



Fostering Network NI – Membership Response

Independent Review of Children’s Social Care Services

‘Consultation on the Recommendations’

1st December 2023

“Every day is a challenge – I didn’t realise how much I was an advocate. I didn’t realise that every day you get up and put your armour on to fight their corner.” (FC17)

About the Fostering Network

- ❖ The Fostering Network is the UK’s leading fostering charity. In Northern Ireland we have been leading the fostering agenda for more than 20 years to influence policy and practice.
- ❖ Our influencing priorities include the need for an improved regulatory framework; raising the status of foster carers as a core element in the delivery of children’s services; improving educational outcomes; and raising awareness about being a foster carer.
- ❖ Our membership includes almost 2800 fostering households, with more than 4000 foster carers and kinship foster carers across all five Health and Social Care Trusts.
- ❖ The four not-for-profit fostering agencies who operate in NI are also valued members of our Network (Barnardo’s, Action for Children, Foster Care Associates and Kindercare).
- ❖ Our views are directly informed by research and consultation with our membership.

About this Paper

The Fostering Network NI developed this response to the Department of Health’s consultation on recommendations arising from the Independent Review of Children’s Social Care Services. It was undertaken on behalf of its members and staff team, who participated in focus groups and interviews.

With an emphasis on why each recommendation is important, alongside some suggestions for key reform, this paper provides their feedback on the three specific foster care recommendations. It also includes their views on some other areas in the Review, in particular what else needs to happen to address the increasing number of children requiring support.

Introduction

The Fostering Network’s briefing paper to inform the Independent Review of Children’s Social Care Services highlighted a wide range of challenges, including an increase in the number of children coming into the care system in NI, which has not been matched by investment in foster care. With fewer people coming forward, the recruitment and retention of foster carers is now a significant issue, underpinned by an over-reliance on kinship care, which is not a suitable option for every child.

A crisis in social work has also been evident by high vacancy rates and turnover of staff, leading to a lack of support for vulnerable children and families. Other issues include an increase in the number of asylum-seeking children (UASC) requiring skilled and experienced foster carers. The ongoing cost of living crisis may also lead to more children entering the care system, given that changes in the economic conditions of family life alone, without any other factors, impact on rates of abuse and neglect.

The Fostering Network also highlighted long-standing concerns about the slow pace in terms of legislative and policy change, which is hampered by the absence of a functioning NI Assembly. Consultation on the introduction of new fostering regulations for example, has not been published, and the development of standards needs Executive approval.

The Fostering Network and our members therefore welcome this timely opportunity provided by the Independent Review of Children’s Social Care Services (2023) to achieve transformational change in the restructure and reform of children’s social care services.

Methodology

Reflecting the Fostering Network's aim to **hear the voice** of foster carers who will be impacted by the direction of travel set out in the Review, illustrative quotes are presented in detail through this consultation response.¹

Overall, the consultation project engaged with around **100** participants. The consultation gave people an opportunity to discuss and share their views about some of the issues and recommendations covered in the Review, and their ideas for implementation and reform.

In **Phase 1**, we consulted with **45** participants, from across all Health and Social Care Trusts. This included a mix of in-person and online focus groups, and interviews with foster / kinship carers; Independent Fostering Providers (IFPs); and members of the Fostering Network staff team.



Foster / kinship carers (30 people)

- 3 x Focus Groups
- 5 x One-to-One Interviews

Independent Fostering Providers (5 people)

- 1 x Focus Group
- 1 x Interview

Fostering Network Team (10 people)

- 1 x Focus Group

In **Phase 2**, we held an online engagement session with Professor Ray Jones, attended by over **50** people, including foster carers, social workers, IFPs, and other professionals.

Note

The Fostering Network, and other participants in this consultation project, are also intending to submit their own detailed responses to the online questionnaire, across the wider range of recommendations.

Therefore, while the project did incorporate some discussion on cross-cutting recommendations, this was limited due to time constraints, and the response focuses on the main elements of the three specific fostering recommendations.

¹ Quotes are attributed to individual participants as FC (Foster Carer, or Foster Carer – Kinship); IFP (Independent Fostering Provider); FN (Fostering Network); Parent.

Key findings

Based specifically on their feedback, each of the following sections outlines consultees thoughts about the fostering recommendations made in the Review, with a particular focus on the views of foster / kinship carers.

They also highlight some key issues, themes and associated next steps that consultees believe are essential if the Review's vision and recommendations in relation to foster care are to be realised.

Section One – Structures and representation

- A new regional structure - Children and Families Arms-Length Body (ALB)
- Review implementation – Representation / Consultation

Section Two – Foster care policies and services

- Updating and acting upon previous reviews of foster care policies and services

Section Three – Valuing foster carers

- Recognising and positioning foster carers as valued members of the children's social care workforce.

Section Four – Supporting children, young people and families

- Harnessing the experience and expertise of foster carers (e.g., Mockingbird model).
- Addressing the increasing number of children needing support (e.g., Early Intervention)

SECTION ONE

A new regional structure

Consultees considered to what extent they agreed / disagreed with the Review's recommendation to create a new single **regional Children and Families Arms-Length Body (ALB)** to replace the current model of service delivery across five separate Health and Social Care Trusts; and to give consistency and focus to the necessary developments in foster care (and adoption) services across Northern Ireland.

Key points

- ❖ Consultees identified a consistent approach to service provision as being the main benefit of an effective regional model. They believe that more effective planning at a regional level and working to the same standards would lead to better communication, greater efficiency, easier access to services, and improved outcomes. Under this model, a central point of contact with overall authority and leadership was also seen as being a key benefit, as it is currently unclear who is accountable for making things happen.
- ❖ The majority of consultees therefore welcomed the regional model in principle, and believed it could be the right mechanism to give consistency and focus to the necessary developments in foster care services across Northern Ireland. However, this would be very dependent on strong leadership; a clear implementation framework in which to co-

ordinate the necessary transformation; a commitment to changing culture and practice; the involvement of all relevant sectors, children, young people and families; and appropriate levels of resource.

- ❖ There was general consensus amongst consultees that the effective implementation of the Review's recommendations is reliant on the success of a new regional model. Unfortunately, many were sceptical that government departments / agencies had the expertise and vision to deliver the model as envisaged by Professor Ray Jones.

Professor Jones reported hearing across the course of the Review that in Northern Ireland 'we are small', and 'not that big', something that should be seen as a strength, rather than a weakness. Many participants in this consultation agreed that, given its relatively small geographical area and population, Northern Ireland is in a unique position to have better connected services working more equitably and effectively across the country.

Consultees broadly welcomed the creation of a more centralised approach through a single Children and Families Arms-Length Body (ALB) as having the potential to bring about good practice across the region, leading to better outcomes.

They also welcomed the Review's suggestion that the ALB is shaped and co-produced with foster carers as valued members of the workforce, alongside the organisations which give them a collective voice, and indicated they want to be part of developing clear mechanisms to support this.

Consultees agreed that successful implementation of the new model will require a focus on shared learning, and meaningful co-production and collaboration across sectors and agencies.

