK's leading fostering charity. We are the essential network for fostering, bringing together everyone who is involved in the lives of children and young people in foster care.

- ❖ We support foster carers to transform children's lives, and we work with fostering services and the wider sector to develop and share best practice.
- ❖ We work to ensure all fostered children and young people experience stable family life and we are passionate about the difference foster care makes.
- ❖ We champion fostering and seek to create vital change so that foster care is the very best it can be.

In Northern Ireland, we currently have 4000 members across all Health and Social Care Trusts and independent fostering providers, providing them with a range of membership services. We also deliver projects to foster carers and kinship foster carers. These include the Fostering Attainment and Achievement Service; Step Up Step Down; Fostering Kinship Support Project; and an Advice and Information Helpline.

Introduction

The government intends to introduce new Minimum Standards for Fostering Services in Northern Ireland, which will apply to all fostering service providers, in both the statutory and independent sectors. Together with The Foster Placement and Fostering Agencies Regulations (NI) 2025, when made, they will form the basis of the new assessment framework for the conduct of fostering services.

The Minimum Standards have been developed to align with the requirements of the new 2025 regulations and are the minimum provisions below which no provider is expected to deliver. They were issued in draft by the Department of Health (DOH) for public consultation in June 2025.

The Fostering Network (TFN) previously engaged their membership and facilitated opportunities for foster carers to contribute towards development of the Minimum Standards. They have since promoted the DOH consultation on the draft Minimum Standards to encourage members' ongoing participation.

About this report

The Fostering Network also commissioned an independent consultation with foster carers to inform TFN's organisational response, and to influence future implementation of the Standards. This report presents the main findings of the consultation.¹ Reflecting TFN's aim to **hear the voice** of foster carers who will be impacted by the direction of travel set out in the Standards, illustrative quotes are presented throughout.

¹ The independent consultation was undertaken by Mary Anne Webb. The full report and summary is available on The Fostering Network (NI) website.

Aim of consultation

- Gather perspectives on whether the collective Minimum Standards provide a suitable framework for ensuring that children in foster care receive the best possible care and support to help them reach their full potential.
- Obtain feedback about whether identified priority indicators reflect what is required to demonstrate actual delivery against the associated Standard.
- Assess foster carers current experience relating to identified priority Standards / indicators, to inform implementation and practice.
- Highlight any barriers to implementation of the Minimum Standards, and make associated recommendations.

NOTE: Given their size and scope, the project was limited to exploring in detail those areas of the Standards / proposed indicators related to priority issues raised by members of The Fostering Network. Members were sent details of the Department of Health’s online consultation and questionnaire for those who wanted to respond individually about the full Standards and comprehensive range of indicators.

Methodology

❖ **175** people took part in the consultation project

166 Foster Carers Online survey	81% Non-Kinship Carers 19% Kinship Carers 74% Health and Social Care Trust (Trust) 26% Independent Fostering Provider (IFP)	9 people 2 x Focus groups 6 Foster Carers 3 TFN Staff
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• Online survey



Foster carers were invited to complete a survey to gain insights into their current experience of some key areas covered in the draft Minimum Standards. The anonymous survey was administered online during July / August 2025, generating 166 responses suitable for analysis. 75 survey respondents provided detailed additional comments with their views on the Standards, and these were also thematically analysed.

• Focus groups

Two x 2hr focus groups were held online with 6 foster carers and 3 TFN staff to explore the Standards framework in more detail. The groups also discussed the suitability of some identified priority indicators to deliver against the associated Standard.

Consultation results

“Foster care in Northern Ireland is good, but with some small, meaningful changes it could be outstanding. Perfection may not be realistic, but progress is. I genuinely believe that with improved communication and more streamlined processes, more families would be willing to step into the role of fostering.” (Foster Carer (FC), Survey)

1. General - Introduction of Minimum Standards

The focus group participants discussed the key changes they hope the introduction of new Minimum Standards in Northern Ireland will bring. In doing so, they considered whether the proposed eleven Minimum Standards provide the right framework to improve foster care and drive necessary change. Many survey respondents also shared their views about the overall Standards.

Foster carers indicated that the Department should proceed with the introduction of Minimum Standards for Fostering Services, and broadly agreed with the proposed framework for delivery. However, they expressed concern that the Standards will remain aspirational without the consistent approach, cultural shift and increased investment needed for effective implementation.

- **Foster carers welcomed the introduction of Minimum Standards and hoped this would bring about much needed reform in the provision of fostering services**

It was recognised that The Fostering Network, along with its members, has been actively advocating over many years for the implementation of Minimum Standards to align Northern Ireland with established practices elsewhere in the UK. There was consensus amongst foster carers that implementation of the proposed Standards should proceed and without delay.

“I do hope the Standards shake things up and the sooner the better.” (FC, Survey)

“Very excited to see the requirement of Standards coming to fostering. I do hope this means fostering services will get a move on with reform, involve and include us as foster carers and improve how we are treated by social workers.” (FC, Survey)

“My recent experience of fostering is that its deteriorating at a much faster pace now. I hope the Standards make a difference and turns fostering around soon for all our sake.” (FC, Survey)

- **Foster carers appreciated that each Standard is underpinned by indicators to provide clarity on the elements required to achieve successful outcomes**

Foster carers and staff thought the Standards adequately addressed key aspects of high-quality foster care, including children’s well-being, foster family skills, and service support. They anticipate the indicators will be used as ‘levers’ to measure progress against delivery and promote greater accountability in decision making and support.

