



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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**Looked After Children
Minimum Kinship Care Standards
Northern Ireland**

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Introduction

- 1.1 This document sets out minimum standards for Kinship Care placements.
- 1.2 The standards apply specifically in kinship care placements, made by a HSC Trust under Article 27 of the Children (Northern Ireland) Order 1995 in respect of a looked after child. They recognise the unique role played by family and friends carers in the lives of children separated from parents.
- 1.3 These Standards will be reviewed after 18 months, or earlier if a substantive review is required.

Background

- 2.1 The Standards apply specifically in kinship care placements, made by a HSC Trust under Article 27 of the Children (Northern Ireland) Order 1995 in respect of a looked after child. Article 27(3) of the Children (Northern Ireland) Order 1995 refers to a kinship carer, with whom a looked after child has been placed, as an 'authority foster parent'. In consequence, all Regulations¹ which apply to either looked after children or to fostering arrangements apply to kinship care arrangements covered by these Standards.
- 2.2 In accordance with the Standards, each HSC Trust will have in place a regionally consistent kinship care policy which supports the placement of children with relatives or friends where this is in the child(ren)'s best interests. To ensure consistency across the region the development of kinship care policy and attendant procedures will be led by the Assistant Directors for Corporate Parenting under the direction of the Health and Social Care Board (HSCB).
- 2.3 The initial version of the Standards was informed by research on kinship care throughout the UK and Republic of Ireland and is the product of consultation with a wide range of stakeholders from HSC Trusts, the HSCB, local universities and a number of voluntary organisations. In particular, the Department acknowledged the significant contribution of Fostering Network Northern Ireland to the development of the Standards. ²This version has been informed by the evaluation of the Care Proceedings Pilot (CPP).
- 2.4 There may be other **circumstances** where family or friends seek the support of a HSC Trust to enable them to offer or continue to offer care to a child. In these circumstances, provided the HSC Trust has no significant concerns about the safety or welfare of the child and provided the arrangement has the agreement of those persons with parental responsibility for the child, it is reasonable to

¹ A full list of relevant primary and secondary legislation is provided in Appendix 2.

² CPP was a Project undertaken by the WHSCT and SEHSCT and relevant Family Proceedings Courts (FPCs) under the Early Intervention Transformation Programme (EITP). The aim of the Pilot was to promote good decision making and minimise unnecessary delay for children subject to Public Law Proceedings. Minor changes to the Kinship Care Standards were trialled in the relevant HSCTs during the Pilot and this version includes amendments emanating from the evaluation of those changes.

conclude that the HSC Trust has not been responsible for placing the child. As a consequence, the child is not considered to be a child who is 'looked after by an authority' ('a looked after child'), within the meaning of Article 25 of the Children Order and these Standards will not apply.

- 2.5 In cases where a HSC Trust considers the child to be a 'child in need' within the meaning of Article 17 of the Children Order, the HSC Trust will have a duty to provide support to the child and/or carer under the provisions of Article 18 of the Children Order. It should be noted that no child or young person should have to become looked after, whether by agreement with those with parental responsibility or by way of seeking a court order, for the sole purpose of enabling financial, practical or other support to be provided to the child's carer.
- 2.6 It is possible for a child to be cared for, on an ongoing basis, by family and friends, who may choose not to involve statutory authorities in those care arrangements (unless the child is a 'privately fostered child' within the meaning of Article 106 of the Children Order). In these circumstances, subject to there being no safeguarding or welfare concerns and with the agreement of those with parental responsibility, families are able to make this choice. Again, these informal kinship care arrangements are beyond the scope of these Standards.

Development of Standards – Legal and Practice Context

- 3.1 The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003³ [the 2003 Order] established the Regulation and Quality Improvement Authority [RQIA]. This independent body has responsibility for the regulation of establishments and agencies delivering health and social care in the statutory and independent sectors. Article 38 of the 2003 Order confers powers on the Department of Health to prepare, publish and review statements of minimum standards which may be taken account of by RQIA in making decisions in the process of inspection and regulation. These Minimum Standards are developed under Article 38 powers.
- 3.2 HSC Trusts should continue to ensure that they remain compliant with: the requirements of the Children (Northern Ireland) Order 1995, the Children (Leaving Care) Act (Northern Ireland) 2002; the Children (Northern Ireland) Order 1995 Regulations and Guidance [Volume 3⁴, Family Placements and Private Fostering; Volume 8⁵, Leaving and After Care]. HSC Trusts should also take due cognisance of the United Nations Convention on the Rights of the Child and the Human Rights Act 1998.
- 3.3 These Standards also need to be considered in conjunction with legislation, policy and operational policies and procedures relating to Children with Disabilities, Vulnerable Adults, Care Planning, Family Group Conferencing, Permanency, and Safeguarding. In addition, the Standards apply equally to voluntary organisations discharging the functions of a HSC Trust under Regulation 8 of the Foster Placement (Children) Regulations (Northern Ireland) 1996; and adherence to the Standards must be an explicit condition of any written agreement between the HSC Trust and voluntary organisation discharging its functions.

