

## **COVID-19: GUIDANCE FOR FOSTER CARE AND SUPPORTED LODGINGS SETTINGS IN NORTHERN IRELAND**

Version 9

Version Control

Version	Date	Summary of changes
8.1	13 May 2021	Appendix 1 – amendment to the Fostering Network’s NI Advice Line telephone number.
9.0	13 May 2021	Revised Version Issued

### **COVID-19: Key messages for providers of foster care and supported lodgings in Northern Ireland**

- **Protecting and maintaining current placements** must be a priority for Health and Social Care Trusts and independent/not for profit fostering providers. Any decision made about children and young people, in the course of the pandemic, should be in their best interests.
- **Regular communication** with foster carers and host families is critical to maintaining placements and supporting them and the children and young people they care for.
- **Preparation and coordination is key** to ensuring there is as much capacity to provide foster care and supported lodging placements as possible. Providers should work in partnership to explore options to increase capacity where possible.
- **The PHA has provided a dedicated point of contact** for children and young people's services to provide detailed advice on health issues and infection prevention and control, this may be accessed through the relevant Trust Assistant Director or direct by the independent/not for profit fostering provider.
- The Health and Social Care Board has also produced an action card entitled: Regional Family and Childcare Services COVID-19 Action Card which **should be read in conjunction with this guidance**.
- **You are advised** to check the PHA, Department of Health (DoH) and NI Direct websites regularly for new and/or updated guidance on COVID-19. While local advice may be available, these websites remain the main sources of public health advice.

1. This guidance sets out key messages to support planning to prevent the widespread transmission of COVID-19 during the ongoing pandemic. It will be regularly reviewed and updated as necessary.

2. The guidance applies to foster care and supported lodging settings. It is aimed at Health and Social Care (HSC) Trusts, independent/not for profit fostering providers, foster carers (this includes kinship carers and those involved in the Going the Extra Mile (GEM) Scheme) and their families, and providers of supported lodgings and host families, and should be used in conjunction with any advice already issued by HSC Trusts or independent providers to their hosts. However, the messages it contains should also be communicated to the children and young people living in foster care and support lodgings settings, including children with disabilities, as well as their families and friends.
3. As far as possible every effort should be made to ensure that services continue to be provided during the COVID-19 pandemic. It is essential that a collective leadership approach is adopted with effective multi-agency collaborative working, where necessary.
4. The guidance should be used in conjunction with any advice already issued by HSC Trusts or independent providers to their hosts. The guidance is in line with, and should also be read in conjunction with, advice from the Public Health Agency (PHA) available at <https://www.publichealth.hscni.net/covid-19-coronavirus>. For **general advice** on COVID-19 call **111**.
5. For **detailed advice** on health issues and infection prevention and control, the PHA's dedicated point of contact for children and young people's services is Deirdre Webb, Assistant Director of Public Health Nursing ([deirdre.webb@hscni.net](mailto:deirdre.webb@hscni.net), tel: 07920 186497), and she may be contacted by the relevant Trust Assistant Director or nominated lead within the independent/not for profit fostering providers. Each HSC Trust Family Placement Services will establish a link with their health/nursing colleagues to enable prompt access to advice and guidance where concerns/queries arise regarding COVID-19. In addition, the PHA duty room contact number is 0300 555 0119.
6. It is important to check the **PHA**, **DoH** and **NI Direct** websites regularly to ensure the correct advice is being adhered to. The DoH have developed a '[Guide to](#)

[COVID-19 restrictions](#)' which is updated regularly to reflect changes to the relevant regulations. The HSC Trusts have also developed surge plans to address operational resilience for winter pressures and any subsequent waves of the pandemic. When normal services resume in full, this guidance will fall away.

### **Communication**

7. Good communication with foster carers, providers of supported lodgings and host families is particularly important at this time. HSC Trusts, independent/not-for-profit fostering agencies and supported lodgings providers must ensure that they maintain regular contact with foster carers and host families, and ensure that families know where to get up-to-date information about issues that may affect them. The PHA website is a good source of information about the COVID-19 pandemic and steps that should be taken to prevent the spread of infection. Supported lodgings providers and agencies providing fostering services should also ensure that their own websites and social media pages are updated regularly.

### **Capacity**

8. Providers should ensure that details of foster carers and host families are up to date, and should provide the Regional Emergency Social Work Service with daily updates on the availability of emergency foster carers.
9. Contingency arrangements are in place. Supervising social workers and independent providers should continue to work with foster carers and hosts to identify what alternative arrangements could be made with family and friends for looked after children should the carers become ill, and it is important to ensure that these plans are updated on an ongoing basis. Where such alternative arrangements are not possible, HSC Trust Family Placement Teams and independent providers should prepare contingency plans to provide additional support to carers and hosts.
10. The welfare of children and young people must remain of paramount importance. However, during peaks of the COVID-19 pandemic new admissions to care are likely to take place only in cases of extreme need. HSC Trusts should work with families, and partners in the community and voluntary sector, to explore all possible

alternatives consistent with safeguarding the child and promoting his or her welfare.