➤ **Foster carers were concerned that the Minimum Standards would remain aspirational in nature and not progress to tangible change.**

Many foster carers across the consultation project expressed scepticism regarding the practical implementation of the Standards, often suggesting they would be ignored.

“I think the Standards will be ignored because they know they can get away with it.” (FC, Survey)

“I think things are too far gone, the Standards will just be ignored the same way foster carers have been for years.” (FC, Survey)

“Good luck with the Standards, but I don't think they will make any difference to kinship care. We have had Standards before, and they just ignored them and said they didn't legally have to follow them. Won't be worth the paper they are written on.” (FC, Survey)

➤ **Foster carers identified the following key barriers to effective implementation:**

○ **Slow pace of change / lack of accountability**

Foster carers skeptical about implementation of the Standards noted that change to policy and practice in Northern Ireland is generally very slow, often due to a lack of leadership and accountability. They expressed concern that the Standards will not be enforced, and inconsistent practice will continue. Foster carers noted they have been consulted many times and taken part in reviews advocating reforms within fostering provision that have not led to any change on the ground.

“We have to live in the system and live with the consequences of an out of date and ineffective system, but it has to change faster. I don't know why everything takes so long with the Trusts. The pace of change is extremely slow and there is no evidence of change in our fostering experience.” (FC, Survey)

There was strong consensus amongst foster carers that the traditionally slow approach to policy implementation must not apply to the Minimum Standards. If the Standards are not progressed as a matter of urgency, many believe the current recruitment and retention crisis will only deepen.

“We will have left fostering before it makes a difference. I have resigned myself to the view that this is as good as it gets and it is not good enough to stay.” (FC, Survey)

“Fostering Standards are too late for me. I am currently planning my retirement from fostering. I enjoyed the early years, but in recent years the gaslighting and disrespect from social workers and their managers have been unbearable. I have grave misgivings about the future of fostering. I don't think that foster carers are given the practical, financial or emotional support they need.” (FC, Survey)

- **Lack of investment / shared budgets**

Foster carers and staff believe that the level of change outlined across the Standards key indicators can only be achieved with additional resources. They expressed concern that fostering services will not be able to meet the Standards unless implementation is fully costed and prioritised as part of government spending. Across the consultation project, investment to recruit and retain more foster carers was identified as a core priority for successful implementation.

“It’s good to set goals and targets to aim towards and aspire to but without the correct funding across the board whether for social workers, extra staff and extra foster carers it is going to be really difficult to achieve.” (FC, Focus Group)

“Some of this is about better practice, better training, better advice, better information, but none of that is cost neutral, there are some things that will require investment. If everything in the Standards happen then foster carers would feel better supported and valued, and a lot of the issues they raise with us on an ongoing basis will be addressed, but without investment it won’t happen.” (Staff, Focus Group)

Staff also noted the importance of increased investment to achieve the trauma-informed approach which underpins every element of service provision covered within the Standards.

“The Standards have been developed based on a therapeutic framework around trauma informed practice which we very much welcome and are excited about, however we are concerned the resources will not be in place to bring it to life.” (Staff, Focus Group)

Foster carers and staff further suggested that greater investment is supported by improved resource allocation and cross-departmental collaboration, including shared budgets. The Children’s Services Co-Operation Act (Northern Ireland) (2015) was cited as a potential mechanism to promote budgetary alignment across key departments and achieve a more steam-lined and cost effective approach. Highlighted as one example of slow policy change, the legislation has not been fully implemented but enables the sharing of resources and finances to deliver more effective children’s services.

- **Silo-working**

Foster carers noted that the varying systems and practices across the five Trust areas, as well as within independent agencies, have contributed to disparities in the delivery of fostering services. Many expressed frustration about ongoing differences in policies, procedures, fees / allowances and levels of support. The survey also highlighted some differing experiences depending on whether foster carers were with an IFP or Trust.

Foster carers were concerned that without strong leadership and a co-ordinated approach the Standards will not be implemented consistently across Northern Ireland. There were also concerns about slow progress implementing recommendations from the Review of Children’s Social Care Services, which is seen as key to establishing a centralised approach and optimising the potential for reform through the Standards.

“What is needed the most is that if you foster in Northern Ireland you have a similar experience to the other person in the Trust next to you.” (FC, Survey)

○ **Resistance to change**

Foster carers believe there is a considerable gap between current practice and the Standards that requires systemic change and a fundamental culture shift. This was viewed as key to fully implementing the trauma-informed framework, and ensuring that foster carers are valued and respected as part of the team around the child.

Many foster carers suggested that poor communication, negative attitudes from some social workers, and a lack of collaboration are so deeply embedded that meaningful change will be difficult to achieve. In their view cultural transformation will be essential to support the retention of foster carers.

“We are coming from quite a low base so achieving these Standards is going to be challenging and a culture shock to current practice.” (Staff, Focus Group)

“Fostering services and Supervising Social Workers are at the mercy of Children's Social Workers (CSWs). The unwillingness to change or treat foster carers more fairly comes from CSW's, there is a need for training and culture change in these teams, not in fostering services.” (FC, Survey)

“Our treatment by Trust social workers has been very poor and hand on heart I could not recommend fostering based on the lack of respect, poor communication and sometimes downright hostility. We plan to leave fostering at the earliest opportunity.” (FC, Survey)

Foster carers recommend:

- The introduction of Minimum Standards for Fostering Services must be underpinned by a long-term implementation plan with specific targets and milestones to be achieved within a set timeframe; and supported by clear leadership, accountability, cross-departmental collaboration and increased investment.