³ [The Health and Personal Social Services \(Quality Improvement and Regulation\) \(Northern Ireland\) Order 2003](#)

⁴ [The Children \(Northern Ireland\) Order 1995 Regulations and Guidance Volume 3, Family Placements and Private Fostering](#)

⁵ [The Children \(Northern Ireland\) Order 1995 Regulations and Guidance, Volume 8, Leaving and After Care](#)

Rationale for the development of Minimum Standards for Kinship Care

- 4.1 These Standards are required because practice has indicated that it is unrealistic to apply exactly the same arrangements for caring for looked after children in kinship and non-familial settings. The nature of each type of arrangement is different. The Department is of the view that provided the best interests of the child are at the core of kinship care decision-making and approval is based on the kinship carer's capacity to meet the needs of the child, there is scope for differentiation in the Standards applied to kinship and non-familial foster care.
- 4.2 Generally, in addition to the relationship with a parent of the child, it is more likely that a kinship carer will have an existing strong positive relationship with the child; this is a fundamental difference between kinship care and non-familial foster care placements. However, there are some Standards which must apply equally to both types of placement, for example standards relating to safeguarding. To ensure that the best interests of children are being/will be served by the kinship arrangement, it is, therefore, necessary to have in place effective and proportionate processes of assessment, approval, monitoring and review. It is also essential to listen to the views, wishes and feelings of the child at the centre of the process (Standards 2 and 3 refer).

Relationship with UK National Standards for Foster Care

- 5.1 The UK National Standards for Foster Care⁶ along with the Code of Practice on the recruitment, assessment, approval, training, management and support of foster carers, will continue to apply to fostering services in Northern Ireland. The Department is, however, committed to developing Standards for Foster Care Services specific to Northern Ireland.

⁶ [UK National Standards for Foster Care](#)

Underpinning Values and Principles

6.1 The emphasis of these Standards is on:

Paramountcy

Placing the looked after child/young person at the centre of kinship care decision-making to ensure that his/her welfare, safety and needs are at all times paramount; and

Regional Consistency

Achieving a consistent regional approach to kinship care provision across Northern Ireland to ensure that children and families are treated equitably no matter where in Northern Ireland they live.

Minimum Standards for Kinship Care in Northern Ireland

7.1 This document is arranged as follows:

Standard 1: Kinship Care Policy

Standard 2: The centrality of the looked after child

Standard 3: Effective and proportionate processes of Assessment, Approval, Monitoring and Review

Standard 4: Support for Kinship Carers

Standard 5: Support for Looked After Children in Kinship Care

7.2 Each Standard is expressed in broad terms and is supported by a number of detailed criteria, all of which must be satisfied to meet the Standard.

7.3 Throughout this Standards document, the terms 'his' and 'he' as they apply to a looked after child should be construed as 'his/her' and 'he/she'. Also, the references to a 'looked after child' should be read as 'looked after child/young person'.

7.4 The Standards are available on the Department's website - <https://www.health-ni.gov.uk/publications/minimum-kinship-care-standards-northern-ireland>

Standard 1: Kinship Care Policy

Each Health and Social Care Trust has a kinship care policy which actively supports the placement of children with family and friends carers in circumstances where they are unable to live with their parents and this is assessed to be in the best interests of the child.

Criteria

- 1.1 The kinship care policy is founded on the best interests of the child, that is, the policy clearly states that a HSC Trust should place the child with family and friends carers only when it has been assessed to be in the best interests of the child to be so placed and the arrangement has the potential to deliver placement stability and permanence for the child;
- 1.2 The policy seeks to ensure that the child is central to the process of kinship care decision-making and ensure that the voice of the child is at all times heard [**see Standard 2**];
- 1.3 The policy seeks to ensure that kinship care decision-making is based on effective and proportionate processes of assessment, approval, monitoring and review [**see Standard 3**];
- 1.4 The policy seeks to ensure that a kinship care placement is appropriately supported [**see Standards 4 and 5**];
- 1.5 The policy is in keeping with the requirements of the Children (Northern Ireland) Order 1995 (The Children Order) and Regulations made under the Children Order. In the context of kinship care decision-making, HSC Trusts must, in particular, adhere to the requirements of Articles 26 and 27 of the Children Order;