"There's no learning between the five Trusts, have you tried this, did it work, did it not work, what would you do differently? I mean all those opportunities are being missed." (IFP3)

"There are a wide range of organisations involved with children's social care, including statutory, voluntary sector, education, parent and carer groups, housing, children and young people's health, and so on. This review provides an opportunity to think bigger, to bring everybody in through a collaborative and coproduced model, all working together within an ALB for the outcomes for children and young people." (FN2)

Consultees believed **new ways of working** were essential to resolve significant issues with poor communication between professionals and different agencies involved in the care of a child. Foster carers broadly welcomed the proposed new model as a way of resolving the postcode lottery of service provision, and inconsistencies in children's social care systems and processes across Trust areas.

"Because we operate across five different Trusts, they all have different ways of doing things. So, there's huge disparity in terms of how looked after children are treated, how foster carers are treated." (FC5)

"The current system is not working, and I don't see it getting better.... there is such a lot of difference with what you get in different areas so the ALB would be good." (FC17)

"I welcome the ALB, but it needs to be uniform, as it is so inconsistent across Trusts It needs a list of protocols that filters down to each team, so everything is done in the same way." (FC9)

Inconsistencies frequently highlighted by consultees included:

- Varying numbers of social workers, and levels of social work supervision
- Children being fostered within the same family, who each have markedly different levels of contact with a social worker
- Social workers with very different levels of information, knowledge and skills
- Inequity in access to support services / early intervention
- Different safeguarding practices across Trusts
- Different recording systems across Trusts

Some of the Independent Fostering Providers (IFPs) also viewed the ALB as being a potential mechanism for quicker and more effective policy implementation.

“You’re sitting there with the Adoption and Children Act passed. There are no resources to implement it. A streamlined relationship with both the Department and an ALB would speed that along tremendously with less layers to go through, to actually say, let’s do it, let’s get that across the line, let’s move it along.” (IFP1)

While acknowledging the ALB was “*not a magic wand*” to fully resolve the crisis in children’s social care, the potential of a single agency to promote more consistent practice was also highlighted.

“We obviously work with all the Trusts, so we see different ways of working, and I think for us as an external agency to the Trust, there is something about the consistency in practice and the consistency in how things function. Because that to me doesn’t feel like it should be a huge kind of piece of work really.” (IFP 4)

The IFPs highlighted the ongoing challenges they experienced “*negotiating with five Trusts, with five different views, and five different ways of doing things*” (IFP1). This was characterised by, for example, different approaches to safeguarding practice.

“We work across all five Trusts, and we see just how they vary in terms of how they deal with and manage certain situations. You would imagine when it came to safeguarding there would pretty much be a blanket approach, but it’s surprising that there’s not. You know, you can have a very similar situation with one Trust and go to another Trust and they manage it in a completely different way, or they have completely different expectations or judgments around that.” (IFP2)

A few foster carers expressed concerns about if / how the new model is implemented. For example, that it will either never happen or eventually transpire as a ‘watered-down’ version of what was originally intended. Too much focus on creating the right ‘structure’ may also direct attention away from achieving improved outcomes, and be counterproductive.

“I think there’s a huge risk in three or four or five years’ time we will have something that’s called something different, but effectively what it will be is a so called Arm’s Length Body with five regional offices which in day to day form just looks like the way the five Trusts used to do it, the only difference is where the money flows, and there won’t ever be enough money anyway. My concern is that it will end up a bit like the Education Authority because that’s what happened to it ... we have a centralised structure with five offices that used to be the Education and Library Boards, and if you’re the parent of a child with special needs, it is actually more difficult now to get support than it was under the old system, so they’ve achieved nothing.” (FC1)

Others worried that the creation of a single children's agency might lead to more of a 'one size fits all' mindset, instead of an opportunity to be more innovative in the design and delivery of services.

"My view is, throw it all out and start from scratch. I agree with this model, but while developing common standards and regs, you also need some flexibility and creativity. I understand there is guidelines and laws, but red tape doesn't work in family and childcare. It's not one size fits all, you have to be flexible with it." (FC2)

There was consensus across the consultation project, that successful implementation of the model will require someone with a strong grip to lead, co-ordinate and bring everything together.

"You get very focused on your niche area and that's the weakness of the work streams as well. You have to have them to get things done. But are people actually bringing it together and actually seeing the wood for the trees. Because he [Professor Ray Jones] has challenged us to do something really, really big." (IFP1)

Representation / Consultation

In terms of the wider implementation framework, the whole premise of the Review was that it would require a different mindset and a reset to achieve meaningful change, especially in terms of how the voluntary and community sector, and children and families, are included.

There were high levels of engagement with children, young people and families throughout the course of the Review, including with foster carers, so the recommendations were very much informed by people with lived experience.

Consultees were keen that this inclusive model continues into the implementation phase. However, there was some concern expressed that the Department of Health has taken a 'business as usual' approach through an already established programme board / workstreams, without any selection process or clear mechanisms for partnership working and consultation with foster carers or IFPs.

"It's really important that the Department doesn't decide whose voices are heard ... There has to be mechanisms for representation of young people and also foster carers, so it isn't about picking your token foster carers." (FC5)

Moving forward, consultees were very clear that ongoing collaboration and engagement with foster carers, and key agencies such as The Fostering Network and IFPs, was essential to create a shared vision for children's social care services, and to ensure that those representing looked after children have a meaningful role in influencing policy and practice.

Foster carers believe that, if they are to be more valued as the Review has indicated, then their expertise and insight should be a key part of informed decision-making.

Recommendations

1. The creation of a partnership framework which provides opportunities for all sectors, and children, young people, foster carers and others with lived experience, to collaborate and have their voice heard in the shaping of the ALB, and the implementation of the Review's recommendations.
2. A partnership framework could include a representative forum / panel of foster carers, thereby ensuring a broad depth of contributions from a range of different people with a variety of skills and experiences. As one example, The Fostering Network independently chairs the IFP Forum - this model could be expanded to include statutory agencies and foster carers.

SECTION TWO

Previous reviews of foster care policies and services

Consultees discussed to what extent they agreed / disagreed with the Review's recommendation that **'Previous reviews of foster care policies and services should be updated and acted upon now, and not allowed to drift.'** (Recommendation 25)

Key points

- ❖ Consultees welcomed the inclusion of this recommendation. They strongly believe that progressing recommendations arising from previous reviews of foster care policies and services is an overdue and essential component of achieving transformational change in the delivery of children's social care services.
- ❖ The lack of clear implementation plans and accountability in the system to ensure previous reviews were acted upon within an agreed timeframe was consistently highlighted as a contributory factor to the 'drift' and delay. Other factors included five Trusts all working in silos, and key personnel moving on before work was completed.
- ❖ The caveat from the Department of Health that this recommendation, and others, would be implemented subject to funding availability, was widely regarded by consultees as a barrier already being presented to its completion.
- ❖ Consultees were particularly concerned about the continued absence of fostering regulations and standards, and believe their introduction is the key turning point to ensuring a more consistent approach in provision, as envisaged by the new regional model. They regard the restoration of the political institutions as an urgent priority to implement this much needed reform, and are increasingly frustrated at the prolonged absence of an Executive which is stalling its progress.
- ❖ Consultees were frustrated with the lack of engagement processes with independent fostering agencies as experts by experience, and key providers across all five Health and Social Care Trusts.

“I think as foster carers we need up-to-date support ... we need foster caring policies, so they should be updated to the here and now for us to get the most relevant support that we need to do what we do effectively” (FC3)

As also highlighted by Professor Jones, consultees noted that there was ‘no shortage’ of reviews of foster care policies and services upon which to act, and commonly referred to the 2013 Review of Statutory Fostering Services by the Regulation and Quality Improvement Agency (RQIA) as an example.

