

About The Fostering Network

The Fostering Network is the UK's leading fostering charity and in Northern Ireland we have been leading the fostering agenda for more than 20 years to influence and shape policy and practice at every level. Our views are informed by our members. We have approximately 58,000 members and 450 fostering services across Scotland, Wales, England and Northern Ireland. Currently, The Fostering Network has all approved foster carers and kinship foster carers in membership from all five Health and Social Care trusts and also from the four not-for-profit fostering agencies who operate in Northern Ireland (Barnardo's, Action for Children, Foster Care Associates and Kindercare). In total, our membership in Northern Ireland includes 2791 fostering households, many of which are two carer households, therefore we engage with more than 4000 foster carers regularly.

The Fostering Network is funded through membership fees, a small amount of core funding from Department of Health, charitable giving and grants/contracts for services from the Health and Social Care Board and Big Lottery.

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.

Below are our answers to the questions in the consultation relevant to The Fostering Network's expertise:

Question number	Question	Answer	Comments
Hamber		Ch	napter 1- Guiding Principles
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1	Do you agree with the	Yes	
	categorisation of these		
	recommendations as guiding		
	principles? (Recommendations		
	1, 4, 5, 6, 26, 29, 59, and 51)		

2	Are you content with the proposal to adopt the principles to guide future reform in this area of service provision? (Recommendations 1, 4, 5, 6, 26, 29, 50, and 51)	Yes	
3	Do you accept the position taken in connection with recommendation 29?	Yes.	Should this position be fully implemented, this will mean provision for children can only be made by statutory providers, not-for-profit providers, charities or a combination of these. Currently, an increasing number of children are looked after by foster carers who are
			recruited, approved and supported by independent fostering providers.
			Inclusion in fostering regulations of requirements for all non-statutory fostering agencies to be not-for-profit, or charities, may assist in ensuring this is the recognised position in NI for all current providers. The use of the term "Private providers" should be avoided and replaced with "for profit" or "not for profit"
4	Are there further comments that you would like to make in terms of how we ensure that the guiding principles identified by the Review are being adopted?	Yes.	With regard to Rec 6, it is a concern to us that some of the actions to implement the review, ie the Reform Board programme, is currently moving ahead without "the wisdom of all who have experience and engagement with and within social care" in terms of its composition.
		pter 2- More	Effective Family and Children's Services
5	Do you agree with the decision by the Department of Health to implement, through an already established programme board,	Undecided	We have concerns about the lack of representation on some of the workstreams which have now been in operation for many months, without input from those with lived experience or agencies whose role is to advocate for and articulate the voice and views of their members.
	recommendations 25, 28, 30, 33 and 49?		We have consulted widely on the recommendations and the following reflects a range of views from consultees
			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)
	A vo the ve are sifting	V	Moving forward, consultees were very clear that ongoing collaboration and engagement with key agencies and foster carers 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.
6	Are there specific considerations you think we should bear in mind in taking forward recommendations 25, 28, 30, 33 and 49?	Yes	It has long been our position that the draft fostering regs should be implemented as this will introduce standards and inspection of foster care. Some consideration should be given to how statutory fostering services will be assessed/inspected within the scope of the regs. In respect of recommendation 25, our consultee raised the following key points for consideration:
			 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 formal consultation and engagement with independent fostering agencies as experts by experience, and key providers across all five Health and Social Care Trusts. 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 believe 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 are frustrated at the extent to which previous reviews had been allowed to drift.
7	Do you agree that there needs to be a reset and greater focus and attention placed on/given to family support?	Yes	With increasing number of children becoming looked after, in many cases by kinship foster carers, we need to look upstream to consider how best to sustain families to enable them to have the resources to care for their children.
	(Recommendation 22)		We have seen impressive outcomes for our edge of care service "step up Step down" which takes a whole family, trauma informed approach to supporting families whose children are at risk of becoming looked after.

			This partnership model has kept 95% of children in the service at home with family. Models such as these require sustained and consistent investment and should not be dependent on short-term sources of funds. Where effective models exist, these services should have consistent funding and where they involve a third sector charity or not-for profit agency they should not be dependent on public procurement processes which create delays, uncertainty and gaps in provision. Full cost recovery and recognition of inflationary pressure should also be recognised.
8	Do you agree that Sure Start should be expanded so that children (age 0-3) and families outside current Sure Start catchment areas can avail of Sure Start services? (Recommendation 23)	Yes	
9	Do you agree that the provision of Sure Start services should be extended to older children, i.e. aged 4 to 10? (Recommendation 23)	Yes	
11	Do you agree that we should introduce the Mockingbird Family Model into Northern Ireland? (Recommendation 27)	Yes	Mockingbird is one of a number of innovative programmes that The Fostering Network runs to improve foster care and outcomes for fostered young people. We are working with a growing number of local authorities, fostering services, children's services trusts and independent fostering providers across the UK. Mockingbird is a global award winning and pioneering programme led by The Fostering Network in the UK, delivers sustainable foster care. It is an evidence-based model structured around the support and relationships an extended family provides. The model nurtures the relationships between children, young people and foster families supporting them to build a resilient and caring community of six to ten satellite families called a constellation. Led by a hub home carer and liaison worker, the constellation community offers vital peer support and guidance alongside social activities and sleepovers to strengthen relationships and permanence.