11. Furthermore, in a period of surge, it may also be necessary to limit new foster care and supported lodgings placements to those children and young people who are assessed as being in priority groups and for whom all other alternative arrangements have been explored and ruled out. For 16+ services and services for care leavers, available resources will be targeted at those young people with high support needs.
12. All providers are encouraged to think creatively about how they can meet any additional demand, in line with their own contingency plans. Schedule 5 to the Children (Northern Ireland) Order 1995 currently allows for some flexibility in placing multiple children together by allowing authorities to grant exemptions to the usual fostering limit in specific placements. Consideration should be given, for example, to whether existing fostering households may have the capacity and willingness to offer new or additional placements, including for short breaks or for emergency placements; or whether foster carers who have recently stopped fostering as a result of personal or environmental factors, such as work pressures or retirement, could come back into the service temporarily.
13. The Department of Health (DoH) has developed additional guidance on relaxation of some minimum standards to provide greater flexibility to providers at this time. This guidance is provided at Annex A.
14. In order to build capacity within fostering services in case of additional demand and to minimise delays to the approval of foster carers, HSC Trusts and independent/not for profit fostering providers can approve foster carers in advance of a foster carer's medical and full enhanced disclosure certificate being received<sup>1</sup>. Where there is an absence of a full medical, approval should only be given in extenuating circumstances. The HSC Trust or independent/not for profit fostering

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<sup>1</sup> The repeal of the temporary barred list legislation will be revoked shortly as the flexibility is no longer being used.

provider must have received confirmation from AccessNI that the individual or any adult members of their household are not included in the Children's Barred List under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 and have submitted to AccessNI an application for the full enhanced disclosure certificate. However, upon receipt, if either the medical report or enhanced disclosure certificate are unsatisfactory, the HSC Trust or independent/not for profit fostering provider reserves the right to change their approval decision.

15. Where necessary, the use of assessed prospective adoptive carers and experienced childminders will be considered to provide support in the event of a shortage of foster placements.

### **Short Breaks**

16. Short breaks provision to fostering households may need to be reduced or limited to cases of the highest need. It is recognised that there is a greater risk of infection for children availing of short breaks and that some children receiving short breaks may be more vulnerable due to pre-existing health issues. Nevertheless, short break services are recognised as an important aspect of support to families and foster carers caring for children and young people including those with disabilities. A balance needs to be struck between maintaining this support and ensuring the health of the child is not further compromised. Support services to this group of children remain essential in preventing a family breakdown and additional arrangements should be considered to provide more face to face contact support based on a risk assessment. Advice should be sought from the PHA in order to introduce and maintain social distancing principles for this vulnerable group which is also consistent with safe practice for staff and service users.

17. Symptomatic children should not be placed in short breaks. Assessment of the need for continuation of short breaks for non-symptomatic children during the pandemic will be the responsibility of the relevant Head of Service within Children's Services or their Deputies.

18. Individuals who provide short breaks have valuable skills that could be put to use elsewhere in the system given the ongoing demands on capacity, either as

additional support for foster families, or as emergency carers for example. Providers should consider how they can draw upon the experience and skills of short break carers when looking at how they can continue to best support children and their foster families.

### **Contact arrangements**

19. In light of the advice around social distancing, all regular face-to-face contact between family members living in different households should be in accordance with the latest public health advice in order to prevent the spread of infection. There are exemptions to this advice for the purposes of arrangements for access to, and contact between, parents and children where a child does not live in the same household as their parents or one of their parents. Therefore, subject to completion of an appropriate risk assessment, a young person may still have contact and overnight stays with their parents/ family if their family are well and the household members have no symptoms. The social worker should contact the young person to ensure all family members remain well (and to conduct an assessment as to whether the young person should be tested) before the young person returns to their foster family or supported lodgings setting. Where possible limiting the number of visitors to an individual carer's home is essential, however when a household is interacting with social workers or other professionals each household's situation will be unique. As such, every situation needs to be considered on its own merits and risk assessed if a social worker has agreed that contact should be maintained then visits should be conducted in line with the current guidelines on maintaining social distancing and the wearing of face coverings.
20. During the period of ongoing restrictions it will be important to find ways of ensuring that children and young people can remain in contact with their families and friends, as appropriate, for example through daily or regular phone calls, video chats, the use of social media platforms or other means as permitted.
21. Face to face contact should only take place in accordance with public health advice. Visits to and by family members and others should be managed in a way

that is safe, taking account of social distancing and hygiene measures and children should be supported to manage this according to their specific needs. Meeting family and friends indoors carries a higher risk than meeting outdoors. If possible, meetings with family and friends should be arranged to take place outdoors. If meetings family and friends and other visitors take place indoors, public health advice for meeting indoors should be observed; this includes the use of face coverings during contact which is strongly advised to protect all those present from potential infection. The touching of facemasks should be avoided as this increases the risk of infection around the respiratory area of nose and mouth. If the facemask has been touched accidentally, it should be removed and a fresh facemask donned. Children should be supported to manage this according to their specific needs. If further advice is required around the safe facilitation of visits to and by family members and others, the foster child's appointed social worker or nominated lead within the independent/not for profit providers should contact the Trust Designated Nurse (and/or other appointed individual) in the first instance, who may in turn seek advice from the PHA's dedicated point of contact for children and young people services. Good communication between social workers, the child or young person's family, foster carers and host families, and the child or young person themselves will be essential to ensure that contact is maintained as much as possible, that alternative arrangements are agreed by all parties, and the child or young person can converse freely with their social worker and family.

22. Contact arrangements should be reviewed by the responsible social worker on a weekly basis. Where there are issues with contact which cannot be mutually agreed, HSC Trusts should seek clinical and legal advice.

### **Current public health advice**

23. Groups of limited numbers of people who do not share a household can meet:

- Outdoors, whilst maintaining social distancing at least 2 metres apart, in a garden, park or outside space.



- Indoors (where exemptions apply), whilst maintaining social distancing at least 2 metres apart, and along with other mitigations such as:
  - limiting the duration of the visit;
  - ensuring good ventilation;
  - maintaining good hand hygiene; and
  - wearing a face covering is strongly advised. Touching of the face covering should be avoided.

Where possible social distancing advice [staying 2 metres apart] should not be breached.