Consultees indicated that while some policies may need updated given the considerable time that has passed, they want the government to stop doing any more reviews and progress what is already there. The implementation of previous reviews is something that The Fostering Network and IFPs have been asking for consistently as a group over the

course of many years. They were frustrated at the extent to which previous reviews had been allowed to drift.

The **Review of Statutory Fostering Services** by RQIA identified a range of issues in Northern Ireland foster care, and made associated recommendations that consultees would like to see progressed.

These relate to support for relationships; social work support; recruitment and retention; foster care allowances; delegated authority; placement stability; increasing levels of complex needs; the role of IFPs; kinship care and the need for fostering regulations and standards.

“I suppose it's just a frustration that we've been here so many times before. I mean I remember the review of fostering which I think was the Belfast Trust in 2013, and nothing ever happened, nothing was ever implemented...” (IFP2)

“I think they need to stop doing reviews is basically what they need to stop doing and just get on with the stuff that's there. You know, they'll have enough to do, to implement.” (IFP1)

Consultees identified several **factors** why previous reviews were never implemented:

- Prolonged periods without a functioning NI Executive and Assembly
- Lack of timebound implementation plans
- Lack of associated budget
- Lack of accountability
- Five trusts, working in silos, with self-interests and five different processes
- Work not followed through when senior policy leads move post

There is such a high turnover of personnel. So, you know, there are very few people that start these processes that actually see them through, because they move from post to post.” (IFP2)

Consultees highlighted a number of areas where reform is urgently needed for Recommendation 25 to be implemented effectively.

- **Implementation of fostering regulations and standards**

Acting upon recommendations from previous reviews to introduce fostering regulations and standards was regarded as a top priority by most consultees, who were extremely frustrated at the endless delays to implement these when they are so central to driving change.

They consistently highlighted the importance of regulations and standards for the wellbeing and safeguarding of children and young people, and in supporting foster carers, as key to resolving many of the issues relating to the inconsistency of policies, services and support across the various Trusts and IFPs.

“Standards need to be put on a statutory footing, and they’re not on a statutory footing.” (FC5)

“Everybody has a different experience here - so consistency, set rules, set regulations between everybody, rather than each Trust having different ways of doing things, and different knowledge.” (FC10)

“The regs to me is the priority, because it’s going to bring that consistency that will drive all of those things across the board.” (IFP3)

“It is shocking that there is still no regulatory basis for inspection of fostering services in Northern Ireland. This leads to inconsistent levels of support across the service, a lack of accountability to social care teams and the children they look after, especially regarding statutory obligations, and very little opportunity for individuals to challenge poor practice and decision-making. It is a worry that, depending on whether a carer is registered with the Trust or with an IFP, that they work from a different standards of care baseline, and different regulations, with many IFPs in Northern Ireland participating in a UK-wide umbrella organisation and working from different legislation.” (FN1)

- **Clear budget and timeframes**

Reflecting a broader theme across this consultation project in terms of implementation, consultees were again sceptical about how and when they would see actual progress on this critical recommendation.

Some were concerned about the Department’s caveat that this will be ‘*subject to the availability of funding*,’ noting that the implementation of the Adoption and Children Act had been stalled for this reason. The lack of clear timeframes and accountability had also caused drift in progressing previous reviews, and would need to be addressed to avoid more of the same.

“I mean it’s like, you know, how long will that be? That’s the problem. No time scales on this.” (IFP1)

“I think your most important line in those three lines [of the recommendation] is “not allowed to drift” because I think that’s what’s happened in all of this, it’s drifting and there’s no dates and times...I mean things have to be done within six months to a year, or else there’s no point.” (FC3)

“The bit that worries me about that is, you know, subject to having the right funds and services available. You know, there seems to be historically always an excuse for things not to happen.... I have commented on I think three different sets of draft fostering regulations..., none of which have been implemented yet, which is obviously fairly frustrating....” (IFP2)

- **Partnership with Independent Fostering Providers**

There is a lack of formal engagement from the statutory sector with independent fostering agencies, who seem to be viewed as *“providers rather than partners”*. This was seen as a missed opportunity, considering the IFPs operate services to English regulations, and would therefore have meaningful contributions and learning to share in this area, and as part of a wider fostering team.

The IFPs also have considerable regional oversight, with most providing foster placements and receiving referrals from across the five Trusts. They all agreed that the Review of children’s social care services was a chance to create new ways of partnership working to support its implementation, and would welcome an opportunity to progress this. Regular meetings were seen as a useful first step, and achievable given that they are a small group of four providers and five Trusts.

“I would like to see us meet on a regular basis with the Heads of Service for fostering of the five Trusts. I think we can all benefit, we can all learn from each other. We [the IFPs] all have organisations that run throughout the rest of the UK we are running under a framework and a set of regulations that the Trusts aren’t, so we have lots of safeguarding measures, we have lots of things in place that the Trusts don’t ... I just feel there’s a lot that we could help with in terms of informing services in how they move forward.” (IFP2)

“I meet with Heads of Service on an individual basis. But the value of meeting as a group would be terrific.” (IFP3)

- **Collaboration with foster carers**

Many foster carer consultees were concerned about the time-lapse between the most recent reviews, for example, it is ten years since the RQIA report. They believed it was essential that some update must be undertaken to reflect the current picture, also taking account of the impact of the pandemic. Some foster carers were particularly interested in how they would be consulted in terms of progressing the updating of previous reviews, and thought this was essential.

“Who’s updating them? Cos it’s certainly not going to be foster carers, we’ll be excluded from the room. It’ll be a group of social workers or policy makers that’ll be sitting doing that.” (FC5)

“It’s positive in a way that they’ve accepted that...the question then is who is going to update it, to reflect 2023, and what would that look like ... for me a lot of this stuff is what will this look like at the coalface, as opposed to what it looks like to a load of policy makers at Castle Buildings, and those are very different things.” (FC1)

Recommendations

3. A next steps action plan should be published in which to complete the refresh of previous reviews of foster care policies and services within a maximum six-month timeframe, and begin the implementation process. New guidance should also be developed regarding timeframes for implementation of recommendations arising from any future policy and service reviews.
4. The introduction of the fostering regulations, currently awaiting scrutiny and Executive approval, and the subsequent development of standards, should be progressed and resourced as a priority action. This is essential to maximise the potential for real reform through consistency in policy, services and support.
5. Given the timelapse since previous reviews, and in order to align with a new model which values foster carers as valued members of the workforce, foster carers should be included as part of work to update reviews, and there should be mechanisms put in place to facilitate this (e.g., See Recommendations 1 and 2).
6. The role of the Independent Fostering Providers (IFPs) should be recognised through an established partnership process, similar to the fostering provider forums which operate across all other parts of the UK. This would include regular meetings between the Managers/Heads of Service of both independent and statutory fostering agencies. The Fostering Network in NI currently independently chairs an IFP Forum, which could easily be expanded to incorporate statutory agencies on a regular basis.

SECTION THREE

Valuing foster carers

Consultees discussed to what extent they agreed / disagreed with the Review's recommendation that **foster carers should be recognised and positioned as valued members of the children's social care workforce** (Recommendation 26). They also considered its categorisation as one of eight Guiding Principles, which aim to provide a general steer on how implementation of the Review's recommendations should proceed.