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2. Standards and indicators

Foster carers identified and provided feedback through the survey and focus groups on key areas and indicators within some of the individual Standards, and where they thought implementation would be particularly impactful. Feedback also included their current experience in key areas to be addressed within the Standards.

Standard 1: Each child in foster care experiences integrated care that supports their wellbeing

Key area 1.1 The fostering service has appropriate arrangements in place to facilitate collaborative assessment, planning and delivery of support for children in foster placements.

Staff participating in the focus groups advised that foster carers often contact The Fostering Network about challenges with care planning for young people post-18 years. While there are good practice examples of collaborative working, the statutory processes of pathways planning are at times very delayed, or not taking place at all. Planning for post-18 transitions is too often last minute which leads to stress and uncertainty for young people and carers about the foster placement being maintained.

On a related issue, many foster carers are unaware about what financial / practical support is available post-18. The inclusion of Standard 3.4 (Indicator p) was therefore welcomed, which requires that clear information about financial and other support is made available where a child remains with them after they reach the age of 18.

Foster carers recommend:

- Standard 1 (Key Area 1.1) should include arrangements for timely post-18 care planning and collaborative working with receiving adult services.
- Standard 3.4 (Indicator p) should specify that the provision of information about financial and other support is made available at the earliest opportunity (rather than waiting until the last minute / after the young person reaches the age of 18).

Key area 1.3 Fostering agencies, HSC Trusts, foster parents and other caregivers work as a team to deliver on the child's plan

Previous consultation by The Fostering Network indicated that the one key change that would lead to children's better experience of foster care was improving the status of foster carers in the team around the child. Foster carers therefore welcomed the inclusion of this key area within Standard 1 that they work as a team to deliver on the child's plan, and broadly agreed with the indicators to ensure this element is delivered.

They made the following comments/suggestions regarding Indicators (c) and (e):

Indicator (c) Fostering services share with foster parents all information necessary to enable them to care for, and promote the wellbeing of, children in their care. When new information becomes available it is shared at the earliest opportunity.

Foster carers regarded Indicator 1.3(c) as being integral to delivery of the trauma-informed approach which underpins the Standards. They thought it should be clearly linked to foster carer skills (Standard 3.3); the development of narratives about a child's background (Standard 7.3f); and the provision of trauma support (Standard 8).

Foster carers highlighted many benefits from having all information necessary about a child, which includes their likes / dislikes, hobbies and interests, as well as background about why they entered care. They can more easily help children feel welcome and settle in, and provide the right level of care and support to meet their needs. It also supports good quality matching which they viewed as essential for fostering permanence, preventing placement breakdowns, and promoting long-term stability.

However, foster carers also expressed frustration about not receiving enough information about a child, either prior to placement or once placed in their care. This included information that would have made a significant difference to the care provided and / or for safeguarding purposes. They found this especially difficult to understand with regards children already in the care system.

“The lack of information causes major issues. I do think there is a lot of work needs done in that respect because foster carers generally have children of their own, grandchildren, so we do need to be getting a lot of information than we are actually getting just to protect everybody.” (FC, Focus Group)

“Obviously if the child is new into care, maybe in an emergency, then there may still be an information gathering being done but if you've got a child who is moving placement or has been with a number of different carers and has been in care for a while then there should be a lot of information available.” (Staff, Focus Group)

Too often information about a child is shared with foster carers verbally, rather than via any type of written profile, and can be brief in nature, or almost delivered in passing. Foster carers may only learn later about specific challenging behaviour or hear key information through the child about trauma that was already known by the social worker, but not shared.

“His social worker sat on our sofa and kind of gave a very, very quick five minute brief about why he was in care and then that was it really. And there has been so much that has come up and the social worker was like ‘yeah, that did happen’ but if we had of known, if we had been given a lot more information that would have really helped and let us be prepared for that ... to provide the best care.” (FC, Focus Group)

“Very often we find things out through the children and then we have to go back and somebody will say ‘yeah, we knew that’ but they hadn't told us so if there was some way of getting a more detailed report if we can get the full story on a child it helps us to support them better.” (FC, Focus Group)

Matching process: Foster carers suggested that Indicator 1.3(c) is just one example where matching could be strengthened. Staff noted that the Minimum Standards in England highlight the importance of matching for a child's emotional, physical and developmental needs, and in relation to avoiding further distress for children with a

history of trauma. While there is reference in Standard 2.1b about ensuring children are ‘carefully matched’ to a foster placement taking account of carers ‘ability’ to meet their needs, foster carers across the consultation expressed disappointment that matching was not given more emphasis.

“The new fostering Standards say next to nothing about matching. We have been asked to take children and young people who are clearly not a match for our family. I know there are pressures, but abandoning good quality matching is going to end in tragedy.” (FC, Survey)

“I’m disappointed that the Standards do not say more about matching and permanence. I am involved in long-term care, and it would be nice for the child and ourselves to have more stability than every six months ... I would like more protection in the Standards for long term placements” (FC, Survey)

Some foster carers believed that the limited reference on good quality matching in the Standards is due to the lack of foster carers.