- The PHA website should be checked for the latest information and advice on meeting with others, in particular on forming a 'bubble', on shielding, or on restrictions that may be in place for particular geographical areas.

If members of the household go out, they should:

- observe social distancing rules and stay 2 metres away from other people at all times;
- avoid touching their face and wash their hands as soon as they get home; and
- use face coverings in those settings in which face coverings are mandatory, including on public transport, and in shops.

The use of face coverings is also strongly advised for short periods in enclosed spaces, where social distancing is not possible. The touching of facemasks should be avoided as this increases the risk of infection around the respiratory area of nose and mouth. If the facemask has been touched accidentally, it should be removed and a fresh facemask donned. Hands should be washed after removing a face covering; re-usable face coverings should be washed daily and stored in a clean, sealable plastic bag.

Foster carers should remind children in their care and hosts should discuss with young people residing with them, of their responsibilities with regard to social distancing and the other relevant public health measures before they leave the house. Children over the age of 13 should also be reminded of the mandatory requirement to use of face coverings where appropriate for them, and in line with

current public health advice, including on public transport, in schools and colleges and in shops.

24. The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes or speaks. Everyone in the foster household and supported lodging setting should practise good personal hygiene to minimise the risk of infection or to prevent further spread. If you cough or sneeze, use a tissue to cover your mouth and nose, dispose of it carefully after use, and wash your hands. Washing your hands regularly, for at least 20 seconds, can help to prevent the spread of infection. More information is available on the [PHA website or in the Regional Infection Prevention and Control Manual](#). Carers can help children understand why any of the measures put in place to minimise the spread of infection are necessary. They may want to use age and developmentally appropriate ways to encourage children to follow social distancing, hand washing and other guidance, including through games, songs and stories, visual supports and videos.
25. This will help children understand the pandemic and support them through the period of the pandemic. Further guidance is available through [the Infection Prevention and Control – best practice advice for nurseries and childcare settings](#).
26. The Northern Ireland Social Care Council (NISCC) has published a [free online resource on infection control](#). Although developed to support social care workers, families and young people may also find it helpful.

### **Symptoms of Covid-19**

27. The most common symptoms of COVID-19 are:
- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature but if a thermometer is available a temperature is considered high if above 37.8 Celsius); and/or
  - a new continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual); and/or

- a loss of, or change in, sense of smell or taste

28. A [symptom checker](#) is available on the PHA website or via the [StopCOVID NI app](#); both young people and carers should be encouraged to download the App. A young person's version of the App is now available to 11-17 year olds. For most people, COVID-19 will be a mild infection, however in some people it can lead to severe pneumonia, shortness of breath and breathing difficulties. Those who may be at higher risk of severe disease include:

- Over 70s
- Those with underlying chronic health conditions, including those who are entitled to receive the seasonal flu vaccine from their GP
- Pregnant women

Individuals in any of these groups should follow [advice provided by the PHA](#) and their own healthcare professionals.

29. If any family member develops a new, continuous cough and/ or a high temperature, or a loss of or change in sense of smell or taste, [PHA guidance](#) should be followed.

30. Foster carers and hosts should contact their appointed social worker or provider to advise them if a family member is unwell or is self-isolating, and request personal protective equipment (PPE), if needed.

31. Where anyone living in the foster home or with a host family has symptoms of COVID-19, no further placements should be made until medical advice indicates that placement can be resumed. HSC Trust Family Placement Services should seek advice from the PHA, through the relevant Trust Assistant Director, in line with the arrangements described at paragraph 5 above.

### **What to do if a child/ young person has symptoms of COVID-19**

32. Where a child in foster care, or young person living with a host family in a supported lodging, has symptoms of COVID-19 (ie. becomes unwell with a new, continuous

cough and/or a high temperature, or a loss of or change in sense of smell or taste), [PHA guidance](#) should be followed. The child or young person SHOULD NOT visit their GP, pharmacy, minor injuries unit or a hospital. For medical advice, please ring the GP or GP out of hours. Call 999 if a child or young person is seriously ill or injured or their life is at risk and ensure the emergency services are made aware the person has symptoms of COVID-19. The child or young person's social worker should also be informed. The [PHA website](#) also includes advice for individuals, their families and informal carers about what they should do to maintain support in their own homes and keep themselves as safe as possible, if they are advised to isolate themselves.

33. Children and young people who are required to self-isolate should be supported by their foster carers or host families to do so. Where a child/ young person refuses to self-isolate, the foster carer or host family should contact their social worker.

34. Additional support will be made available where necessary to educate children/ young people about the importance of acting in accordance with public health advice relating to COVID-19 for their own and others' safety. Where necessary, HSC Trusts will arrange additional support from the HSC Trust's Therapeutic Teams for Looked After Children and will explore any additional support (including sufficient meaningful activities and therapeutic interactions) that may be required to help children and young people at this difficult time.

### **Testing for COVID-19**

35. Testing is now available for everyone with COVID-19 symptoms, and tests are available 7 days per week. If a child/ young person in foster care or supported lodgings displays symptoms of COVID-19, a test should be arranged and the individual should start self-isolating as per PHA guidance. The foster carers and young person/host families should contact their appointed social worker immediately to advise them. The Trust will advise, in consultation with PHA, whether it is appropriate for testing for the child/ young person, carers and household members to be carried out and will also advise on the arrangements to do so should this be necessary. If a foster carer approaches an independent/not for profit fostering provider direct, they may obtain advice from the PHA on their

behalf and should also advise the placing Trust of the situation. If a child/ young person, carer or household member has a positive test, the Trust's Contract Tracing Team or, in the case of an independent fostering placement the Public Health Agency Track and Trace team will contact the carer/ household member, and all those who have been in close contact with the child, young person, carer or household member, will be contacted and advised to self-isolate for 10 days starting from the day after exposure. The child or household member with a positive result needs to self-isolate for 10 days from the date of when symptoms started, or from the date of the test if asymptomatic.