"I think if this is ever going to be realised, the entire system of social work needs to push the reset button quite literally." (FC1)

"It has to be a change of mindset for those professionals who work with us, that we are more on a level pegging, that we are a colleague with all the team and not the babysitter, and historically it has been a bit like that." (FC17)

Key points

- ❖ Consultees cautiously welcomed the call to action in the Review report that foster carers 'should be seen as colleagues and not simply as service users'; and the associated recommendation that they should be recognised and positioned as valued members of the children's social care workforce. There was some lack of clarity and different interpretations about what being part of the 'workforce' means in this context, and how the recommendation would be translated in practice.

- ❖ Many were pleased about the level of visibility given to this recommendation as one of the eight Guiding Principles to guide future reform in the provision of more effective family and children’s services. They hoped its inclusion as a Guiding Principle would ensure actual implementation of the Recommendation, as opposed to it remaining aspirational in nature, which many consultees expressed concern about.
- ❖ Being undervalued in their roles as ‘you’re just a foster carer’ was one of the most frequent issues raised by foster / kinship carers during the initial Review consultation, and as part of this consultation project on the recommendations.
- ❖ There was strong consensus across the foster / kinship carer consultees that meaningful reform of children’s social care services would never be achieved if implementation of this recommendation did not lead to a sea-change in culture, mindset and practice across service provision for looked after children and families.
- ❖ Consultees highlighted challenges, and made suggestions for reform, in three key areas relating to (i) not being heard (excluded from professional meetings and key decision-making), (ii) a lack of understanding and awareness amongst social workers about the complexities of the foster / kinship carer role, and (iii) a lack of information and support.
- ❖ Consultees acknowledged the crisis in the children’s social care workforce as outlined in the Review, and identified pressure on social workers from unsustainable caseloads as being a contributory factor in foster / kinship carers’ experience of poor practice.
- ❖ Many consultees thought more focus was needed on finding ways of working which valued and included birth parents as part of the team around the child, whenever their children are in foster care.

Being part of the workforce

“Foster carers weren’t invited to the workforce workshops associated with the Review, so we didn’t actually get an input into that process around workforce. We had to submit stuff afterwards, so you know the Review itself didn’t even view us as workforce.” (FC5)

There were mixed views amongst consultees about what being a member of the health and social care workforce meant in practice, and indeed the Review itself was not completely clear as to whether this included foster carers. Some of the consultees thought it might lead to a more ‘professional’ role, in terms of access to the same rights and protections of a health and social worker. Most viewed it as being seen as an equal member of a wider team of people supporting the child, with some describing it as a ‘practitioner’ role.

“We’re not classed as a worker, so we have none of the rights and protections of a worker. We can’t register with NISCC, we can’t register with them as a health and social care workforce worker. It would be great if we could, because that would access lots of services, training, and support.” (FC5)

“I don’t mean workforce, it’s sort of the same thing but like as a practitioner is how we need to be viewed. ... We’d be able to work alongside other practitioners in making decisions ... As an equal. You know, what does the social work team think? What does the education support think? What does all the other people in the children’s life who are in that meeting that we don’t get to go to think? And we should also.” (FC4)

There was some consensus that, moving forward with this recommendation, there needs to be an agreed understanding about the wider fostering landscape, and the different roles of foster carers within it.

“...that workforce, that group of people. That’s a very complicated mix and you need to understand that better, and we all need to have a shared understanding of that, and we don’t. We don’t have shared language for it, or you know shared framing. So, you can’t plan properly if you haven’t done that.” (IFP1)

‘You’re just a foster carer’

“You’re in a meeting and you’re asked to leave because the professionals have to speak, and you’re like ‘but I’m the one that is looking after the child twenty-four-seven.’ And I come back to, ‘you’re just a foster carer’, that’s the feeling.” (FC3)

For a number of reasons, the inclusion of this recommendation that they should be seen as a valued member of the workforce was particularly important to the consultee foster / kinship carers. Many said they felt valued in their roles, both by the Trusts and the independent providers, and highlighted positive experiences with individual social workers.

“I have been lucky enough. I’ve had quite a positive experience with foster care and actually been quite well included most of the time, and made to feel valued.” (FC20)

“How we work with our carers from the very beginning, it’s that message of ‘you are part of our team’ in terms of your role as a professional foster carer. Obviously, our carers are paid a fee, there’s expectations on them as part of that. Our model, we put the child and foster parent in the middle of that.... they are heavily involved in thinking about the children and having that voice heard.” (IFP5)

While consultees were generally of the view there were pockets of really good practice and progress had been made, it was not consistent.

“There are some social workers that do genuinely really value foster carers and do genuinely value the role that they play, and they value that they are the experts for the children ... but sadly we do have social workers that don’t get that.” (IFP2)

Many consultees reported feeling undervalued and / or thought there were systemic changes that needed to be made to ensure the effective implementation of this recommendation. Their experience of feeling undervalued manifests in the following three main areas, which is where they believe priority action should be taken. Consultees explained why these were important, and made some initial suggestions for reform (Table 1).

i. Not being heard

“Foster carers are absolutely vital in the team around the child they care for, yet they are often the last to know information, and are often not invited to core group, professional and other meetings related to the child.” (FN2)

Being a meaningful part of decision-making in a child’s life and having their voice heard in Looked After Children Review meetings, at court, and in care-planning and other core meetings as part of the team around the child was the biggest issue raised by consultees, in terms of what the Department should consider when progressing the recommendation.

Some foster / kinship carers reported not feeling listened to by Trusts or the courts in care planning, particularly around a child's contact time with the family, and the impact that can have on them.

"If one of my [kids] goes to contact with mum that doesn't go well, I have to do damage control. It's all very well social workers sitting round a table making decisions...I know they have a big caseload, but we are the ones that have to figure it out with the kids, we have to hold their hand through things they need to process." (FC2)

"We are with the children twenty-four-seven but yet particularly in court situations, we are not given a voice and the judge doesn't listen to our opinions We sometimes feel that our voice is very undervalued. As birth parents we always speak up for our own children, so we feel handcuffed that we cannot speak up for them in the same way." (FC19)

Many consultees described being 'excluded' from meetings as insulting, demeaning, and disempowering, despite the fact that they are providing full-time care.

"Coming into it [fostering] a bit naively, all of a sudden, we are going to have a meeting of the professionals and you are not included – that is quite hard to take. It doesn't do a lot for our self-esteem and confidence, and we are left managing this twenty-four-seven." (FC17)

"Some big decision needs to be made around the care of a child, and you're the carer and they hold a professional's meeting, but you don't get to go. Now the message I hear really loudly from that is, if it's a professional's meeting and I'm not invited, I'm not a professional and if you're not a professional then what are you? You're an amateur. That's essentially what we hear." (FC1)

Not having their voice heard was particularly frustrating for consultees given that the foster / kinship carer is often the best-placed person with the knowledge and insight of a child's social, educational, health and other needs. For example, their input would be essential in decision-making about the learning plans and progression for a child with Special Educational Needs. Consultees thought the routine inclusion of foster / kinship carers was especially important when a child has been in their care for an extended period.