- 1.6** The policy is supported by regionally agreed operational policies and procedures which provide clear guidance for staff involved in making kinship care decisions and staff involved in supporting kinship care placements;
- 1.7** The policy is supported by an effective system of identifying kinship carers, including identification by: way of making an approach to family and friends who may be able to provide care for the child; and responding positively to family and friends who make an approach to the HSC Trust to offer to care for a looked after child or a child whom the HSC Trust considers at risk of becoming looked after. Family Group Conference should be a fundamental element of this system and is a valuable forum for identifying all those known to the child/birth family who may have a desire to care for the child and to reach a consensus on who should be assessed as a prospective kinship foster carer/s. Where more than one potential kinship foster carer/s comes forward seeking to care for the child the Trust should have arrangements in place to help settle arrangements for the child swiftly [where applicable, informed by the consensus reached at the Family Group Conference].

A Family Group Conference will also help clarify plans for the child i.e. any work which needs to be undertaken in order for the child to return to the care of his parent(s) as agreed through the Looked After Children Review(s) or depending on the outcome of an assessment, other longer term/permanent arrangements;

- 1.8** The policy is supported by a system of effective care planning which agrees when a child becomes a looked after child or should no longer be considered looked after. Each HSC Trust considers and supports the use of alternative legal routes (for example, a Residence Order) to achieve permanence for a looked after child, whose care plan is longer term care and who is already placed with kinship foster carers or for whom a longer term kinship care placement has been identified;
- 1.9** The policy is supported by 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, including health, social development

and education; and comparing them to the outcomes of looked after children in other placement types. The kinship care data system should also collect data relating to:

- *Immediate, short-term and long-term kinship care placements (numbers and duration of);*
- *kinship care pathways, for example, pathways from kinship care to non-familial foster care or vice versa or the pathway from kinship care to Residence Order arrangements;*
- *kinship care placement breakdown, including rates, numbers and frequency of placement breakdown and the reasons for placement breakdown.*

1.10 The policy articulates the need to develop an effective contingency plan to be put in place in the event that the kinship placement breaks down.

Evidence

- Regionally agreed operational policy and procedures are in place for staff –
 - making kinship care decisions, and
 - supporting kinship care placements.
- Data analysis which is capable of measuring the outcomes in key areas including health, social development, education, placement breakdown and care pathways is available.
- Effective contingency plans are in place in the event of the kinship placement breaking down.

Standard 2: The Centrality of the Looked After Child

The needs, wishes, welfare and safety of the looked after child are paramount in the kinship care process.

Criteria

- 2.1 The kinship placement meets or, with the necessary training and supports, has the potential to meet the assessed needs of the looked after child as specified in his Care Plan;
- 2.2 The voice of the looked after child is heard and his views acknowledged particularly when determining which carers, family members or friends are best placed to meet his needs in circumstances where more than one family member or friend commits to caring for him;
- 2.3 The looked after child is kept informed of progress (or lack of progress) by his social worker throughout the kinship care assessment and approval processes and is given regular opportunities to raise specific questions or concerns which are then answered as directly and fully as possible. Accurate written records must be kept of these concerns and how they are/have been addressed;
- 2.4 Each HSC Trust facilitates access by the looked after child to independent advocacy services and to the Complaints and Representations process;
- 2.5 The wishes, feelings and views of looked after children are taken into account by HSC Trusts in monitoring and developing their kinship care services.

Evidence

- Looked after children's reviews are documented demonstrating how the views and voice of the child are heard and addressed.

- Records of specific questions/concerns raised by looked after children and subsequent answers are maintained.
- Records demonstrate how young people are supported to access independent advice, advocacy and representation.

Standard 3: Effective and Proportionate Process of Assessment, Approval, Monitoring and Review

Each kinship placement is supported by decision-making based on effective and proportionate assessment, approval, monitoring and review

Criteria

Assessment

3.1 A kinship placement may be made in the following circumstances:

Unplanned

- 1a. in circumstances requiring an immediate placement (where the child/young person is **not known** to the Trust but requires an immediate placement); or
- 1b. unplanned circumstances which require an immediate placement i.e. the child/young person is **known** to the Trust but an immediate placement is required and is at variance to the child/young person's care plan

Planned

2. on a planned basis [which can include placements identified as a contingency measure or those stipulated by a Court];

Viability Visit

3.2 In all kinship placements or proposed kinship placements an early viability visit is undertaken by a Kinship Social Worker. In circumstances requiring an immediate placement this visit occurs **within two working days of the commencement of the placement**. The visit is used to supply information about the **mandatory assessment** process and exchange information with a prospective kinship carer and give the carer an opportunity to consider the implications of the kinship placement for the family unit, including implications in the longer term;

3.3 In the course of the viability visit there will be discussion of:

- the assessment processes, the role and responsibilities of kinship carers; support including financial support for kinship carers and discussion about the implications of the looked after child status.
- as particular reference to the circumstances of the specific child concerned must be considered and information and advice provided, where possible the visit is undertaken jointly with the child's social worker.