### **Cleaning and laundry**

36. Usual household products, for example detergents and bleach, should be used as these will be very effective at getting rid of the virus on surfaces.
37. Clean frequently touched surfaces often, such as door handles, handrails, table tops, play equipment, toys and electronic devices (such as phones). Towels used for hand-drying should be regularly changed. Personal waste (for example used tissues) and disposable cleaning cloths can be stored securely within disposable rubbish bags.
38. If cleaning an area where an individual with suspected or confirmed COVID-19 has been, personal waste and disposable cleaning cloths etc. should be placed into a rubbish bag, and then placed inside another bag (i.e. double bagged), tied securely and kept separate from other waste in a secure location. This should be put aside for at least 72 hours before being put in the usual household waste bin which can be disposed of as normal.
39. Dirty laundry should not be shaken. This will minimise the possibility of dispersing virus through the air. Items should be washed as appropriate in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other items. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

40. Wash items as appropriate, in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. If providers do not provide support with laundry, they should provide laundry advice to young people, in line with this guidance.
41. Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

## **Education**

42. Children in foster care should be facilitated to continue to attend school where it is in their best interests and safe and appropriate to do so. Schools will work in partnership with parents and carers to ensure that the best interests of children take precedence. If parents or carers have any concerns about whether the child they care for should attend school during this time, these should be discussed with their school or social worker.
43. Children and young people who were previously shielding were identified on a precautionary basis at a stage when there was less data on the effects of COVID-19 in children. Based on better understanding of COVID-19 the great majority have now been advised they do not need to do so again, and that they should return to school. A small number of children under paediatric care (such as recent transplant or very immunosuppressed children) have been or will be given individual advice about any ongoing need to avoid infection. The 4 UK Chief Medical Officers have issued a joint statement to this effect<sup>2</sup>.
44. Parents and carers should regularly monitor the Education Authority website for updates on schools. The latest information released by the Department of Education in relation to COVID-19 and its impact on education services can found on the Department's website at: <http://www.education-ni.gov.uk/department-education-releases-covid-19-coronavirus>

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<sup>2</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/hss-md-70-2020.pdf>

45. As part of its Children Looked After Education Project, the Education Authority has an established universal helpline to provide support to carers of children who are of statutory school age. The Helpline number is 028 7051 1086 and will be operational from 8.00am to 5.00pm Monday to Thursday and 8.00am to 4.00pm Fridays. Alternatively, email queries can be addressed to [Lookedafterchildren@eani.org.uk](mailto:Lookedafterchildren@eani.org.uk).

46. Foster Carers can also access `Putting Care into Education` through the following link <http://www.education-ni.gov.uk/publications/looked-after-children>  
The purpose of the resource booklet is to give school staff an insight into how early relational trauma affects child development, why school can be challenging for care experienced children and how to help to improve the education of all children by paying attention to the needs of the most vulnerable. Although this booklet focuses on the school environment, the information is equally relevant to home schooling.

47. Playboard NI in cooperation with the Department of Education's Play Matters Programme have produced guidance [`Coronavirus – Play Matters more than it did`](#) to assist teachers, playworkers, parents and those offering care to children in these challenging times to consider how they may provide quality play opportunities and experiences.

### **Daycare**

48. HSC Trusts will approach local childminders to assess whether they can provide childcare. Group daycare will also provide places for vulnerable children. Where a Trust considers that childminding or daycare is in the child's best interests then this should be pursued.

### **Physical Activity**

49. Children and young people should be encouraged to maintain as much physical activity as possible, within PHA guidelines about self-isolation and social distancing.

## **Supporting Children and Young People during the Pandemic Period**

50. It is recognised that this is a very uncertain and anxious time for everyone, and that children and young people may feel particularly worried and anxious. Foster carers and host families should seek advice from their appointed social worker about what aids are available to help support children and young people throughout the pandemic. Carers and families should try to be as positive and honest as possible if asked questions, and also to offer assurance where required.

51. Particular account should be taken of the mental health needs of children and young people during the pandemic period. Here are some key points to consider<sup>3</sup>:

- Listen and acknowledge: Children and young people may feel less anxious if they are able to express and communicate their feelings in a safe and supportive environment.
- Provide clear information about the situation: The best way to help children feel safe is by talking openly about what is happening and providing honest answers to any questions they have.
- Acknowledge the situation: This is their home, but because they are cared for by foster carers they have to work together to understand how to apply government guidance in the family home.
- Be aware of your own reactions: Remember that children and young people often take their emotional cues from the important adults in their lives.
- Create a new routine with the children and young people: Routine gives children and young people an increased feeling of safety in the context of uncertainty, so think about how to develop a new routine – especially if children are not attending school.
- Consider their exposure to media coverage of the crisis, and encourage them to talk about what they have seen and heard.

52. There is a wide range of online resources available to help to support children and young people of all ages throughout the pandemic period. Some useful links are

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<sup>3</sup> <https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing>



provided below<sup>4</sup>. In addition, organisations like VOYPIC<sup>5</sup>, Extern<sup>6</sup>, Fostering Network<sup>7</sup>, and Action for Children<sup>8</sup> are regularly updating their social media channels with details of available resources and are using these channels to maintain communication with children, young people and carers, and to provide them with ongoing practical support such as self-care tips and suggested activities. Contact details for VOYPIC, Extern, the Fostering Network for NI and Action for Children in Northern Ireland are provided at Annex B.