Mockingbird is a pioneering programme delivered by The Fostering Network in partnership with 65 active services across the UK and 53 new partners about to start implementation as of November 2023.

As of November 2023, there are 133 Mockingbird constellations with the vast majority in England and one in Scotland and Wales. The Department for Education in England has invested £33 million for the retention and recruitment of foster carers over the next two years which includes funding for Mockingbird. In partnership with The Fostering Network, they are aiming to reach over 200 constellations in 64% of local authorities by then.

Each is led by a hub home carer and liaison worker; the constellation offers vital peer support and guidance alongside social activities and sleepovers to strengthen relationships and permanence.

Relationships are central to Mockingbird. The hub home carer builds strong relationships with everyone in the constellation, empowering families to support each other and overcome problems before they escalate or lead to placement breakdown, which increases protective factors around the children.

The programme is rooted in fostering and 78 percent of young people who are part of constellations are in mainstream fostering placements. However, Mockingbird has huge flexibility to support children and young people at all stages of their journey through care. Constellations have included young people in kinship care and special guardianship orders, adoptive families, children and their key workers from residential care, parent and child placements and young people under staying put and shared lives arrangements. The constellations have also provided vital support which has enabled children and young people to experience positive transitions back to birth families, adoptive families and on to independence. The constellations have also provided vital support, friendships and community for the sons and daughters of foster carers.

Being able to support a diversity of placement types has met the needs of different care-experienced populations and embraces the ethos of the model with child-centred practice, maintaining relationships, emphasising an extended family network, and

reducing bureaucracy. The constellations have also provided vital support, friendships and community for the sons and daughters of foster carers.

The Mockingbird constellation also builds links with other families and individuals important to the children's care plans and to resources in the wider community which can provide them with enhanced opportunities to learn, develop and succeed.

The latest independent evaluation of Mockingbird published by the Department for Education found the programme to be a cost-effective, sustainable model of foster care, with more capacity to care for children and young people than other existing fostering models. One notable finding from the report was that for every £1 invested in the programme by a fostering service there has been a saving of 99 pence. Read the report:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933119/Fostering_Network_Mockingbird.pdf

Our most recent evaluation published in 2022 is here: https://thefosteringnetwork.org.uk/sites/default/files/2023-05/Mockingbird%20Impact%20Report_2022.pdf

We have separately provided a detailed report to the department on all recommendations in relation to foster care in the review as part of a commissioned response. The section below highlights the views of those or our foster carer members who responded to this question on the introduction of MockingBird into NI.

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- 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 a 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 overreliance 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.
12	Are there other ways to better support foster carers in Northern Ireland and to deliver the aims of the Mockingbird Family Model? (Recommendation 27)	Foster carers have a wide range of support needs which require a diverse range of responses. MockingBird is a model of foster care delivery but we know that foster carers will continue to need training, independent advocacy and advice as well as bespoke support on issues such as education also.

TFN has a wide range of other services which we deliver to support foster carers, some of which exist alongside MockingBird and which add further value. These include Fostering Attainment and Achievement and Fostering Wellbeing.

Fostering Attainment and Achievement has been in NI since 2006 delivered by TFN as a commissioned service. It is an education support service for children and young people living in foster care and foster carers. Support can begin six months prior to starting primary school and continue until age 18.

The service recognises the need to improve the educational outcomes of children and young people in foster care and the vital role foster carers play in the learning and education of the young people they look after.

Fostering Attainment and Achievement project workers work alongside foster carers to provide advice, support and resources to empower them to engage meaningfully with the education system.

What is Fostering Wellbeing?