Use of Family Group Conference and Outline Assessment

3.4 In situations where more than one prospective kinship carer/family wishes to be considered for assessment, the HSC Trust endeavours to convene a Family Group Conference (FGC) as required at Standard 1.7, to enable all those with an interest in caring for the child(ren) to reach a consensus in relation to who should proceed to full assessment. Where a FGC does not proceed a **viability visit** will be undertaken with all prospective carers. This process enables an informed decision to be made about which prospective carers will progress to full assessment;

3.5. Where it is determined that an assessment of more than one prospective carer must progress, or where following viability visits the suitability of a prospective carer/family is in doubt, an **outline assessment** should be completed. This assessment should be sufficiently robust to enable the Trust to determine whether or not to proceed to a full fostering assessment. The Trust satisfies itself that the carers coming forward to offer a placement can safeguard and promote the child(ren)'s welfare and that there is no obvious barrier to undertaking a full fostering assessment. Where a child(ren) is already in a kinship/foster care placement the Trust gives careful consideration to the potential implications of moving a child to any proposed alternative placement.

Assessment in circumstances requiring an immediate placement – timescales

3.6 It should be noted that immediate placements are not a substitute for effective planning, including contingency planning. An immediate placement may be necessary in circumstances where a Care Plan for a child is already in place and may not be in keeping with that plan. For example, an earlier placement disruption or through the expressed wishes of a young person. **An immediate**

placement is made in exceptional circumstances only and, in those circumstances, the following apply:

- prior to the child being placed, an interview with the kinship carer(s) takes place, the accommodation is inspected, information is obtained about other members of the household and the carer enters into a written agreement with the Trust, which specifies what is expected in terms of care for the child subsequent to the immediate placement.
- the child is placed with a relative or friend of the child who has not been approved as a foster carer;
- the placement does not last any longer than 12 weeks;
- a full fostering assessment is undertaken and approved by the Panel (see criterion 3.16) within the 12 week period (see also 3.8, 3.09 and 3.10 below); and
- Regulation 11(2)(a) and (b) of the Foster Placement (Children) Regulations (Northern Ireland) 1996 [the 1996 Regulations] are adhered to in full.

3.7 In addition, during the 12 week period, the following are required under Regulation 11(3):

- a kinship assessment starts immediately after placement and no later than the 2 week Looked After Children Review.
- a Kinship Care Assessment Report is produced, provided to and considered by the Panel.
- a Care Plan for the looked after child is produced in parallel.
- as required by the 1996 Regulations, **each child who is placed in immediate circumstances is visited at least once in each week** until the carer(s) is/are approved by the Panel.

Failure to complete a full fostering assessment and submit it to Panel within 12 weeks

3.8 In a small number of cases, it may not be possible to complete a full fostering assessment and submit it to Panel within 12 weeks as required. For example, some families may take a longer time to fully consider whether they will be able to provide kinship care on a long-term basis and to understand what it will entail. In those cases, a HSC Trust Assistant Director may approve the continued placement with kinship carers beyond 12 weeks without Panel

approval, subject to the requirements of Regulation 5(1)(a) being satisfied, that is, the HSC Trust is satisfied that the current placement of the child is the most suitable way to safeguard the child and promote his/her welfare;

3.9 In the event that an HSC Trust Assistant Director approves the continued placement of a child with kinship carers beyond 12 weeks without Panel approval, the following apply:

- the requirement to approve under Regulation 3(5) of the 1996 Regulations is satisfied (the placement is therefore deemed 'regulated');
- a full fostering assessment is completed within a maximum of 4 additional weeks (that is additional to the 12 weeks which have elapsed);
- the assessment is submitted to the Panel for its approval within those 4 additional weeks (that is by week 16 of the placement having been made);
- **the child continues to be visited on a weekly basis until the case is approved by Panel;**
- additional support is provided to the family where necessary;
- the continued placement of the child is subject to ongoing monitoring and any issues of concern are brought to the attention of the HSC Trust Assistant Director who made the decision to approve the continued placement of the child; and
- Approval is reported to the HSCB under DSF reporting as '**Kinship care placement approved by HSC Trust Assistant Director and Panel within 16 weeks**'. In this way the HSCB is able to determine the number of cases, which are not Panel approved within 12 weeks.