“I think it is important that the children put into care are put into a placement that there is adequate training but given the shortage that we have of foster carers and the importance of getting a child into a caring position is there a danger of well we have nowhere else for the child to go?” (FC, Focus Group)

“Social workers are no longer bothering to match foster carers to children purely because they don’t have enough foster carers and it’s literally just get a room, any room, and certainly some of the short term placements we have had recently should never have been housed with us because of the other children we have but because they were so desperate....” (FC, Focus Group)

Foster carers recommend:

- The Standards should be reviewed overall to reflect the importance of good quality matching, for example, within the context of information sharing, long-term placements, training, supporting children’s range of needs, and addressing trauma.
- In addition to enabling foster carers to care for, and promote children’s well-being, Indicator 1.3(c) should clearly link and specify the role of information sharing in good quality matching.
- Indicator 1.3(c) should specify the use of standardised information sharing tools. These should be used across all fostering services in Northern Ireland to promote a consistent approach and the effective implementation of Indicator 1.3(c). Standardised information sharing tools might include development of, for example:
 - A shorter profile for matching purposes which is accessible online, and password protected, to be shared with potential foster carers. To include appropriate detail about the child’s background and complexity of need so that carers can determine if they have the right skills to provide the level / type of care required.

- An in-depth profile when a child is placed which is accessible online and password protected. To include chronological and detailed information about a child's background, complexity of need, health, education etc., as well as their likes / dislikes, hobbies and interests ('All about me').
- Information sharing should include access to previous LAC review minutes and decision making so foster carers can gain a more holistic understanding of children's background, experiences and needs.

"I appreciate there are confidentiality issues but we are trying to do the best for the child so it would be nice if the carer could have insight into what has been going on, what issues have been raised previously because very often we don't get the LAC meeting notes for maybe a year after the meeting for children in our care so it's a very, very poor system the way they have it in place." (FC, Focus Group)

Indicator 1.3(e) Fostering services to have a clear process in place to promptly inform change of child social worker

Foster carers want to be informed as soon as possible about planned and unplanned changes in social worker so that they and the child(ren) always know who is supporting them, and who to contact. They suggested priority is given to implementing this indicator, and that current practice is very inconsistent. Challenges include:

- Children too often have many social workers within a short space of time.
- Clear processes and good communication often depend on the individual Supervising Social Worker.
- Foster carers are sometimes not made aware when a social worker has left until a month later and / or at a LAC Review when a new social worker arrives.
- A shortage of social workers will make this indicator difficult to achieve, pointing to the need for greater investment in staff recruitment and support for the workforce.

"I have found you are just viewed as a Carer, you are not really part of the team. But I have found over the years it all depends on the social worker." (FC, Focus Group)

"They [children] have had four social workers in the last two years and the first time that I get aware of it is at a LAC Review when somebody appears." (FC, Focus Group)

"In my experience there was so many times there was a change of social worker that never got passed onto us ... an email bounced back, you got through and were told no they are on a different team now. And just with like the awareness of how short staffed social services are I just don't see that is going to improve, how changes in social worker are going to become less likely." (FC, Focus Group)

Foster carers recommend:

- Indicator 1.3(e) is vague and should be strengthened with specific details about what constitutes a ‘clear process to promptly inform change’.
- For example, initiating contact with the foster carer as soon as a decision to make a change is made, providing information about the reason for the change, introducing the new social worker, and establishing an ongoing plan with regards communication and support.

Standard 2: The needs of each child in foster care are understood and met

Key area 2.2 Children access high quality health and therapeutic care that helps them thrive.

Indicator 2.2g: Foster parents are clearly informed—in accordance with the foster placement agreement—about what responsibilities and decisions are delegated to them and where consent for medical care needs to be obtained.

Staff noted that fostering services cannot solely make decisions about a child’s medical care, and representation and input from the Trust is also required when consent needs to be obtained.

Recommendation

- Indicator 2.2g should be strengthened to reflect the need for joined up-working within the children’s team to avoid potential delays in care.

Standard 3: Foster parents, staff and other caregivers have the rights skills and support to care for children

Standard 3 was identified by foster carers and staff within focus groups as a significant priority for implementation. The survey also included questions to understand foster carers’ current experience in relation to some of the Standard’s proposed indicators.

Key area 3.2: Recruitment, assessment and review processes identify the right foster parents with the core values, skills and knowledge to meet the needs of children.

Staff reported that many fosters carers are unaware of their fostering agencies recruitment policies and procedures. While some agencies have detailed handbooks and clear information from the start (for example, a policy detailing what support a carer might expect if going through an allegation), others receive very little information upfront. Foster carers also thought there was a lack of information provided about requirements to register as being self-employed (3.2a).

- Over half (51.9%) disagreed that foster carers are treated fairly, without prejudice, openly and with respect at all times, including during recruitment, assessment, and review processes, while only 37.9% agreed, and 10.2% were neutral. (3.2b)
- 50.6% agreed that foster carers have a clear understanding about the rationale for all checks into their personal lives; and that these are explained respectfully and sensitively. However, 49.4% either disagreed (38%) or were neutral (11.4%). (3.2b)
- Foster carers in Trusts (42.5%) were more likely to disagree than those in IFPs (28.5%); as were kinship carers (56.7%) compared to non-kinship carers (34.3%).
- Only one in three (32.5%) agreed that there were effective policies, procedures and operational arrangements in place for identifying prospective foster carers known to the child. Most seemed unsure (39.8% neutral) or thought these measures were lacking (27.7%). (3.2d)
- 43% agreed and 40.7% disagreed that reviews of foster carers' approval are undertaken against clear and consistent standards set by the fostering service and the considerations and outcomes of reviews are documented. Foster carers in Trusts (46.2%) were more likely to disagree than those in IFPs (26.1%). (3.2q)
- Foster carers and staff in the focus groups suggested that inconsistencies in assessment and approval times need to be addressed as a priority. While they appreciated that it takes time to find foster carers with the right skills and aptitude, there is too much variation in practice across services. (3.2h)