53. A range of action has been taken by the Public Health Agency and Health and Social Care organisations to support mental and emotional health and wellbeing during the pandemic. The five Health and Social Care Trusts have linked with the Public Health Agency and the Northern Ireland Ambulance Service to develop a [Promoting Mental Wellbeing Action Pack](#).

54. The Minding Your Head website<sup>9</sup> contains information to help people look after their mental health and to support others. This includes a directory of mental health services in Northern Ireland and links to online support, such as the [HSC Apps Library](#), which provides a one stop shop for the public to access a range of safe and approved apps to help them look after their mental health and wellbeing.

55. The Children & Young People's Strategic Partnership (CYPSP) website<sup>10</sup> also provides the most up to date information about the resources available at area level across the 5 HSC Trusts, including all nature of services available to children and families: <http://www.cypsp.hscni.net/download/documents/LPG-Members-covid-19.pdf>. The CYPSP also produced key resources for children and young people, specifically in relation to managing the impact of COVID 19;

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<sup>4</sup> <https://www.childrenscommissioner.gov.uk/publication/childrens-guide-to-coronavirus/>  
[https://nosycrowcoronavirus.s3-eu-west-1.amazonaws.com/Coronavirus\\_ABookForChildren.pdf](https://nosycrowcoronavirus.s3-eu-west-1.amazonaws.com/Coronavirus_ABookForChildren.pdf)  
<https://www.macsnri.org/helpful-hints-tips-during-covid-19/>  
<https://youngminds.org.uk/find-help/for-parents/supporting-your-child-during-the-coronavirus-pandemic/>  
<https://hospicefoundation.ie/bereavement-2-2/covid19-care-and-inform/grieving-in-exceptional-times/>  
<https://youngpeopleni.org/>

<sup>5</sup> VOYPIC [Twitter](#) VOYPIC [Facebook page](#)

<sup>6</sup> <https://www.extern.org/Listing/Category/latest-advice>

<sup>7</sup> <https://www.thefosteringnetwork.org.uk/advice-information/coronavirus-covid-19>

<sup>8</sup> <https://www.actionforchildren.org.uk/what-we-do/our-work-in-northern-ireland/>

<sup>9</sup> [www.mindingyourhead.info](http://www.mindingyourhead.info)

<sup>10</sup> [www.cypsp.hscni.net](http://www.cypsp.hscni.net)

including a daily updates page and a free [Resource Pack for Children & Young People](#) and a [Young Person's Mental Health Guide – Children and Young People's Strategic Partnership \(CYPSP\) \(hscni.net\)](#)

56. CAMHS have also continued to operate throughout the pandemic and children and young people are urged to speak to a GP to seek help with their mental health if they need it.

### **Standards and inspections**

57. Compliance with the range of standards which apply to kinship care fostering and supported lodging settings should continue as far as possible. However, it is recognised that, during the COVID-19 response period, services require to be flexible and responsive. To facilitate this, it has been necessary to temporarily suspend certain requirements and standards to ensure the continued provision of safe services. Details of how compliance with minimum care standards for kinship care and supported lodgings may be relaxed are set out in the table attached at Annex A. While the standards for non-kinship foster care require updating and have not therefore been included at Annex A, the principles of relaxation outlined in the standards for kinship care may also apply.

58. Any actions taken in relation to the relaxation of minimum care standards, in line with Annex A, **should be temporary and proportionate to the threat services face, and should only be used when necessary and remain in place only for as long as is required.** All managerial decisions in relation to relaxation of compliance with standards must be informed by robust risk assessment and professional judgement (including recording of decision making process) and subject to ongoing monitoring and review.

### **References to articles on the evidence supporting the use of face coverings**

59. Articles on the evidence around the benefits for use of face coverings during the COVID-19 pandemic can be accessed via the following links:

- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/890233/s0150-wearing-facemasks-community-setting-options-evidence-160420-sage26.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890233/s0150-wearing-facemasks-community-setting-options-evidence-160420-sage26.pdf)

- <https://onlinelibrary.wiley.com/doi/full/10.1111/jep.13415>
- <https://www.bmj.com/content/369/bmj.m1435>

### Arrangements for Relaxation of [Kinship Care Standards \(January 2019\)](#)

Note: Throughout this table, CYP refers to “children and young people”

STANDARD [KINSHIP CARE]	EXTENT OF RELAXATION
Standard 1- Kinship Care Policy	<p>Family Group Conferences can take place using alternative formats of communication and participation eg. through tele/video conferencing. Face to face meetings may be minimised/suspended in light of public health advice.</p> <p>The system of data collection should be proportionate to the emergency circumstances.</p> <p>Standard provides sufficient flexibility in other areas.</p>
Standard 2 - the centrality of the looked after child	<p>The range of services to be provided should be reviewed in light of public health advice, as there may be constraints around the ability to take account of the CYP's wishes and preferences, particularly on which carers, family or friends are best placed to meet their needs.</p> <p>In circumstances where carers have COVID-19 and have been advised to self-isolate or are hospitalised, every effort should be made for the CYP to remain within the household and self-isolate for 10 days starting from the day after exposure. It is anticipated in exceptional circumstances that an alternative carer may need to be identified to be responsible for the CYP in the interim period and professional judgement exercised in terms of any options presented.</p> <p>Access to advocates may need to be managed using alternative formats of communication.</p> <p>Standard provides sufficient flexibility in other areas.</p>