"We don't have all the answers, but we do know what is happening, and I think most foster carers are in tune, especially if we have a child a long time like, we are skilled to see the signs and know what a child needs quickly." (FC17)

A high turnover of staff means that social workers attending meetings may have little prior knowledge about the child's background. This can lead to poor and ill-informed decision making, and even mistakes that could have been avoided if the foster carer had been there.

"...the social worker was coming back and telling me what was said, and I said you're talking about [the child's sibling], and that was not the one you were there for. And it really frustrated me, because if I'd been at that meeting, I could have said 'wait a minute....' But she'd just come on the caseload, so she was in on this meeting, and she did not have the information required. And at that point we were having a new social worker about every six months, so by the time the referral came through the one that had made the referral was not there anymore, they'd gone, there was somebody else who was quickly reading notes before they went into a meeting..." (FC11)

A wide range of **logistical issues** were also highlighted by consultees as restricting the inclusion and / or effective involvement of foster carers in meetings, and also birth parents. They frequently described poor lines of communication which meant they were often the last to know about meetings in relation to their child, or when meetings have been cancelled.

This is compounded by not being included in group emails, or meeting invitations, and they are often contacted at a later stage, leaving them with less notice.

“There’s a group email for PEPs, LAC Reviews, and the healthcare professionals and the health visitor, and then the foster carer is emailed after... and you’re like, ‘well I can’t go’ and I’m one of the most important people, and why am I being told last? The PEP review for [child] was rearranged ... and I was sitting there, phoning the school asking, ‘have you had any details of this because I haven’t heard anything?’ and she said, ‘oh that’s been rearranged and cancelled’, and yet I’d been sent the details and sitting there at my computer going right, okay, I’d cancelled my morning, and I was the last to know. Why am I not on that round of emails that have gone?” (FC9)

Concern was also expressed about Looked After Children Reviews still going ahead without the foster carer being present, sometimes as a result of technical issues joining a meeting. This leaves the foster carer feeling that they are not a valued partner. Some consultees also thought that the Reviews being conducted by telephone or online is unacceptable for foster carers, and for birth parents.

“I’m really concerned around how LAC Reviews are conducted. Some of them are still by telephone. Some of them are, you know, virtual.” (IFP3)

“Our LAC Reviews are still over Skype and phone, and it is awful, it is awful. And I’m sorry, Covid has gone, get us back round a table talking.” (FC9)

“I also think that kind of culture of going online really disenfranchises a lot of birth parents, because you know they don’t have iPads or like the rest of us a decent laptop, that they can sit at a desk and join, they just don’t have those facilities so they by nature are excluded a lot of the time now.” (FC1)

ii. Lack of awareness and understanding about the foster / kinship carer role

Many consultees reported that social workers did not value foster / kinship carers because they have a lack of awareness and understanding about their role.

“Social workers don’t understand your role on paper. A lot of social workers don’t understand the complexities of being a foster carer.” (FC2)

They felt this contributed to foster / kinship carers sometimes being treated with a lack of respect. Some highlighted examples of social workers being disrespectful towards foster / kinship carers, and often dismissing them with an ‘I know best’ attitude.

“We probably all have too many experiences of social workers who are actually the only way I could describe is rude and disrespectful to foster carers. So, you know it totally devalues their role and at a time when we are all struggling for foster carers.” (IFP2)

“They’re like, but no disrespect to you, you’re just a foster carer, you just do what you do and don’t ask me for that, that’s my job, it’s just the way that we’re viewed I think.” (FC4)

Consultees were of the view that too many social workers don’t have the necessary knowledge, skills or experience to deal with the cases they are assigned. They aren’t always mindful of the fact foster carers are supporting children with unresolved trauma and attachment issues. The high turnover of staff also means that some social workers arrive with little or no understanding of a child’s background or needs.

“If someone is coming out cold it is difficult for them to get a grasp of what a family is like, and it adds a whole lot more pressure to the fostering experience for everyone.” (FC17)

Consultees also described some social workers as being seemingly unaware that foster / kinship carers have busy lives, which can include full-time jobs and other caring responsibilities. Due to these commitments, they may be unable to attend health and other appointments or key meetings at short notice, or sometimes use up annual leave to do so.

“Social workers need to treat your time as valuable as their time. I mean I work full-time, as well as being a foster carer ... There’s an expectation as a foster carer you can just drop anything and meet them at any time.” (FC9)

iii. A lack of information and support

Consultees reported **varying levels of contact** with social workers, with many saying they did not get enough support in the form of regular meetings. Some had limited contact, with prolonged periods in between meetings, often due to staff illness. Sometimes, they just received a quick email rather than a meeting to ask if everything was okay, and without any specific questions about the child, or their needs.

Constant changes in social worker, and having to re-tell their ‘story’, also left some consultees feeling unsupported. Consultees generally thought that continuity with a social worker is key because *“They can see the context of how the family works. Unless you have been on the journey it is difficult.” (FC17)*

Social workers are ‘stretched’

Many consultees showed empathy and understanding towards social workers, reflecting that a heavy workload probably contributes towards many foster carers’ poor experience in terms of receiving appropriate levels of support and information. Some thought that the pressures social workers were under in their job often led to poor relationships with foster carers.

“It’s down to resource factors. I mean there is not adequate social workers out there and I think they are all stretched beyond stretched.” (FC3)

“There’s a very small number of social workers, ... because they’re under pressure they’re taking a lot of sick time, so that further complicates the thing. And I think personally that social workers, and I don’t particularly like the one I have, but they have a big workload so if things are going half smoothly, they leave you.” (FC16 - Kinship)

“I know the other big problem is the lack of social workers and their workload is huge. Sometimes when they haven’t kept foster carers informed it’s because their workload is colossal, they are exhausted, so we need more social workers with less of a caseload.” (FC19)

“I know the Trusts are struggling, there’s lots of social workers off sick. There’re gaps everywhere. Some of them are running at like fifty per cent, even lower than that, but still if there’s people needing support, they need support.” (FC9)

Many consultees themselves described **feeling stressed** by a lack of support for them in their role. For example, when challenges emerge getting respite placements, foster carers say they can be made to feel guilty about it.

“If I only said last week ‘I’m going away’, I’d understand. But six months’ notice, and you’re blaming me? I’m going on my holiday stressed, not knowing where these kids are going. You could have made this so much easier for me, and now you’re blaming me.” (FC6)

“We can’t even get a holiday, we’ve been put in that position too, trying to get a holiday and giving them six months’ notice, and then them not able to cover the period when you’re away, and making you feel guilty about the fact you’ve gone in the first place.” (FC1)

Some consultees felt that too much stress, caused by a lack of understanding and support, was the reason so many foster carers left their roles, and why it was difficult to recruit others.

“If the foster carers that exist were genuinely supported and cared for, there wouldn’t be as much need for constantly recruiting new ones. Retention is so important.” (FN5)

“I understand why there’s no foster carers out there, because foster carers like me aren’t promoting it to anybody because of the stress we are put under.” (FC6)

Many consultees highlighted a lack of support in relation to teenagers, and the continuum of care for older young people.

“I think that’s an issue when children become eighteen and they’re in your care. They may be at university, but they still need help, they still need support, they still need a bed to come home to at the weekend, so you know I think that’s an area where foster carers tend to be left.” (FC8 - Kinship)

“You do all this training, every bit of training that’s available. For all the time I’ve had the [grandchildren] I’ve attended everything and there’s a lot of focus on young children. They’re not telling you anything about what to do with your teenagers. That’s what I find.” (FC15 – Kinship)

Several consultees reported a lack of consistency between social workers in terms of children being supported with life story work, with some children receiving this, and others not. Described as an important aspect in supporting foster / kinship carers to do their role effectively, many social workers did not have the time to do life story books, or the approach to producing them was very variable, and did not always reflect the child’s journey.