“Some independent providers will be able to carry out an assessment within sixteen weeks so from inquiry to a child being placed it could be four months, and it’s not outside the realms of possibility in a Trust it could take 18 months.” (Staff, Focus Group)

Foster carers recommend:

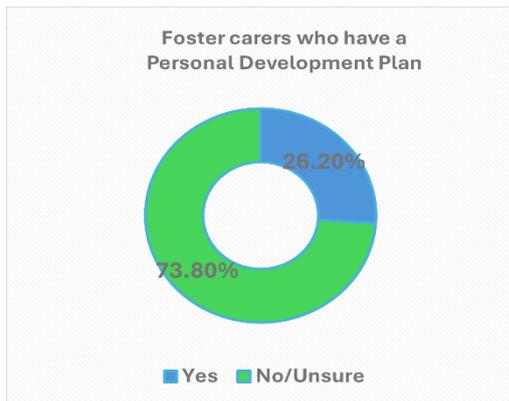
- The fostering approval process should include an optimal timeframe for assessments and panel reviews to ensure there is consistent practice across Northern Ireland. (3.2h)

Key area 3.3: Foster parents and fostering service staff are supported to develop their values, competencies and skills.

- Foster carers in the focus groups welcomed plans for an information handbook and electronic resources, provided they are suitably comprehensive to ensure all foster carers have access to the same level of information on key policies. (3.3c)

Personal Development Plans / Training

- Foster carers in the focus groups welcomed the requirement to have a Personal Development Plan (PDP) as beneficial for professional growth, feeling valued, retention, good quality matching, and consistent practice. (3.3g)



- 73.8% of foster carers surveyed did not have a PDP or were unsure about having one.
- Only 1 in 4 foster carers (26.2%) had a PDP:
- 65.1% were in an IFP; and 34.9% in a Trust
- Two thirds felt their plan at least moderately outlined their skills, experience, and support for training, while one third said it did so only slightly or not at all.

- Non-kinship carers were more likely to have a PDP (30%) compared to kinship carers (10.3%).

Access to training

- Slightly more foster carers were dissatisfied (46%) than satisfied (43%) with the amount of training and development they received.
- Foster carers in Trusts were more likely to be dissatisfied (53.7%) than those with IFPs (23.1%); as were kinship carers (64.3%) compared to non-kinship carers (42%).

Foster carers in the focus groups explored this in more detail. **Key themes include:**

- While opportunities for training are generally good, the current framework can be limited in terms of access to specialist (external) training. This also includes specialist training in areas such as autism and associated challenging behaviours.
- Not all foster carers are aware of the range of training on offer. High levels of staff turnover mean that social workers may not be up to date on what is available and / or The Fostering Network’s role in providing training and support.
- Many foster carers work and lack the time for training, especially during the day, and would welcome a wider mix of options.

“I prefer the training that is led by a specialist rather than just in-house say within the Trust or whatever. Somebody who really, really knows their specialist subject, I just find it is a lot more interesting.” (FC, Focus Group)

“I work part-time, and most are on during the day which doesn’t suit. There needs to be a lot more training in the evenings and maybe online because a lot of people do still work while fostering and the training can be hard to actually access.” (FC, Focus Group)

Foster carers recommend:

- Involve foster carers in developing and reviewing the information handbook and electronic resources to ensure they are relevant, practical, and user-friendly. (3.3c)
- Indicator 3.3g should be strengthened to explicitly state that foster carers’ Personal Development Plans include opportunities for both personal growth and *professional* development, recognising their integral role in the team around the child.

- It should be clear that personal development planning / training must begin in the assessment process as part of a continuous thread of training and support across each stage of the fostering journey. This ensures that foster carers are equipped with essential skills and knowledge from the outset. (3.3g)
- Foster carers should have access to a comprehensive suite of training options which includes more opportunities for specialist training tailored to their individual needs. Training should be in different formats and accessible at a variety of times to suit differing work patterns, family commitments and availability.
- Completed training should be routinely updated on every foster carer's profile to ensure that their knowledge, skills, and areas of expertise are visible when placements are being considered; and support fostering services to better identify carers whose skills align with a child's specific needs.
- Social workers must ensure they are up to date with available resources and communicate the relevant sources of training and support to foster carers. Access by social workers and foster carers to a centralised training and resource hub would be helpful (and searchable by topic).

"I don't have a plan...By giving us a PDP you sit down and here's all your training - What do you want to do? Where do you want to be going forward? And having that chat with a social worker makes it feel like a career. I think that would be more desirable for getting foster carers to come in ... it makes you feel more of a professional." (FC, Focus Group)

Key area 3.4: Foster parents and fostering service staff feel safe and secure in their roles, know that they are valued and that what they do matters.

Breaks from foster caring (3.4f)

- Only 1 in 5 foster carers were satisfied with access to breaks. 58.8% expressed dissatisfaction, compared to 22.4% who were satisfied.
- The majority (80.2%) would avail of breaks from fostering if more frequent opportunities were available, including planned breaks specifically tailored to children's needs.
- While levels of dissatisfaction with access to short breaks were broadly similar across Trusts / IFPs and kinship /non-kinship carers, the kinship carers (3.3%) were less likely to express any satisfaction compared to non-kinship carers (26%).
- Foster carers in the focus groups viewed access to short breaks as a key priority, particularly to support families caring for children with complex needs / disabilities, and for overall retention. They expressed scepticism about how fostering services can meet this Standard given the over-reliance on kinship care and without considerable investment in recruitment.