STANDARD [KINSHIP CARE]	EXTENT OF RELAXATION
<p>Standard 3 – effective and proportionate processes of assessment, approval, monitoring and review</p>	<p>This Standard recognises that any processes have to be proportionate to the particular circumstances pertaining to the kinship household. It is possible that members of that household may be required to self-isolate and in those circumstances, any contact with social care services needs to be maintained remotely and mindful of the health requirements of that household.</p> <p>3.2: Arrangements relating to viability visits can be relaxed from within <b>two</b> working days of the commencement of the placement to within <b>5</b> working days. As face to face meetings may be minimised/suspended in light of public health advice, the ‘visits’ may be reconstituted using alternative formats of communication and participation eg. through tele/video conferencing.</p> <p>3.4: See Standard 1 for relaxation with regard to Family Group Conferences.</p> <p>3.6: In relation to immediate placements made in exceptional circumstances, the following relaxation may take place:</p> <ul style="list-style-type: none"> <li>- the interview with the kinship carer can take place remotely;</li> <li>- the requirement to inspect accommodation may be suspended and instead a request made to the carer to video shared space and bedroom accommodation and share with Trust if available;</li> <li>- the written agreement with the carer can be agreed and exchanged electronically.</li> </ul> <p>3.9: Where a HSC Trust Assistant Director (or a nominated Deputy in line with the surge plan) approves the continued placement of a child with carers beyond <b>12</b> weeks, a full fostering assessment may be completed in line with arrangements under surge arrangements.</p> <p>3.11: The training of kinship carers may take place in accordance with availability as per surge arrangements.</p>

STANDARD [KINSHIP CARE]	EXTENT OF RELAXATION
	<p>3.13: Interim vetting procedures have been introduced ie. a check of the Barred Lists only.<sup>11</sup></p> <p>3.13: The requirement to interview referees can be conducted remotely in light of public health advice to minimise/suspend face to face meetings. The requirement for both kinship social worker and child's social worker to carry out assessment is relaxed to allow a social worker to complete assessment.</p> <p>3.16 – 3.18: as surge escalates, Panels can be stood down and approval conducted as per 3.9 above.</p> <p>Standard provides sufficient flexibility in other areas.</p>
Standard 4 – support for kinship carers	<p>4.3: The requirement under the Kinship Care Agreement for agreement in relation to contact with parents may be relaxed subject to public health advice. . Face-to-face contact between family members living in different households should be in accordance with the latest public health advice in order to prevent the spread of infection. During the ongoing restrictions, it will be important to find ways of ensuring that contact between CYP and their families can continue. Good communication between social workers, the CYP's family, foster carers, and the child or young person themselves will be essential to ensure that contact is maintained as much as possible, that alternative arrangements are agreed by all parties, and the child or young person can converse freely with their social worker, foster carers and family. Any changes to Court-directed contact will need to be notified and agreed through DLS in accordance with the escalating surge arrangements. The reasons for any restrictions should be fully communicated to</p>

<sup>11</sup> The repeal of the temporary barred list legislation will be revoked shortly as the flexibility is no longer being used.

STANDARD [KINSHIP CARE]	EXTENT OF RELAXATION
	<p>the CYP and their family. Alternative forms of communication, such as tele/video conferencing secure can be explored and used.</p> <p>Standard provides sufficient flexibility in other areas.</p>
<p>Standard 5 – support for looked after children in kinship care</p>	<p>5.1 and 5.2: Arrangements relating to Looked After Children reviews can be reconfigured to be undertaken using remote communication eg. tele/video conferencing to ensure there is a balanced approach to care planning for CYP.</p> <p>5.3: The requirement for each child to have a full health assessment <u>prior</u> to admission to kinship care can now be undertaken <u>as soon as practicable</u> after admission to kinship care in accordance with escalating surge arrangements.</p> <p>5.4: It is recognised that in light of potential school closures, arrangements should be put in place and the CYP encouraged to participate in remote learning where it is available.</p> <p>Standard provides sufficient flexibility in other areas.</p>

Arrangements for relaxation of [Minimum Standards for supported lodgings for young people and young adults \(Aged 16-21+\) in Northern Ireland \(December 2016\)](#)

STANDARD [SUPPORTED LODGINGS]	EXTENT OF RELAXATION
Standards 1, 5, 9 and 10	No relaxation required.
Standard 2 – Service Referral, assessment and placement of young people	<p>The requirement for each YP to have a lead worker may be relaxed. The reasons for this should be communicated to the YP.</p> <p>Standard provides sufficient flexibility in other areas.</p>
Standard 3 – placement agreement and support planning	<p>For unplanned or emergency placements the requirement to have an immediate Risk Assessment and Risk Management Plan agreed can be relaxed to <b>within 5 working days</b> of placement, (professional judgement will need to be exercised where there is the potential for cross-contamination of COVID-19).</p> <p>Where continuation of the unplanned or emergency placement is agreed, the requirement to have a Placement Support Plan agreed within <b>5 working days</b> can be relaxed to <b>within 10 working days</b>.</p> <p>Standard provides sufficient flexibility in other areas.</p>
Standard 4 – ending or leaving the placement	<p>In the event of an unplanned move, the requirement of contingency arrangements to be made in advance with the YP's lead worker may be relaxed due to staff shortages or availability.</p> <p>The end of placement interviews with the young person and host can take place remotely.</p>



STANDARD [SUPPORTED LODGINGS]	EXTENT OF RELAXATION
	<p>The requirement for a review of documented evidence on all moves by Service Provider and Service Commissioner on a quarterly basis is relaxed to a <b>6-monthly basis</b>.</p> <p>Standard provides sufficient flexibility in other areas.</p>
Standard 6 – engagement, participation and involvement	<p>Requirements around participation in planning, decision making and improvement with YP may be relaxed in light of public health advice. As face to face meetings may be minimised/suspended in light of public health advice, alternative forms of communication and participation should be adopted eg. tele/video conferencing.</p> <p>Standard provides sufficient flexibility in other areas.</p>
Standard 7 – accommodation	<p>The requirement for each YP to have a bedroom and access to a communal area may need to be relaxed. For example, shared space may need to be converted to bedroom space (such as for self-isolation purposes) or siblings may be willing to share bedroom accommodation.</p>
Standard 8 - hosts	<p>The requirement for the service provider to appoint a named worker for each host may be relaxed. The reasons for this should be communicated to the host.</p> <p>The requirement for an annual review of host approval can be conducted remotely and in accordance with escalating surge arrangements.</p> <p>The training of hosts may take place in accordance with availability as per the surge arrangements.</p>

## CONTACT NUMBERS

### Fostering Network and Information Service for Northern Ireland

**NI Advice Line** Telephone: 028 9070 5056 / 07918748415

Email: [ni@fostering.net](mailto:ni@fostering.net)

The helpline is operational Monday to Thursday from 9.30am to 2pm, and on Friday 9.30am to 11.30am.