“One social worker had come out and had spoke to the child and said I’m going to come back to you, and we’ll do some life story work, and we’ll take it over a six week period, so you understand you know how we’ve got to this point and how you’re here. And here we are two years down the line and that still hasn’t happened.” (FC8 - Kinship)

In terms of receiving appropriate **guidance / information**, which they identified as essential to being a valued part of the workforce, consultees reported varying degrees of knowledge amongst social workers. This included up-to-date information about other key personnel involved in the team around the child; and on a range of issues that were important at different ages and stages of a child’s life. Consultees said they weren’t expecting social workers themselves to have detailed knowledge of everything, but to at least know some key resources on common topics, and where to signpost them to.

“It needs to be something for foster carers and social workers that we have covered all these things. A checklist, a list of training, a book list, information that is online, the support groups, even a list of the child’s team – the chairman of a LAC review could be different from one meeting to the next. Here is the team and here is the contact. A document that you fill in together.” (FC9)

Some examples where foster / kinship carers have struggled to get the advice, information and signposting they needed from social workers include:

- Managing trauma and attachment disorders
- Play therapy / Art therapy / Narrative work
- Managing challenging behaviours at different ages and stages
- Managing puberty and other issues in adolescence
- Local programmes and support services, especially for older young people
- Financial support
- Post-18 planning and transition
- Age appropriate books and other resources for looked after children

“There’ll come a time when children will ask questions about why they live with granny – how do I fill in the blanks, where do I get that support to answer those questions.” (FC10 – Kinship)

Kinship foster carers in particular described many instances of not getting the information and support they needed. They said they sometimes felt this is because they are even **less valued** by social care professionals because they are related to the child, who think that they should just ‘get on with it’.

“It is very different for us as kinship foster carers, it’s very much like it is your family and you just get on with it, I don’t feel valued sometimes.” (FC18 - Kinship)

“I think we’re treated differently. I think it’s where you expect it from us because they are my grandchildren, and it is my duty. But it’s something that I want to do for my grandkids. But I don’t think that we get recognised all over. We’re just grannies looking after their grandkids. It’s just sort of way expected from us, you know, get on with it, you know. And that’s the way social services sort of way treated us.” (FC21 - Kinship)

For most foster / kinship carers, being a valued part of the workforce means being treated as an equal member of the team around the child. As presented in the below Table 1, and based on the challenges raised above, they had many recommendations to support this.

“If foster carers are going to be positioned and recognised as valued members of the workforce, then that actually has to be followed with logistics as well.” (FN2)

“There is a lot that doesn’t involve a lot of cost, but it is trying to find those things, if someone did some work and put it together, it would save a lot of time and money.” (FC17)

Table 1 - 'Being positioned and recognised as valued members of the team around the child'

Priority Issue/Recommendation	What needs to happen? Foster carer suggestions
<p>Recommendation 7</p> <p><u>Foster carers must be included in core meetings and key decision-making</u></p>	<p>Foster carers should be:</p> <ul style="list-style-type: none"> ✓ Routinely included alongside other professionals in all core meetings involving important decision-making about the child. ✓ Given suitable notice to attend LAC Reviews and core meetings, which should be rescheduled if they are unavailable. ✓ Provided with a Health and Social Care Trust email address, and included in all 'team' correspondence. ✓ Included as part of a social worker's appraisal process. ✓ Consulted on development of Trust/agency policies & protocols.
<p>Recommendation 8</p> <p><u>Social workers, and other professionals involved in the lives of looked after children, should have greater awareness and understanding about the complexities of the foster / kinship carer role</u></p>	<p>Improved awareness and training</p> <ul style="list-style-type: none"> ✓ Embedded sessions on foster care in the social work curriculum. ✓ Continuing Professional Development module for social workers. - Role and value of foster / kinship care; working in partnership. - ACEs, trauma-informed practice, and attachment disorders. - Involving birth parents/benefits of relationships with foster carers. ✓ Awareness-raising sessions with judges, including opportunities for foster carers to learn about decision-making in the courts. <p>Introduce a diverse skills-mix in teams around the child</p> <ul style="list-style-type: none"> ✓ To include social workers, foster/kinship carers, parents, teachers and health professionals, and also, depending on a child's particular needs, to have potential access to youth workers, counsellors, mentors; and specialists in trauma, attachment, play therapy, art therapy, and narrative work.
<p>Recommendation 9</p> <p><u>Foster / kinship carers should receive appropriate levels of ongoing support, and all the information they need to fulfil their role.</u></p>	<p>New information protocols and guidance</p> <ul style="list-style-type: none"> ✓ Creation of an accessible 'Handbook' for foster carers and social workers - for information, and as a tool for use at each meeting. ✓ Creation of an information 'Roadmap' of what 'kicks in' at 'certain ages and stages' and links to suitable resources. ✓ Every new foster / kinship carer should be provided with contact information for The Fostering Network. <p>Support / services</p> <ul style="list-style-type: none"> ✓ Regular, pre-scheduled and clearly planned-out meetings with a consistent social worker, who has the relevant knowledge, skills and experience to support a child's particular needs. ✓ Trained foster carers to be intermediary links between the foster carer and link worker, or the foster carer and social worker. ✓ Network of experienced foster carers supporting new people. ✓ A life story co-ordinator in each Trust. ✓ Introduction of a register of approved Foster Carers, under the auspices of the Northern Ireland Social Care Council (NISCC). ✓ More specialist training programmes for foster carers, jointly led with foster carers, including on trauma and attachment issues. ✓ Therapeutic plans within each child's care plan, to support their mental health, and identify any unresolved trauma. ✓ Therapeutic interventions, accessible to fostering families. ✓ Pathway planning (from age 15) for older young people. <p>Improved financial support</p> <ul style="list-style-type: none"> ✓ Foster carers should be appropriately remunerated to meet the needs of children, with equity of fees and allowances in NI.

Section Four – Supporting Children and Families

Consultation on the Review's recommendation with regards the Mockingbird model (Recommendation 27), led to wider discussions about other programmes; early intervention; family support more generally (Recommendation 22); and advocacy for parents engaged with social care services (Recommendation 36). Consultees discussed this in the context of increasing numbers of children needing support, as highlighted in the Review, and the associated impacts of poverty (Recommendation 49).