“The short break provision is not really going to work if they don’t have the recruitment and retention of foster carers because there’s nowhere for children to go for a short break.” (FC, Focus Group)

“Sixty per cent of our children are looked after by kinship families as well so the chances of kinship families providing respite is limited.” (Staff, Focus Group)

Fees and allowances (3.4j-n)

- It was noted that an uplift in fostering allowances is currently paused in Northern Ireland, so the requirement that allowances must be reviewed annually following introduction of the Standards was welcomed. (3.4k)
- Foster carers and staff across the consultation hope that the Standards will lead to consistency in fees and allowances (and caring breaks).

“I think all foster carers should be treated equally regardless of Trust or agency. We should have same pay, same allowances, same expenses, same access to planned rest breaks.” (FC, Survey)

“Financial compensation isn’t consistent across fostering and that’s part of the retention reason as well. It’s a 24/7 complex role and it’s valuing them in a way their financial needs are met instead of allowances coming up short and professional fees for foster carers sometimes non-existent.” (Staff, Focus Group)

- However, many foster carers expressed concern that the Standards do not resolve this issue for kinship foster carers; and are unclear about what the Standards mean for them with regards fees and allowances.

“I am disillusioned with the Trust. I have lost trust and faith in their ability to treat carers fairly and with respect. They obviously have a two tier system between kinship and non-kinship so I don’t understand how Standards will change this.” (FC, Survey)

“Kinship carers need more equal treatment and should be eligible for the same fees, expenses and breaks from caring.” (FC, Survey)

Key area 3.5: Foster parents and those in their household are empowered to support the wellbeing of the child.

Making decisions about routine day to day arrangements (3.5b)

- Over half (53%) disagreed that foster carers receive enough information and support to make routine day-to-day decisions without seeking approval, or that satisfactory timely approval processes are in place. Only one in four (25%) agreed.
- More disagreed (43%) than agreed (38%) that the fostering service ensures the foster carer clearly understands the circumstances when approval is required.
- Only 1 in 4 (25.3%) agreed that the fostering service has in place satisfactory arrangements for requesting and receiving timely approvals for children’s routine appointments, while over half (53%) disagreed.

- Foster carers in Trusts were less satisfied with approval arrangements; as were kinship carers. For example, 48.1% of Trust foster carers disagreed the fostering service ensures they understand when approval is required, compared to 31.7% in IFPs; and 57.1% of kinship carers compared to 41.2% of non-kinship carers.

The survey results indicate that much work needs to be undertaken to ensure Indicator 3.5b is successfully implemented. Foster carers in the focus groups identified decision-making as a priority issue. They highlighted examples of ongoing challenges they experience related to decisions about social activities, school trips, and dental, hospital and hair appointments. Foster carers described an overly bureaucratic process in which they do not feel listened to about children in their care, whom they know best.

“I have to basically beg if I could have a phone call with the dentist, with the paediatrician, just so I can get my points across as well because he lives with me full-time but yet I don’t have delegated authority for any of that.” (FC, Focus Group)

While they broadly welcomed inclusion of Indicator 3.5b, foster carers thought it was light on detail and did not go far enough in ensuring they have more freedom to make routine daily decisions. They suggested that delegated authority by default is the best way forward unless there is a clear reason not to, rather than needing constant approval. While acknowledging that this would require changes to the fostering regulations, staff noted The Fostering Network advocates for default delegated authority where the child’s placement plan does not specify an alternative decision maker.

Recommendation:

- Regular review of practice and guidance on delegated authority is required, and mechanisms to support this should be considered within the Northern Ireland Children's Social Care Services Reform Programme (Fostering Workstream). (3.5b)

Standard 6: Children and their foster parents and carers are meaningfully involved

Key area 6.4: Children and foster parents have confidence in procedures for making complaints or representations about any aspect of a fostering service

The survey results indicate that foster parents currently lack confidence in the complaints process, highlighting the need for urgent implementation of the associated indicators outlined in Standard 6.4.

Resolution of complaints (6.4c)

- Over half (52.4%) disagreed that the fostering service has in place suitable arrangements to support the resolution of complaints, while only 18.7% agreed.

- Foster carers in Trusts (15%) were less likely to agree that suitable arrangements were in place to support the resolution of complaints than those in IFPs (27.5%).
- Several foster carers suggested that fostering services need to have more clearly defined deadlines in the complaints process. Many commented on the need for an independent complaints process.
- An **independent advocate** was the most popular option selected by survey respondents when asked what they would find most helpful to support them in the resolution of complaints, followed by a key contact in the fostering service.

“There needs to be a way of escalating a complaint to an independent body.” (FC, Survey)

“Complaints need to be effective and result in change, not result in carers being labelled as difficult and then ignored.” (FC, Survey)

Standard 7: The intrinsic worth of each child in foster care is valued and promoted

Key area 7.1: Equality and inclusion are promoted, and inequalities are challenged

Training on use of language (7.1c)

The survey results indicated there is currently a lack of consistency in the delivery of training in this area.