3.10 If the placement is not presented to Panel within 16 weeks, the HSC Trust Assistant Director must notify the HSC Trust Director and the HSCB that the immediate placement has not been approved by Panel within 16 weeks. The HSC Trust Director will make a decision about whether the placement should continue. If a decision is made to continue the placement, the HSC Trust Director must specify the timeframe within which the case must be brought to Panel.

Pre-Assessment/Pre-Approval Training

3.11 Pre-Assessment/Pre-approval training enables kinship carers to build the knowledge and skills they require and also provides some insight into the fostering role before their planned assessment commences. Prospective kinship foster carers should be facilitated to undertake such training without undue delay. However where there is a degree of urgency in relation to the need for full assessment and approval, training should be facilitated as part of that assessment process.

Assessment on a Planned Basis – Timescales

3.12 Assessments undertaken on a planned basis can include an assessment relating to a kinship placement, which is part of a contingency plan for the child. It can also include a kinship assessment, which has been stipulated by a Court. In circumstances which permit planning, the child is not placed with the kinship carer(s) until the full assessment is complete, a report produced and approved by the Panel (see criterion 3.16). Assessments undertaken on a planned basis are completed and a Kinship Care Assessment Report produced and presented to the Panel by week 16 and a decision made by the Panel to approve (or otherwise) the kinship placement. In a limited number of cases, the assessment period may be extended for a further 8 week period. Examples of such cases include those where the proposed kinship carer(s) need(s) time to further consider the long-term implications of caring for the child or cases where proposed carers live outside Northern Ireland.

The Assessment – Content

3.13 The kinship assessment approved (or otherwise) within 12 weeks in immediate circumstances or within 16 weeks [24 weeks in a limited number of cases] on a planned basis considers the suitability of both the carer(s) and the home where the child is to be accommodated and, if appropriate, determines whether a kinship care placement has the potential to be the longer term plan for the child. Also where appropriate, the assessment identifies the longer term support needs of both the child and the kinship carer(s). The assessment includes checks of: police and barred list records by way of an Enhanced Disclosure Check; medical reports; and HSC Trust-held records. If the prospective carer(s)

resides in another HSC Trust area, this HSC Trust is contacted and account is taken of that HSC Trust's views. References are also sought and referees interviewed. The assessment is undertaken by a kinship social worker⁷, working with the child's social worker and is conducted in accordance with established operational policy and procedures. Any potential breach of policy or procedure, or non-adherence to agreed timescales, requires a discussion with, and the approval of, a senior manager;

- 3.14** The process of assessment is explained in advance to the prospective kinship carer(s) and they are kept fully informed of the outcome of the assessment and provided with a copy of the Kinship Care Assessment Report. A web-based/written guide to the kinship care assessment process is available and provided to all prospective kinship carer(s) who are considering undergoing a kinship assessment;
- 3.15** Any records produced as part of the kinship care assessment process, including the Kinship Care Assessment Report, are kept in accordance with *Good Management Good Records*⁸ requirements.

Approval by Panel

- 3.16** Approval of kinship carers is undertaken by an appropriately trained Panel, which includes in its membership an independent person with a knowledge of and expertise in kinship care. The Panel is responsible for the approval of kinship carers and any subsequent decision-making about the continued suitability of approved kinship carers (see criterion 3.20). The Panel conducts itself with sufficient transparency, is able to demonstrate consistency and fairness in decision-making and has a mechanism for reconciling disagreements among Panel members. The Panel has access to medical and legal advice. A copy of the Kinship Care Assessment Report is made available to the Panel to inform decision-making and prospective kinship carers are given the opportunity to attend relevant Panel approval meetings. The Panel, on

⁷ Consult the Glossary of Terms at Appendix 1 for a definition of 'kinship social worker'.

⁸ GMGR can be accessed through: <https://www.health-ni.gov.uk/articles/introduction-good-management-good-records>

approval, may request that further information or a review is brought to its attention within a specified timeframe as it is recognised that many kinship carers who take on immediate placements may require further time to consider their support needs and those of the new family unit;

- 3.17** In the event carers for an immediate placement are not approved, the Panel Chair must ensure that the HSC Trust Assistant Director or HSC Trust Director is briefed immediately so they can decide on the future of the placement. The HSC Trust must notify the HSCB that the placement has not been approved by the Panel;
- 3.18** In the exceptional circumstance that the HSC Trust Director decides to allow the placement to continue in the interim in the child's best interest they must advise the HSCB of the arrangements made for monitoring the placement, including frequency of visits and how safeguarding and the Looked After Children processes will be governed. In these circumstances the HSCB must be advised of any changes in respect of the child's placement.