Key points

- ❖ The majority of consultees who were already aware of the Mockingbird model, considered it to be an excellent model of practice.
- ❖ In group discussions about its potential, the majority of foster / kinship carers thought there was currently a gap for embedded support of this kind, and that the Mockingbird Family Programme would be very beneficial for them in their role.
- ❖ A few consultees were concerned about the level of resources needed to ensure there was equitable access to the model, and to sustain it. Some suggested that existing foster carer support networks which operate informally / organically at a local level could perhaps be developed and invested in, as an adaptation of the model.
- ❖ While the majority of consultees would welcome the Mockingbird Family Programme in NI, there was much consensus that it should not be standalone, but available as part of a broader suite of interventions to support foster carers, and families with children on the edge of care.
- ❖ Consultees expressed concern about the rising, unsustainable numbers of looked after children; the increased demand placed on foster care; the over-reliance on kinship care, and the impact of poverty on struggling families with complex needs. Some, including those who liked the Mockingbird model, believed not enough thought had been given in the Review to creating an overall framework of support for foster carers, and children on the edge of care.
- ❖ Consultees welcomed the Review's recommendations and emphasis on early intervention and prevention, and the need to focus more on family support. However, there was strong consensus that more substantive action was needed in the form of a specific recommendation for increased programmes of family support for children on the edge of care.
- ❖ Many consultees suggested that the 'Step Up Step Down' programme, highlighted in the Review as a model of good practice and currently operating in one Trust area, should be more widely available to support parents. A separate focus group with participants in the programme indicated the positive impact it has in supporting parents and children to stay together.

Harnessing the experience and expertise of foster carers

Consultees discussed to what extent they agreed / disagreed with the Review's recommendation '**The experience and expertise of foster carers should be harnessed through, for example, the region-wide introduction of the Mockingbird model**'. (Recommendation 27). In doing so, they considered if and why the model should be introduced across Northern Ireland; and whether there are other ways to better support foster carers in Northern Ireland (and to deliver the aims of Mockingbird).

Most consultees who already had some knowledge of the Mockingbird model, spoke about it in very positive terms. Not everyone taking part in the consultation was familiar with it, however once the programme was outlined, there were some interesting discussions about what that would look like in Northern Ireland, and how foster carers might benefit.

Some consultees talked about the existing ways they support each other as foster carers, which is often on an ad hoc basis. Several were part of informal support networks with other foster carers, which tend to work organically. The range of contact includes What's App groups, phone calls, online meetings, and in-person get togethers.

"Through the support group we have identified other carers walking a similar journey. We would help each other out with respite care, lifting children from school if there's a LAC review on, and joining up to do days out. It has worked really organically, we established ourselves ... you need that emotional outlet with people who understand." (FC19)

"There are other foster carers who would ring me. There is no formal process in place, it is just as and when." (FC2)

While some do, many foster / kinship carers said they have none or limited access to support and advice from others, and thought the Mockingbird Family Model would fill that gap, with some likening it to team working.

"Because we are kinship carers and just thrown into it, I think it would be lovely to have an experienced foster carer or someone who has been there, done that, to say try this way or give this one a ring, or this is what's available, just somebody who knows it." (FC14 - Kinship)

"I think foster carers working together is a good thing, but I get the impression the Trust doesn't want us working together. We need to move away from that, and look at foster carers working together as a team." (FC17)

Those foster / kinship carers who often feel isolated, particularly liked the concept of an extended family network of satellite fostering families being (peer) supported by a more experienced foster carer.

"Something like that is essential. In the role we do, you can become isolated so quickly and could easily fall into being isolated and overwhelmed nobody gets it." (FC2)

"I would welcome any situation just to chat with others, to moan and groan, and also get practical support." (FC18 - Kinship)

Several foster / kinship carers also welcomed the element of respite that would be available within Mockingbird, believing this to be an essential need, and something that many families struggled to access. They thought it would be very helpful to cover illness or bereavement, or just to give foster carers some valuable time-out if they needed a short break. Some welcomed that there would be less restrictions on arrangements to look after children within an existing fostering network without prior notice, because everyone will already have been approved.

"So, about 15 years ago, a group of foster carers we got together, and we were trying to ask for this and implement this ... there was such lack of support if somebody took ill for a foster carer, or something happened in a family, and we asked for something similar to the Mockingbird to get set up. And I know that's something that is absolutely should be happening and is essential and you know, it should be implemented here." (FC23)

“I’ve always thought oh maybe I’ll do long term foster care again. Why I haven’t is do you know I was very lucky, I did get short breaks on a monthly basis, I couldn’t have survived without it. But I know now there is such lack of it, and I know I couldn’t. Do you know there’s no way I could do this role without that you know, getting that support and because being a foster care you’re so restricted who can look after your kids.” (FC24)

In their group discussions about existing support, several foster carers had highlighted similarities between the Mockingbird and informal networks they were already part of, suggesting it was like an improved expansion of those groups. Some of the IFPs also suggested there was cross-over between the model and existing ways that foster carers support each other.

“There’re elements of it in what we do, but it’s organic you know and it’s sometimes you get clusters of carers and that works very well and then it’s about geography. It’s about personal relationships.” (IFP1)

We do have a wee bit of that model here. We have wee groups, they’re informal, we’ve wee groups of foster parents that would look after each other and will do each other’s respite and will jump in and jump out and all of that, and there’s something about pulling that out and formalising it. It does exist, but I suppose it’s about how do you formalise it and sometimes by formalising it might not be the best.” (IFP4)

While the IFPs were generally positive about the concept of the model, and had heard good feedback about it elsewhere, some thought that further discussion was needed before any wider roll-out across Northern Ireland.

“From what I know of the Mockingbird and particularly across the water, you know it is very good and it works very, very well.” (IFP2)

“There is something about the recruitment of those specific foster carers, because I know that is an issue across the board in terms of recruiting carers.” (IFP4)

“I don’t think it benefited from enough conversation in the sector. I don’t think we’ve had a conversation either as independents or again that kind of collective conversation to say what is this, how would this work in Northern Ireland?” (IFP1)

Programmes to support families with children on the edge of care

Consultees discussed findings in the Review which showed that Northern Ireland had higher rates of referrals / children in need / children with child protection plans; and that the rate of children in care had increased more rapidly in the previous ten years here, than elsewhere in the UK. They appreciated that the Review had acknowledged the increased demand this placed on foster care, and the over-reliance on kinship care, and the current challenges recruiting enough foster carers to meet that need.

“It’s that thing about crisis management, we see it again and again.” (IFP4)

‘Missed opportunity’

With all of this in mind, and while welcoming the Review’s overall emphasis on the need for more early intervention and prevention, the majority were therefore disappointed at the lack of focus on utilising this approach more effectively to tackle the rising, unsustainable

numbers of looked after children. Consultees frequently expressed concerns about a system that was more 'reactionary' in nature, rather than one which responded more effectively in the local community with practical help and early support for parents struggling with poverty, parenting skills, substance misuse, mental-ill health, and domestic abuse. They highlighted missed opportunities as a result, where some children could have avoided care if their families had received better support earlier on.

"You look at the referrals that come through, and you're like there are so many missed opportunities here. What actually happened? ... There was maybe a social worker that had come out to do stat visits but there was no actual support being put in, and then you're just seeing the kids that are then in court...." (IFP5)

"... She [birth parent] had mental health difficulties and had nobody to help her through and that seems to be one of the things we are seeing coming through. Children in the care system, their children go into the system, we need to stem that by providing those parents with support, which is what 'Step Up Step Down' does really well." (FC19)

Many consultees also pointed to unresolved trauma and a lack of timely mental health services for children, as a key reason so many more are coming into care, and where there needs to be a focus on early support to help prevent this.

"I think that is why we have higher numbers of children; they're not getting the therapy they need...some children get it, some children don't." (FC3)

"I think at the end of the day every child that's went into foster care has some kind of trauma ... you take children away from their parents, you put them into foster care and then you back away and let the foster carer figure it all out. And they're all traumatised, there's not one goes in light and happy, there has been some trauma in their background." (FC12 – Kinship)

Many consultees were concerned at the lack of support given to parents when their children entered care. Several consultees described parents or family carers being 'set up to fail' when appropriate support services are not put in.