For urgent queries outside these hours, email [ni@fostering.net](mailto:ni@fostering.net) or call 028 9070 5056.

### VOYPIC

Belfast Office Telephone: 028 9024 4888

Ballymena Office Telephone: 028 2563 2641

Derry/Londonderry Office Telephone: 028 7137 8986

Lurgan Office Telephone: 028 3831 3380

### EXTERN

Telephone: 028 9084 0555

### Action for Children in Northern Ireland

Telephone: 028 9046 0500 (9am to 5pm, Monday to Friday)

Email: [nioffice@actionforchildren.org.uk](mailto:nioffice@actionforchildren.org.uk)

## Record of Previous Versions and Amendments to Guidance

Version	Date	Summary of changes
1.0	01 April 2020	Document issued
1.1	27 April 2020	<p>Amendments to:</p> <p>Para 4 – new - COVID-19 111 telephone number added</p> <p>Para 10 – revised – Schedule 5 to the Children (Northern Ireland) Order 1995 re exemptions to fostering limits</p> <p>Para 11 &amp; 16 – revised – wording staying at home added</p> <p>Para 13 – revised – references to the Children’s Social Care (Coronavirus) (Temporary Modification of Children’s Social Care) Regulations (Northern Ireland) 2020 and accompanying guidance added</p> <p>Para 14 – revised – details of time extensions for emergency/ immediate foster placements added</p> <p>Para 19 – new – children and young people leaving home to attend school added</p> <p>Para 20 - 21 – new – sharing age-appropriate COVID-19 prevention guidance with children added</p> <p>Para 22 – revised – details of PHA’s dedicated point of contact for children’s and young person’s services added</p> <p>Para 24 – new – COVID-19 symptoms added</p> <p>Para 28 – revised - procedure to follow if a child or young person has symptoms of COVID-19 added</p> <p>Para 30 – revised – reference to other potential option for the transfer of child/ young person to single accommodation unit with outreach support removed</p> <p>Para 32 - 33 – new – testing for COVID-19</p> <p>Para 34 - 39 – new – cleaning and laundry</p> <p>Para 40 - revised – attendance at school for children with SEN</p> <p>Para 45 – new – guidance from Playboard NI ‘Coronavirus – Play matters more than it did’</p> <p>Para 47 – new – physical activity</p> <p>Para 50 - new – mental health needs of children and young people added</p>

Version	Date	Summary of changes
		<p>Para 51 – new – range of online resources to support children and young people</p> <p>Annex A – Kinship Care (Standards 1, 3, 4 and 5) – references to named social media channels/ video conferencing services replaced with generic reference to tele/video conferencing</p> <p>Annex A – Supported Living (Standard 6) – references to named social media channels/ video conferencing services replaced with generic reference to tele/video conferencing</p> <p>Annex B – para 1 – educational support and attendance at school for vulnerable pupils revised</p> <p>Annex C – new – contact numbers for support organisations added</p>
2.0	07 May 2020	Revised version issued
2.1	13 May 2020	<p>Amendments to:</p> <p>Annex C – revised – email address for Action for Children amended to reflect NI Office</p>
3.0	13 May 2020	Revised version issued
3.1	24 June 2020	<p>Amendments to:</p> <p>Para 11 – revised – wording updated to reflect latest public health advice on contact and visits for children with a disability</p> <p>Para 16 – new – approval of prospective foster carers added</p> <p>Para 18 – new – NI Executive's, DoH and HSC Trusts approaches to easing lockdown restrictions added</p> <p>Para 19-20 – revised – wording updated to reflect latest public health advice on contact and visits</p> <p>Para 22 – revised – wording updated to reflect latest public health advice regarding the easing of lockdown restrictions and wording clarified for school attendance for vulnerable children</p> <p>Para 23 -24 – revised –references to guidance on Infection Prevention and Control added</p> <p>Para 25 – revised - details of PHA's dedicated point for public health advice for not for profit fostering providers added</p> <p>Para 27, 28 &amp; 31 – revised – wording updated to reflect latest public health advice on common symptoms</p>