Monitoring

- 3.19** Subsequent to approval, in accordance with Regulation 6.-(1) (a) of the Foster Placement (Children) Regulations (Northern Ireland) 1996 a kinship care placement is subject to monitoring and review to determine whether anything further is required to support the placement and the continued suitability of the placement. A number of monitoring visits to the kinship carers are undertaken throughout each year, at least one of which is unannounced. The frequency of monitoring visits is proportionate⁹ and is determined by ongoing identified needs and the level of support assessed as required.

⁹ As indicated at Paragraph 2.1 of these standards, the visiting requirements specified in the Foster Placement (Children) Regulations (Northern Ireland) 1996 must be adhered to by the child's social worker. Monitoring referred to in criterion 3.19 is monitoring of the placement by the kinship social worker. It should be noted that criterion 3.19 does not specify frequency of monitoring visits, as two social workers are involved with the placement. Instead, the standard recognises that, following approval, some kinship placements are relatively stable for lengthy periods of time. The frequency of monitoring visits should be determined by the support needs of the foster carer and the placement and should be "proportionate." This is a matter for professional judgment.

Review

3.20 At a minimum, every kinship carer approval is subject to an annual review, undertaken by the kinship social worker with input from the child's social worker. The annual review includes a check of the kinship carer's home to ensure it meets the needs of the child placed there, with particular emphasis on privacy, space, hygiene, safety and disability issues. An annual review report is produced, having comprehensively considered the level of support the kinship placement required, and the first such report is provided to the Panel [see criterion 3.16 above] for its consideration. Subsequent reviews that recommend significant change to the carer's approval status or raise significant issues about a placement are considered by the Panel. Kinship carers are encouraged to attend relevant Panel review meetings. The child's social worker is kept fully informed of any issues/concerns. In the event of any significant change to the carer's registration or their de-registration being considered by the Panel, the kinship carer is provided with a written copy of the report to Panel at least two weeks before the relevant Panel meeting. A review may be held more frequently if it is deemed that it is required, particularly in respect of a placement made initially in immediate circumstances [see criterion 3.6 to 3.7 above].

Evidence

- Viability visits are conducted in line with the policy and legislation.
- Kinship Carer training is provided.
- Placements are reviewed and monitored in line with the policy.
- Immediate placements which exceed the 12 week panel approval timeframe are reported by HSC Trusts to HSCB through: '**Kinship care placement approved by HSC Trust Assistant Director and Panel within 16 weeks**'.
- Immediate Placements which are not approved by Panel are reported to HSCB.
- In the event that a decision is made to allow a placement to continue without Panel approval, the placement is subject to ongoing monitoring and visits are

made to the child and carer's home at least once per month. Where a decision has been made to change a placement the HSCB will be advised.

Standard 4: Support for Kinship Carers

Kinship carers are helped and supported to provide stable, safe, healthy and nurturing care for the looked after child placed with them

Criteria

- 4.1** Each HSC Trust offers (or commissions another agency to offer), information, support and advice, including advice on available benefits and information on the kinship role, to kinship carers who have a looked after child placed or with whom a placement is planned. Post approval, each kinship care arrangement has the support of a kinship social worker and the level of support provided is proportionate to the needs of the specific placement at any given time;
- 4.2** The kinship carer/proposed carer receives written information concerning the kinship care allowances and expenses available and **these are payable from the date each looked after child is placed**. As is the case with fostering allowances/expenses, the amount of allowance and expenses payable to kinship carers are reviewed annually. The kinship carer is encouraged to access support services and the payment of the allowance and expenses are made promptly at the appropriate time. Kinship care allowances and related expenses are the same as those paid to foster carers. They are set regionally by the HSCB in respect of looked after children;
- 4.3** The kinship carer has a written Kinship Care Agreement as required under Regulation 3(6)(a) and (b) of The Foster Placement (Children) Regulations (Northern Ireland) 1996 (the 1996 Regulations)¹⁰. Schedule 2 to the 1996 Regulations outlines the required content of the Agreement, which includes agreement in relation to contact with parents or those with parental responsibility for the child and confidentiality of the child's information. The Agreement is between the placing HSC Trust and the kinship carer(s) and stipulates what is expected of both;