- Foster carers were evenly split: 40.6% agreed and 40.6% disagreed that they receive training or guidance on the use of language, word choice, and descriptive labels to promote inclusion. Differences were notable by service / foster carer type:
 - 28.3% of foster carers in Trusts agreed they received this training or guidance on the use of language in comparison with 78.6% of IFP foster carers; and 17.2% of kinship carers compared to 46.5% of non-kinship carers.
- Overall, only 10.8% of foster carers stated they require support / further support in this area; although 21.7% were unsure. Over two thirds (67.5%) required no support.
- Notably, many suggested that social workers need training on promoting equality and inclusion in relation to their engagement with foster carers.

“It’s hypocritical for social workers and Trusts to train on this subject as they don’t treat foster carers fairly or include them.” (FC, Survey)

“It would be good for social workers and managers to be trained in equality and inclusion so foster carers can be treated fairly and included in key decisions about how the service is.” (FC, Survey)

Key area 7.1: Children experience dignity, respect and have their legal and human rights upheld.

Sharing a child's personal information (7.2d)

- While 44.5% had a strong understanding of when it is necessary and legal to share a child's personal information, 32.3% indicated only moderate understanding, and nearly one in four (23.2%) reported little to no awareness. Differences were notable by service / foster carer type:
 - 39.2% of foster carers in Trusts were aware about the appropriate circumstances to share a child's personal information in comparison with 60% of IFP foster carers; and 17.2% of kinship carers compared to 50.8% of non-kinship carers.
- Overall, while almost two thirds (64.2%) of foster carers said they did not require support / training in this area, including recording procedures, 35.7% said they either did (13.3%) or were unsure (22.4%).
- Some commented on the need for better training in this area, including for social workers. Several also suggested that the focus should be on updating policies and recording systems, which are inadequate.

"Generally, I think that social workers approach to data protection is very poor. This includes children's personal information, but also foster carers personal information. There needs to be training for social workers on the impact of data breaches of foster carers' personal information." (FC, Survey)

"Information sharing and recording makes no sense and is very confusing. We are told to record to protect ourselves and the children, but are not provided with the tools, systems or means to be able to record anything." (FC, Survey)

"Foster carers need to have secure or Trust email addresses, clarity on recording processes and systems." (FC, Survey)

Key area 7.3: Children are supported to develop a positive self-identity.

Developing narratives (7.3f)

- The majority (63%) disagreed that their fostering service works collaboratively with foster carers to help children develop narratives about their family history and care background; fewer than one in four (23%) agreed.
 - Results were broadly similar by foster carer / service type, with kinship and Trust foster carers slightly less likely to agree they are supported to develop narratives.
- Overall, the majority (58.4%) indicated they may require support / further support in this area, with 36.7% clearly stating yes. 41.6% said they would not require support. Foster carers in Trusts and kinship carers were slightly more likely to need support.

Standard 8: The unique experiences of each child in foster care are recognized and responded to with tailored support that acknowledges and addresses adversity and trauma.

Key area 8.3: Foster parents are supported to deliver trauma informed care.

Professional support (8.3c)

- 44.6% of foster carers had little or no awareness about how to access professional support on providing trauma informed care to children. In contrast, 27.1% reported high awareness, and 28.3% moderate awareness. However, differences were notable by service / foster carer type:
 - 29.3% of Trust foster carers had little or no awareness about accessing professional support compared to 48.1% of IFP foster carers; and 78.6% of kinship carers in comparison with 37.9% of non-kinship carers.
- More than half (52.1%) the foster carers reported needing or possibly needing professional support in providing trauma-informed care. The remaining 47.9% said they did not need support in this area.
 - There was little difference by service type, however kinship carers were twice as likely than non-kinship carers to express uncertainty about whether they needed support in providing trauma-informed care.
- Foster carers in the focus groups believed that understanding trauma and being able to access training and professional support is essential. However, they thought foster carers will not fully benefit from trauma training unless all relevant information about a child's background is shared with them; again, highlighting the need for successful implementation of Standard 1.
- Some foster carers suggested that GPs, paediatricians and other key professionals may also need to be more aware about a child's trauma history to inform best care and decision making.

Foster carers recommend:

- Standard 8 should include that foster carers are supported to complete training in trauma-informed care during their first year of fostering.

Standard 9: Children benefit from relationships with foster parents, birth families and people important to them

Key area 9.2: Visits with birth families and people important to children are supported.

Practical support (9.2d)

- Almost half (49.1%) had little or no awareness about the practical support available for them to assist with family time between a child and those important to them. In contrast, 23% reported high awareness, and 27.9% moderate awareness.
- Trust foster carers (51.6%) were less likely to be aware than IFP foster carers (39%); as were kinship carers (72.4%) compared to non-kinship carers (43.5%).
- Over half (51.5%) expressed a need for further information about available support to assist a child with family time, or were uncertain. 48.5% reported no such need.
- While there was little difference by service type, kinship carers (44.8%) were more likely to require information than non-kinship carers (32.8%).

The results suggests that many families may not be accessing valuable resources that could facilitate better family connections, highlighting a need for improved information and communication to achieve implementation of this Standard.

Standard 11: Children in foster care with more complex needs receive timely, high quality specialist interventions to help them recover and thrive

Key area 11.2: Children receive the high-quality specialist care they need in a timely manner.

- Foster carers in the focus groups thought the State as corporate parent must do more to ensure that looked after children who have been moved from their families and experienced trauma resulting in higher levels of need, get better access to specialist interventions.
- However, there was consensus that the heading of this key area is vague, specifically the term ‘timely manner’. Without any key targets the foster carers suggested the Standard/indicators are meaningless and cannot be effectively delivered against.
- Reference was made to a ‘broken system’ amid long waiting lists for key children’s health /mental health and education services, a lack of joined up working across the different specialist interventions a child needs, and a lack of funding.
- Improved access to mental health and wellbeing support in particular was regarded as fundamental to effectively delivering a trauma-informed approach.