"The birth parents don't have enough support; they don't have anything. They don't have the support, whether they have their children with them, or their children have been removed, they don't have that support. You know I'm sitting in the [meeting] room, I have my social worker there, but these parents don't have the support." (FC3)

"There's no point in giving somebody a residence order and then giving them absolutely no support, because you're basically setting them up potentially to fail." (FN8)

"...[Mum] was given a set of things that they expected her to achieve otherwise the child would be placed for adoption and some of the services she was referred to had a two year waiting list. But this was all going to happen within twelve months so the reality was she could never achieve all that, so she was set up to fail, and I often wonder where she is now, you know, because she lost her child permanently." (FC1)

There was strong consensus amongst consultees that more substantive action needed to come out of the Review in the form of a specific recommendation for increased programmes of family support for children on the edge of care. Many thought that better use should be made of foster carers to support this, in addition to programmes where they support other foster carers. 'Parent and Child Fostering' was provided as one example, highlighting positive outcomes with a particular foster carer who used this approach:

“... And every child and baby that has left their placement has stayed with their parent and has remained out of care. The alternative to providing that parent and child placement would have been separation, and a child coming into the care system. And we know how hard it is to reunite children with their parents. If we want to maximise foster carers expertise and experience, let’s try and use them. It kind of ties in with the workforce thing as well. You know, try to have them do what we know they can do best, which is forge relationships, model good parenting to parents who maybe weren’t parented particularly well themselves.” (IFP3)

“It is crucial to recognise the skills foster carers have to offer, for example, with supporting training, in building relationships with birth families, and supporting other foster carers who might be earlier in their journey or facing some challenges.” (FN2)

‘Step Up Step Down’

Consultees noted that the ‘Step Up Step Down’ (SUSD) model in the South-Eastern Trust, of foster carers supporting parents in the care of their children, was positively referenced as a model of good practice in the Review. Many expressed disappointment that it was not available on a region-wide basis.

“There are foster carers who go to something where you are a support for that family – [SUSD] – I wasn’t really aware of this as a thing, I think a lot more people would want to pursue it. I think we need to get that out there. I think as a Trust putting things like that out there and making it more available and trying to recruit to that.” (FC2)

“We have quite a few children now coming into care from different ethnic backgrounds. If you had ‘Step Up Step Down’ for them, as we need to recruit people from those societies as role models, to learn from them and to understand any cultural differences [with parenting].” (FC19)

More detailed feedback about ‘**Step Up Step Down**’ was also provided in one focus group which included parents / grandparents who participate in the programme, family support foster carers (who support the parents), and staff team members.

Participants highlighted key benefits of ‘Step Up Step Down’

- ✓ Foster carers provide parenting support and respite
- ✓ Tailored to support a wide range of needs and circumstances
- ✓ Works with birth parents / adoptive parents / kinship carers
- ✓ Solution focused - Practical strategies and approaches
- ✓ The programme is a medium to long-term intervention / access to aftercare support
- ✓ Nurturing, empathetic and non-judgemental environment
- ✓ A skilled and knowledgeable staff team
- ✓ Regular supervision and support for foster carers
- ✓ Cross-sectoral collaboration
- ✓ **95%** of children who have been part of the programme to date, have remained at home, and out of care.

Families accessing SUSD have multiple and complex needs, as a result of adversities they have experienced in their life. Many have unresolved trauma, which is compounded by limited access to support services which meet their specific needs. Other underpinning pressures include food / digital / fuel poverty, a lack of childcare support, health and education inequalities, and social isolation.

The parents were overwhelmingly positive about the SUSD service, describing how foster carers stepped in when they were struggling and supported them within the family with practical strategies and support. They consistently described feeling listened to, with no judgement, and welcomed the aftercare support. The fact the programme was not short-term was especially valued.

"I find that my voice now is getting heard for the first time...If something happens this week, next week, then I know that I have somebody I can turn to like family. And that's what they feel like to me, they're like family, an extended family..." (FC21 - Kinship)

"It can take up to about nearly three months for just to build that trust up with the person who's looking after the child. And so, by the time, you know, it takes a few months to get that experience built up and then really the real work kind of starts after that. So, a lot of other schemes out there, they're only involved for about six weeks. I know for me, if that was us, we wouldn't do, you know, there would be no change. I know there would be no change made, and then kind of following on, that aftercare." (Parent)

Foster carers were equally positive, saying they felt valued and well supported by the wider staff team, and highlighted the benefits to the role of being a parent themselves, and having lived experience.

"I've been on SUSD for the last five years. I've always felt valued. I've always felt appreciated, and I've always felt included. My big thing is I love my supervision. I love my weekly contact and I love knowing that's going to happen and that I can share what's been happening and I can get that advice." (FC24)

"We're also parents and a lot of us have had our own parenting journeys ... because we had a big fight for services and for supports and we still do, we can bring that experience to this role." (FC25)

"I think, you know at the core of 'Step Up Step Down' for me is relationships and communication. And I model that with the families that I visit ...I'm not there to fix them in any way. I'm there to help them to find solutions for themselves."

"One of the things that I really hope when I finish with families is that they felt a little bit empowered as a parent to move on in their journey. And you know, we do have great experiences of that."

Recommendations

10. As part of progressing the Review's Recommendation 22, to reset and refocus children's social care to give a greater focus and attention to family support, a review should be undertaken of how well family support services in Northern Ireland are currently meeting the needs of families with children on the edge of care. It should identify where the gaps are, what impact current provision is having on child and family outcomes, and which interventions are most effective.
11. Support for families / children on the edge of care should focus on keeping families together where possible, and include practical support which focuses on their strengths as well as their needs. It should also consider the co-occurrence of multiple adversities such as domestic abuse, parental mental ill-health and substance misuse, and broader risk factors such as poverty and social isolation.
12. A wider range of programmes than one model (Review Recommendation 27) should be introduced on a region-wide basis as part of a framework of evidence-informed interventions to support (i) foster / kinship carers in their role, and (ii) families with children on the edge of care. The Review should incorporate a further recommendation in relation to this. For example, it should consider the expansion of the 'Step Up Step Down' programme, which is highlighted in the Review as a model of good practice with very positive outcomes in terms of keeping children on the edge of care safely at home with their family.
13. Families with children on the edge of care should be identified as a priority group within the wider implementation of the Review's Recommendations, and in associated key policy areas relating to early years, childcare, family support, and child poverty.
14. The further development and deployment of multi-agency professional and multi-agency frontline teams and services to assist children and families (Review Recommendation 16), and plans to further develop a skills mix within children and families frontline services (Review Recommendation 17), should include a specific focus on early intervention and prevention, and best practice in supporting families with children on the edge of care.
15. There should be a more diverse skills-mix in frontline teams and services around the child, to include social workers, foster/kinship carers, parents, teachers and health professionals, and also, depending on a child's particular needs, access to youth workers, counsellors, mentors; and specialists in trauma, attachment, play therapy, art therapy, and narrative work.

"We're loving them, helping them grow and develop, and to find their own personalities."

"At the end of the day, we want to champion these children, we want to be treated as professionals. We do really love these children and want to see them heal from their past. That's why we go into fostering."