¹⁰ Reference in Schedule 2 to the 1996 Regulations to 'foster parent' should be read as 'kinship carer' for the purpose of the Kinship Care Standards
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- 4.4** Information about the procedures for dealing with complaints and representations under The Representations Procedure (Children) Regulations (Northern Ireland) 1996 is made available. Information about the procedures for dealing with investigations into allegations made in relation to those caring for looked after children is made known and includes the provision of **independent** advice and support to the kinship carer(s) during an investigation;
- 4.5** Kinship carers undertake training as outlined in the Regional Training Pathway for Foster Carers and demonstrate knowledge of: good parenting skills, safe working practices; safe medicines management; internet safety; indicators of abuse, including child sexual exploitation and reporting suspected, alleged or actual abuse; managing and promoting contact with family members and others; safe record keeping; vulnerabilities of children with disabilities; and any other training relevant to the specific needs of the child. Advice and information is provided on healthy lifestyle choices and health and safety issues;
- 4.6** Kinship carers are supported to enable them to appreciate and respect the child's religious, racial, cultural and linguistic background;
- 4.7** Authority to consent is delegated to kinship carers in accordance with Circular CCPD 01/2010¹¹ on Delegation of Authority and kinship carers are equipped and empowered to act on behalf of the looked after child in their care;
- 4.8** Kinship carers are supported to understand the importance of listening to the views of the looked after child in their care and are offered training and support in listening and responding to children's views, with particular reference to communication with children with disabilities where relevant.

¹¹ Circular CCPD 01/2010 – guidance on delegated authority to foster carer in Northern Ireland
<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/ccpd-01-2010-letter.pdf>

Evidence

- Each kinship carer has a written agreement in place which stipulates what is expected of both the carer and the relevant HSC Trust.
- Kinship carers undertake training as outline in the Regional Training Pathway.

Standard 5: Support for Looked After Children in Kinship Care

All children in kinship care are provided with the necessary support to: ensure that their education, training, health and social development needs are being met; that they are living in a safe environment; and that they are being supported to acquire the necessary skills, confidence and competence to carry them through into adult life

Criteria

General

- 5.1** In accordance with The Review of Children's Cases Regulations (Northern Ireland) 1996, all looked after children in kinship care are subject to routine review [a Looked After Child Review] to identify their particular needs and determine whether identified needs are being met within the kinship placement. The Looked After Children Review considers the delegation of authority and how effectively delegated authority is working. The child's Care Plan is updated to reflect how identified needs, including specialist needs, are being met. Kinship carers are actively encouraged and facilitated to take part in the Looked After Children Review process and the assessment of the child's needs;
- 5.2** To ensure that kinship carers are facilitated to meet the needs of a child in their care, they are normally given full access to the child's personal history and to relevant information relating to the child's health, development and education;

Health and Social Development

- 5.3** Each child is subject to a full health assessment prior to admission to kinship care and at least once per year thereafter (children under 5 are assessed every 6 months). For children placed in kinship care on an immediate basis, a health assessment is completed as soon as possible after placement. It is the responsibility of the HSC Trust to ensure that kinship carers fully understand

what is required of them to promote the health and well-being of children in their care, including: registration with a GP; keeping medical and dental appointments; good medicines management; and paying general attention to the child's health and well-being, including emotional/mental well-being, diet, hygiene, dental and sexual health;

Education and Training

5.4 The child is raised in an environment in which education and learning are valued, school attendance is encouraged and facilitated and kinship carers are supported to meet the child's educational needs. Access to the **Improving the Educational Attainment and Achievement of Looked After Children in Foster Care scheme** will be assessed via the Personal Education Plan (PEP) and Looked After Children Review processes. Each HSC Trust maintains a record of each child's educational attainment and collects and analyses data in relation to school absences and exclusions for children in kinship care. Kinship carers are encouraged and facilitated to participate in the development of the child's PEP;

A Safe Environment

5.5 Children in kinship care are raised in an environment which meets acceptable standards of hygiene and safety;

Preparation for Adult Life

5.6 Each HSC Trust must fulfil the requirements placed upon it by the Children (Leaving Care) Act (Northern Ireland) 2002 and The Children (Leaving Care) Regulations (Northern Ireland) 2005, including the appointment of a Personal Adviser and the development of a Pathway Plan. Each HSC Trust must ensure that there is a clear and seamless pathway from children's to adults' disability services. Participation in education, training or employment beyond age 18 and the potential benefits of the Going the Extra Mile (GEM) Scheme are actively promoted.

Evidence

- Looked After Children and PEP reviews are carried out in accordance with policy and procedures.
- GEM scheme is actively promoted and participation has increased.
- Health assessment reviews.
- Documented social outings/holidays.
- Existence of a pathway plan and named PA.

Appendix A: Glossary of Terms

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. HSC 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 HSC Trust.

Care Plan

A care plan details the arrangements a HSC Trust puts in place for a child who is looked after following discussions with interested parties including the child and 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 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.