Fostering Wellbeing brings together all the professionals involved in supporting children who are looked after, including foster carers. It promotes equality of status for everyone involved in the 'team around the child'. Fostering Wellbeing encourages professionals to work together, with a focus on improving wellbeing outcomes for children and young people. It creates a shared language for professionals, bringing people together and sharing best practice across service boundaries with an aim to embed a shared approach

Fostering Wellbeing aims to improve the wellbeing and educational outcomes for care experienced children in Wales. It is designed for professionals working with children who are looked after. Specifically, the programme aims to:

- Identify and share the core values and principles which help children and young people who are looked after to thrive
- Develop skills and competencies in common which help equip children and young people who are looked after to fulfil their potential

			 Become confident in a shared and consistent approach to meeting the needs of children and young people who are looked after which, in turn, will fire ambition and help them find success Be active advocates for the children and young people for whom they have a responsibility, be it individual or corporate.
13	Do you agree that children with a disability should not automatically transition from children's services to adult services at age 18? (Recommendation 31)	Yes	
15	Should a transition period be case specific or apply to all children and young people transitioning to adult services? (Recommendation 31)	Yes	
16	Do you agree that a transitions advice and advocacy service is required in Northern Ireland? (Recommendation 32)	Yes	
20	Do you agree that informal arrangements between members of the judiciary and leaders of children's social care services should be put in place as recommended? (Recommendation 35).	Yes	Court processes impact profoundly on children who are looked after in foster care and they are often not understood, nor are the views of foster carers considered when decisions are made. Such arrangements, as recommended, would be greatly welcome to demystify the process but also to help make fully informed decisions
21	Do you agree that improvements are necessary in how parents who are engaged with children's social care services are supported, including through advocacy support? (Recommendation 36)	Yes	Our Step Up Step Down service currently supports families whose children are on the edge of care. We deliver this service in partnership with South Eastern trust. Families we work with often tell us that engaging with this service is the first time they have felt listened to and where they have been able to assess practical, emotional and family support in a non-judgemental way. There are so many gaps for families who need support, a support and advocacy agency would be hugely welcome.

22	Do you agree that greater support, including advocacy support, needs to be delivered by way of an independent organisation? (Recommendation 36)	Yes	
23	Is there scope to combine implementation of recommendation 36 with recommendation 32?	Undecided	They seem like two very separate goals
24	Do you agree that children and young people in and leaving care should be able to identify and name a person they trust to negotiate their engagement and relationships with and within children's social care services? (Recommendation 37)	Yes	
25	Do you agree with the plan under the Mental Health Strategy to further develop emotional health and wellbeing services and mental health services for children and young people? (Recommendation 42)	Yes	
27	Do you agree with the proposal to undertake a review of service delivery in Beechcroft Child and Adolescent Mental Health Unit in-patient facility in response to the concerns raised by the Review? (Recommendation 43)	Yes	

29	Do you agree with the Department's position in relation to the need for an inpatient facility for children with a disability? (Recommendation 44)	Yes	
	Chapter 3	3- Operation	al/Organisational Effectiveness and Efficiency
33	Are you content for recommendation 14 to be considered as part of ongoing internal organisational redesign work within the Department of Health?	Undecided	Structures for social care within DoH have been complicated further by the integration of HSCB, now SPPG. SPPG has no specific directorate/team recognisable as relating to children, despite having commissioning responsibility for foster care and other children's social care provision which makes navigating services, policy and practice complex
34	Are you content for recommendation 15 to be taken forward through the review, revision and re-issue of Departmental circulars that deal with the statutory relationship between the Department of Health and Health and Social Care Trust children's social care services?	Undecided	
35	Are you content for recommendation 46 to be taken forward by the Safeguarding Board for Northern Ireland?	Yes	
36	Are you content for recommendation 47 to be considered through the Children's Social Care Strategic Reform Programme and ongoing work relating to the Department's Core Grant Scheme?	Undecided	Currently this board is very statutory heavy and lacks representation from the sector across all workstream and as such, raises concerns about how such challenges might be taken forward. Experts by experiences and agencies directly impacted who deliver such services need to be represented for this proposal to be realised. Many agencies involved directly in service delivery for children are also subject to core funding cuts which adversely impact their ability to function. The uncertainty created by cuts to core grants is creating further instability in children's social care.

37	Do you agree with the group of recommendations relating to the establishment of a Children and Families ALB in place of current arrangements? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)	Yes
39	The Review Report identifies which services should fall within the scope of a new ALB and those which should not. Do you agree with the report's assessment of those services? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)	Yes
40	Do you agree that a Children and Families ALB should be able to develop and operate its own quality assurance and development processes? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)	Undecided
45	Do you agree that there should be the further development and deployment of multiprofessional and multi-agency frontline teams and services to assist children and families? (Recommendation 16)	Yes
47	Do you consider that agencies should be required to work together in frontline teams? (Recommendation 18)	Yes