Version	Date	Summary of changes
		<p>Para 29 – revised – reference to PPE added</p> <p>Para 34 – revised – details of PHA’s dedicated point for public health advice for not for profit fostering providers added</p> <p>Para 37 – revised reference to towels used for hand drying added</p> <p>Para 50 – revised – wording updated to reflect enhancements to fostering allowances</p> <p>Para 54 – new – range of supports from PHA and Health and Social Care organisations to support mental health during lockdown added</p> <p>Para 56 – revised – wording updated to reflect record of decision making process where actions are taken in relation to relaxation of the minimum care standards</p> <p>Para 57 – removed as RQIA inspection programme has resumed.</p>
4.0	24 June 2020	Revised version issued
4.1	02 November September 2020	<p>Amendments to:</p> <p>Key Messages Page – Bullet point 1 – revised –reference to decisions made about children and young people should be in their best interests added</p> <p>Key Messages Page – Bullet point 5 – revised - reference to NI Direct website added</p> <p>Para 1 – revised – wording revised to reflect updated position with regard to ongoing pandemic</p> <p>Para 2 – revised – wording revised to include reference to messages in guidance to be communicated to children and young people in foster care and supported setting lodgings, children with disabilities, and their family and friends</p> <p>Para 5 (previously para 25) –wording moved</p> <p>Para 6 – new - references to PHA, DoH and NI Direct website, DoH Guidance on Restrictions in NI and Public Health Advice, and HSC Trusts’ surge planning added</p> <p>Para 12 – revised – reference to ‘it may be possible as a result of business closures out of the COVID-19 pandemic’ removed</p> <p>Para 14 – revised – timescales of modification regulations</p> <p>Para 18 – removed – Easing of restrictions</p>

Version	Date	Summary of changes
		<p>Para 18 (previously para 11) – wording moved</p> <p>Para 18 - revised – wording revised to reflect updated position in respect of short breaks</p> <p>Para 19 – new – assessment of the need for continuation of short breaks for non-symptomatic children during the pandemic added</p> <p>Para 20 (previously para 12) – wording moved</p> <p>Para 21 – revised – reference to exemptions to PHA advice on contact and meeting indoors, and the requirement for a risk assessment added</p> <p>Para 23 – revised – reference to PHA advice re meeting indoors and the use of face coverings to protect from potential infection added</p> <p>Para 25 – removed – references to NI Executive advice for all households and leaving the house for limited purposes, forming a bubble, arrangements for those shielding and the attendance of children and young people at school/ daycare removed</p> <p>Para 25 – revised – wording updated to reflect current public health advice which should be adhered in respect of social distancing, face to face contact, meeting indoors and outdoors, the use of face coverings, forming a bubble and shielding</p> <p>Para 26 – revised – reference to transmission of virus when an infected person coughs, sneezes or speaks added</p> <p>Para 29 – revised – wording updated to include additional details re symptoms, reference to COVID-19 symptom checker, link to StopCOVID NI app and encouraging children and young people to download the App (including young person's version)</p> <p>Para 34 – removed – specific legal powers in place which may be exercised in relation to the protection of public health and potential infectious persons</p> <p>Para 38 – revised – wording updated to include information on testing and self-isolation requirements</p> <p>Para 44 – revised – wording revised in relation to school partnership with parents</p> <p>Para 45,46,47 &amp; 48 – revised – education – updated to reflect Department of Education's 'Education Restart Programme'; reference to DE guidance on definition of vulnerable children and the key principles underpinning the educational support of vulnerable children known to social services removed; wording regarded Education Authority helpline amended; and reference to children and young people who were previously shielding added</p>

Version	Date	Summary of changes
		<p>Para 51 – revised – wording updated to reflect current position re childcare provision</p> <p>Heading Additional Support – amended to Supporting Child and Young Person during the Pandemic</p> <p>Para 50 – removed - additional payments to foster carers</p> <p>Para 53 – revised – wording revised to reflect additional support and aids available to children and young people from HSC Trusts</p> <p>Para 56, 57, 58 &amp; 59 – revised - new information regarding updated range of supports from PHA and Health and Social Care organisations to support mental health</p> <p>Para 62 – new – references to articles on the evidence for use of face coverings added</p> <p>Annex A - Kinship Care (Standards 4) – revised - to reflect the latest public health advice</p> <p>Annex A – Kinship Care (Standards 5) – revised - to reflect the latest advice from the Department of Education re Education Restart Programme</p> <p>Annex B – removed – educational support and attendance at school for vulnerable pupils revised to reflect latest advice from the Department of Education</p> <p>Annex C Contact Numbers – moved to Annex B</p>
5.0	16 November 2020	Revised version issued
5.1	16 December 2020	<p>Para 37 revised to include Trust’s Contact Tracing and self-isolation period amendment to 10 days</p> <p>Para 55 inserted reference and link to Promoting Mental Wellbeing Action Pack</p> <p>Standard 2 amended to reflect 10 day self-isolation period</p>
6.0	22 December 2020	Revised version issued
6.1	13 January 2021  19 February 2021	<p>Para 23 and 25 updated to include IPC guidance on face coverings</p> <p>Key Messages updated to include reference to the HSCB Action Card which should be read in conjunction with this guidance</p> <p>Para 18 - revised reference to short breaks provision for children including those with disabilities</p>

Version	Date	Summary of changes
		<p>Para 19 - Revised wording assessment for short breaks will be the responsibility of the relevant Head of Service within Children's Services</p> <p>Para 25 – removal of reference to 1m social distancing</p> <p>Para 46 – revised wording and update of the Department of Education web-page Education Releases.</p> <p>Para 55 - removal of Take 5 Steps to Wellbeing web-link (this is included in the Mind Your Head Website which is referenced in para 56).</p> <p>New Appendix 1 - record of previous versions/amendments to guidance</p>
7.0	03 March 2021	Revised Version Issued
7.1	07 May 2021	<p>Para 14 and 15 removal of reference to Modification Regulations</p> <p>Kinship Care Standard 3.2 reference to visits revised to “may”</p> <p>Para 55 link inserted for Young Person's Mental Health Guide – Children and Young People's Strategic Partnership (CYPSP)</p> <p>Footnote on page 16 updated to include <a href="https://youngpeopleni.org/">https://youngpeopleni.org/</a></p> <p>Para 14 and Standard 3 (3.13) footnote added to advise The repeal of the temporary barred list legislation will be revoked shortly as the flexibility is no longer being used.</p>
8.0	11 May 2021	Revised Version Issued