Improving the Educational Attainment and Achievement of Looked After Children in Foster Care scheme

The 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 identified through the PEP and Looked After Children Review processes.

GEM Scheme

Going the Extra Mile scheme emphasis that, for any child in care or care leaver needs to be on promoting good outcomes and that whilst residing in GEM the pathway plan should be addressing Education, Training and Employment (ETE) and actively seeking to support a young person's engagement in an ETE pathway to ensure best outcomes in adult life. Though a young person in foster care can access GEM irrespective of ETE activity. In line with current statutory duties, where a young person who is in GEM, reaches 21 and who is in the process of completing a course of education or training GEM support and funding should continue until same is completed.

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**. This is distinct from informal kinship care arrangements entered into by families without the involvement of social services. 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 childminder, 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)¹². Schedule 2 to the 1996 Regulations outlines the required content of the Agreement, which is between the placing HSC 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, relating to a looked after child or a child who may become looked after, and for 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 for more than 24 hours by a HSC Trust, whether by voluntary arrangement or under an Interim Care Order/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 at the level of a Band 8b or above.

Outline Assessment

An Outline Assessment is used in situations where more than one prospective kinship carer/family wishes to be considered for assessment. It is a preliminary assessment of those interested in providing a kinship placement after the consensus reached at a Family Group Conference or the completion of at least one Viability Visit with prospective Kinship Carers. The assessment must be sufficiently robust to determine

¹² Reference in Schedule 2 to the 1996 Regulations to 'foster parent' should be read as 'kinship carer' for the purpose of the Kinship Care Standards
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whether the Person(s) are a realistic option to care for the child(ren) in the longer term and whether a full assessment should be undertaken.

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 HSC Trusts acquires 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 HSC 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 HSC 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 HSC 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.

Viability Visit

A Viability Visit means a visit undertaken by a HSC Trust social worker for the purpose of supplying information to and exchanging information with a prospective kinship carer. The viability visit will, among other things, assist the Trust and Kinship Carer(s) in their consideration of the placement's on-going viability e.g. is there any reason why the placement may not be suitable for the child or indeed the carers. As particular reference to the circumstances of the specific child concerned is required, where possible, it is recommended that this visit is undertaken jointly by the child's Social Worker and the Kinship Social Worker. In circumstances requiring an immediate placement, this visit should occur within 2 working days of commencement of the placement.

Appendix B: Legislation/Conventions Relevant to Kinship Care Placements

Primary Legislation

The Children (Northern Ireland) Order 1995

<http://www.legislation.gov.uk/nisi/1995/755/contents>

Human Rights Act 1998

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

Children (Leaving Care) Act (Northern Ireland) 2002

<http://www.legislation.gov.uk/nia/2002/11/contents>

Secondary Legislation

Contact with Children Regulations (Northern Ireland) 1996 (443)

<http://www.legislation.gov.uk/nisr/1996/443/contents/made>

The Representations Procedure (Children) Regulations (Northern Ireland) 1996 (451)

<http://www.legislation.gov.uk/nisr/1996/451/contents/made>

The Children (Private Arrangements for Fostering) Regulations (Northern Ireland) 1996 (452)

<http://www.legislation.gov.uk/nisr/1996/452/contents/made>

The Arrangements for Placement of Children (General) Regulations (Northern Ireland) 1996 (453)

<http://www.legislation.gov.uk/nisr/1996/453/contents/made>

The Review of Children's Cases Regulations (Northern Ireland) 1996 (461)

<http://www.legislation.gov.uk/nisr/1996/461/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 Foster Placement (Children) Regulations (Northern Ireland) 1996 (467)

<http://www.legislation.gov.uk/nisr/1996/467/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 Children (Leaving Care) Regulations (Northern Ireland) 2005 (221)

<http://www.legislation.gov.uk/nisr/2005/221/contents/made>

**The Parental Responsibility and Measures for the Protection of Children
(International Obligations) (England and Wales and Northern Ireland)
Regulations 2010**

<https://www.legislation.gov.uk/ukxi/2010/1898/contents/made>

The Disqualification for Caring for Children Regulations (Northern Ireland) 1996

<http://www.legislation.gov.uk/nisr/1996/478/contents/made>

Conventions

1980 Hague Convention on the Civil Aspects of International Child Abduction

<https://www.hcch.net/en/instruments/conventions/full-text/?cid=24>

**The 1996 Hague Convention on Jurisdiction, Applicable Law, Recognition,
Enforcement and Co-operation in Respect of parental Responsibility Measures
for the Protection of Children**

<https://www.hcch.net/en/instruments/conventions/full-text/?cid=70>

United Nations Convention on the Rights of the Child

<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>