49	Do you agree with the proposal to reject Recommendation 19? If no, please explain why?	Undecided	
50	Do you agree that team structures within statutory children's services should be rearranged to make them more community focussed? (Recommendation 24)	Yes	
51	If appointed, which areas of children's policy should a Minister for Children and Families for Northern Ireland have responsibility for? (Recommendation 39)		This should include services which support children, for example, foster care.
52	Would having a dedicated Minister help to give full effect to recommendation 39, that is, give political leadership and focus to the intentions of the Children's Services Co- operation Act 2015 and to champion children and families within the government of Northern Ireland?	Yes	In other countries, this model is evolving and with the added impetus of the Childrens' Services Co-operation Act 2015, this could provide a very focused approach on the needs of children and young people
53	Is there another way (other than through the appointment of a Minister for Children and Families) to give effect to recommendation 39, that is, to give political leadership and focus to the intentions of the Children's Services Cooperation Act 2015 and to champion children and families	Undecided	

	within the government of Northern Ireland?		
			Chapter 4- Workforce
55	Do you have any comment to make on how we further stabilise the children's social care workforce? (Recommendation 3)	Yes	It is unclear as to whether or not foster carers are considered to be part of the children's workforce. Rec 26 for example, states "foster carers should be recognised and positioned as valued members of the social care workforce. However, recs 3/8/9/10/11/17/20/21 all appear to refer to the current social work workforce and indeed consultations for the review have been led by professional staffing bodies. Nonetheless, similar challenges apply as foster care is also currently impacted by the lack of action to address the crises in recruitment and retention of foster carers, by the need to review, revise and reform remuneration as well as the need for a wider skills mix.
			Foster carers we consulted had a wide range of views on social work workforce considerations and how they were impacted.
			There were mixed views amongst consultees about what being a member of the 'workforce' meant in practice. Some 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 NISC, 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 that we could." (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 general consensus that, moving forward with this recommendation, there needs to be an agreed understanding about the fostering landscape, and the different roles of fostering carers within it.

Workforce issues as they pertain to foster carers need also to be considered further in relation to Recommendation 26.

In respect of the role of foster carers, it has long been our organisational position to call for the introduction of a Register of foster carers in each of the four countries of the UK to address three current issues in the fostering system which touch on recommendations in the report

- The need to increase the status of foster carers in the team around the child.
- The difficulty of foster carers moving from one service to another.
- The need for more robust safeguarding measures in the fostering sector.
- To be clear, we are not talking about placement matching or fostering recruitment registers, both of which we believe are local activities and are best carried out by local authorities/trusts and fostering services.
- We believe that a register of foster carers in each country is an essential first step to achieving an improvement in foster carer experience through allowing increased portability of the foster carer workforce while increasing public protection by having a central list of all who meet, and continue to meet, the requirements of being an approved foster carer.

We believe a register of foster carers in each country would improve the formal status of foster carers to allow the role to be more recognised and valued within the sector and by the general public. It would also bring foster carers in line with other parts of the children's workforce who are registered and regulated. Making it easier for foster carers to move services could help drive up standards in terms of the support, training and respect given to foster carers. In line with other parts of the children's workforce, the introduction of a register would need to go hand in hand with an accredited preand post-approval training framework.

			In order to be approved as a foster carer, an individual or members of the household who are 'sharing the care' of the child have to be assessed and approved by a registered fostering service. These can be local authorities/children's trusts or independent fostering providers. While foster carers are self-employed for taxation purposes, they can only foster for one fostering service at a time (except in Scotland under certain circumstances). Moving to another fostering service usually requires foster carers to fully repeat the same approval and assessment process again, which severely reduces their portability. Transfer protocols, which are currently non-enforceable, are in place in parts of the UK but foster carers report difficulties in moving between fostering services, especially when children are in placement. A register would greatly enhance portability of the foster care workforce by providing a licensing approach in each country. When a foster carer decided to move to another fostering service, the new fostering service would be able to carry out a simple check of the register to confirm their approval status and then would only need to carry out local checks and interviews. This system would be less bureaucratic, reducing duplication and delays. It would also place appropriate decisions with the fostering service – deciding if the carer met the needs of their service rather than making decisions on suitability to foster which have already been ascertained through the approval process. It could also aid in retaining foster carers. The Welsh Assembly Government is currently exploring the introduction of a register of foster carers under their registration body. Should a similar approach be adopted here, it would likely be located within NISCC. This may have considerations for the
56	Given that the current shared	No	proposed ALB if it is to conduct its own inspection ad quality assurance processes
33	service model (as it relates to recruitment and other corporate services) was developed to deliver greater value for money, do you consider that there are significant risks with moving away from that model as	140	

	recommended? Please explain your answer. (Recommendation 8)					
	Chapter 5- Making and Tracking Progress					
64	Are you content with the proposal to host a conference in Autumn 2024? (Recommendation 53)	Yes				