“How is this going to work? Because I have a wee one waiting two years on a cognitive assessment.” (FC, Focus Group)

“These children are in care because something has happened to them and therefore there is a higher duty of care I believe with children who are traumatised for example. That doesn’t minimise what other children are going through, but you are dealing with children who have had to experience trauma, moving, the experience of having other needs.” (FC, Focus Group)

“The children need social services to be more involved in ensuring that they get the best possible treatment within a reasonable timeframe.” (FC, Focus Group)

Foster carers recommend:

- A review of the current indicators within Standard 11.2 is needed to strengthen their clarity and usefulness, to ensure that the indicators are measurable and reflect delivery.

Conclusion

Overall, foster carers who participated in the consultation project were positive about the development of Minimum Standards for fostering services in Northern Ireland. However, their experience of other delayed policy initiatives and a lack of accountability led them to express concern about the likelihood of the Standards being implemented in full. The survey indicated that there is much work to be undertaken across a range of areas if the Standards are to be met. It also highlighted ongoing inconsistencies in practice depending on service and foster carer type. Foster carers in Trusts, and kinship carers were less likely to have a positive view about current arrangements.

Effectively addressing inconsistent practice was regarded by many foster carers as key to recruitment and retention. Increased investment was also identified as a priority by foster carers if the Standards are to be achieved. Foster carers highlighted the importance of continuing to influence government to monitor the Standards implementation and progress, and to ensure they lead to meaningful change for foster carers and children.

Foster carer recommendations

- The introduction of Minimum Standards for Fostering Services must be underpinned by a long-term implementation plan with specific targets and milestones to be achieved within a set timeframe; and supported by clear leadership, accountability, cross-departmental collaboration and increased investment.
- Foster carers should be regularly consulted as part of the implementation process, ensuring their perspectives continue to shape practice.

Standard 1

- Key Area 1.1 should include arrangements for timely post-18 care planning and collaborative working with receiving adult services.

- Indicator 1.3(c), in addition to enabling foster carers to care for, and promote children’s well-being, should clearly link and specify the role of information sharing in good quality matching.
- The Standards should be reviewed overall to reflect the importance of good quality matching, for example, within the context of information sharing, long-term placements, training, supporting children’s range of needs, and addressing trauma.
- Indicator 1.3(c) should specify the use of standardised information sharing tools. These should be used across all fostering services in Northern Ireland to promote a consistent approach and the Indicator’s effective implementation. Standardised information sharing tools might include development of, for example:
 - A shorter profile for matching purposes which is accessible online, and password protected, to be shared with potential foster carers. To include appropriate detail about the child’s background and complexity of need so that carers can determine if they have the right skills to provide the level / type of care required.
 - An in-depth profile when a child is placed which is accessible online and password protected. To include chronological and detailed information about a child’s background, complexity of need, health, education etc., as well as their likes / dislikes, hobbies and interests (‘All about me’).
- Information sharing should include access to previous LAC review minutes and decision making so foster carers can gain a more holistic understanding of children’s background, experiences and needs.
- Indicator 1.3(e) is vague and should be strengthened with specific details about what constitutes a ‘clear process to promptly inform change’.
- For example, initiating contact with the foster carer as soon as a decision to make a change is made, providing information about the reason for the change, introducing the new social worker, and establishing an ongoing plan with regards communication and support.

Standard 2

- Indicator 2.2g should be strengthened to reflect the need for joined up-working within the children’s team to avoid potential delays in care.

Standard 3

- The fostering approval process should include an optimal timeframe for assessments and panel reviews to ensure there is consistent practice across Northern Ireland. (3.2h)
- Involve foster carers in developing and reviewing the information handbook and electronic resources to ensure they are relevant, practical, and user-friendly. (3.3c)

- Indicator 3.3g should be strengthened to explicitly state that foster carers' Personal Development Plans include opportunities for both personal growth and *professional* development, recognising their integral role in the team around the child.
- It should be clear that personal development planning / training must begin in the assessment process as part of a continuous thread of training and support across each stage of the fostering journey. This ensures that foster carers are equipped with essential skills and knowledge from the outset. (3.3g)
- Foster carers should have access to a comprehensive suite of training options which includes more opportunities for specialist training tailored to their individual needs. Training should be in different formats and accessible at a variety of times to suit differing work patterns, family commitments and availability.
- Completed training should be routinely updated on every foster carer's profile to ensure that their knowledge, skills, and areas of expertise are visible when placements are being considered; and support fostering services to better identify carers whose skills align with a child's specific needs.
- Social workers must ensure they are up to date with available resources and communicate the relevant sources of training and support to foster carers. Access by social workers and foster carers to a centralised training and resource hub would be helpful (and searchable by topic).
- Regular review of practice and guidance on delegated authority is required, and mechanisms to support this should be considered within the Northern Ireland Children's Social Care Services Reform Programme (Fostering Workstream). (3.5b)

Standard 8

- Standard 8 should include that foster carers are supported to complete training in trauma-informed care during their first year of fostering.

Standard 11

- Standard 11 requires further development to include indicators that can be measured to show whether any progress is being made. For example, a review of the current indicators within Standard 11.2 is needed to strengthen their clarity and usefulness, to ensure that the indicators are measurable and reflect delivery.