

**Draft**

**Northern Ireland Fostering Services**

**Minimum Standards**

**A CONSULTATION DOCUMENT**

**June 2025**

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## **Ministerial Foreword**

It is widely recognised that foster parents make a vital contribution to our care system, by providing safe, stable and nurturing homes for children. Through positive and supportive day to day interactions underpinned by the trusted relationships they form, foster parents help children understand their past, experience normal family life and develop the skills and knowledge that they need to live independently as young adults.

There are now more than 4,000 children in care in Northern Ireland, with numbers increasing by 40% over the past 10 years, and 22% over the past 5 years. The vast majority of these children are living with foster parents. While there are currently standards in respect of kinship foster care, where the foster carer has a prior relationship with the child, these Minimum Standards (MS) are the first standards in respect of all foster carers. This is an important step in providing assurance about the consistency and quality of care which we provide to our children in foster placements.

The MS have been informed by extensive consultation, in particular a working group comprising representation from all key stakeholders, including those representing care experienced children and young people and foster parents, as well as foster parents themselves. Their contribution has undoubtedly improved the MS, and I thank those individuals for their assistance to date.

The MS will not operate in isolation, and have been developed to complement (but not duplicate) the new Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2025 ('the 2025 Regulations') which I plan to introduce in the coming months. These new Regulations will revoke and replace The Foster Placement (Children) Regulations (Northern Ireland) 1996, which are now more than 30 years old and do not reflect the current expectations for our foster care services.

These proposed new MS, together with the 2025 Regulations, will form the basis of the new, fit for purpose, regulatory framework for the conduct of fostering services.

I would encourage you all to respond to the consultation, so that the standards continue to reflect collaboration with all relevant stakeholders to ensure the best possible quality of fostering services in Northern Ireland – our children deserve nothing less.

**Mike Nesbitt MLA**  
**Minister of Health**  
**9<sup>th</sup> June 2025**

## Introduction

1. At 31 March 2024<sup>1</sup>, there were 3,999 looked after children in Northern Ireland, with 84% of these children in foster care placements (50% placed in kinship care and 34% placed in non-kinship or independent foster care placements). The Department of Health (“the Department”) recognises the invaluable service that foster parents provide and how they act as a protective factor for children in care, providing them with care in a stable family environment. As the number of children in care continues to increase, the need for caring, loving homes will also rise.
2. The Department, together with HSC Trusts, aims to ensure that there are high quality fostering placements available for every child who needs one. To achieve this aim, it is important that the processes for assessing and approving prospective foster parents are as seamless as possible, and that foster parents are provided with the support that they need to provide the right care to every child.
3. Together with the new Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2025, to be introduced in the coming months, the MS will provide a clear and robust framework for foster care services. They set out the support which it is expected will be provided to both foster parents and children in their care, and will help to ensure that the best interests of the child remain at the forefront of decision making. The introduction of MS means that all UK jurisdictions will now have a set of MS.
4. The overall MS document is made up of 11 individual standards focusing on supporting achievable outcomes for children and they reflect the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC). Further information on the NIFITC is included in paragraphs 21 to 24 below. Together they set out how fostering services should be managed; the support they provide to children, young people and foster parents; and how they make sure that care is properly

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<sup>1</sup> [Children's social care statistics for Northern Ireland 2023/24](#)

planned and delivered. Each standard consists of a small number of key areas, supported by a range of indicators – examples of how the fostering service can **show** that they are doing everything right.

5. The MS have been designed to be applicable to the wide variety of different types of fostering service ensuring a parity of accountability and inspection. They aim to enable, rather than prevent, individual providers to develop their own ethos and approach based on evidence that this is the most appropriate way to meet the foster child's needs. Many providers will aspire to exceed these MS and develop their service to achieve excellence.
6. It is intended that the MS will be used, both by fostering service providers and by RQIA, to focus on securing positive wellbeing, health, and education experiences for children, and reducing risks to their welfare and safety. All providers and staff of fostering services should aim to provide the best care possible for the children for whom they are responsible. Observing the MS is an essential part, but only a part, of the overall responsibility to safeguard and promote the welfare of each individual child in foster care.
7. The MS apply equally to fostering placements when a child is fostered by an individual close to them (also known as 'kinship care' or 'kinship fostering') or by someone that they do not know. However, they do not apply to placements made under the 'Going the Extra Mile' or 'Supported Lodgings' schemes.
8. Consultation on The Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2025 has already been completed and further views on the regulations **are not being sought**. You can view details of the consultation on the regulations on the [Department of Health website](#).

## **Legislative context**

9. The MS apply to placements of children by authorities under Article 27(2)(a) of the Children (Northern Ireland) Order 1995 ("the Children Order") and voluntary

organisations under Article 75(1)(a) of the Children Order. They do not extend to any placements to which the Placement of Children with Parents etc. Regulations (Northern Ireland) 1996 apply and placements for adoption or with a person having parental responsibility for a child.

10. Article 38 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) gives powers to the Department of Health (DoH) to prepare, publish and review MS that the Regulation and Quality Improvement Authority (RQIA) must consider in the regulation of establishments and agencies. The overarching standards for all such providers are [‘The Quality Standards for Health and Social Care’](#).
11. The Northern Ireland Fostering Services MS are written under the provisions of Article 38, and have been drafted to align with, or exceed, the relevant provisions within the general standards for health and social care. The MS will be used by providers to set a benchmark of quality care and by the RQIA in registering and/or assessing fostering services. These MS apply to all services registered with RQIA as a fostering agency under the regulations. These MS will also be used by RQIA in assessing the quality of Health and Social Care Trusts’ fostering services.
12. Compliance with The Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2025 is mandatory for all fostering agencies registered with RQIA and non-compliance with some specific regulations is considered an offence. The RQIA will consider the extent to which the MS have been met in determining whether a service maintains registration or has its registration cancelled, or whether to take action for breach of regulations.
13. The MS may be used by providers and staff in self-assessment of their fostering services; they provide a basis for the induction and training of staff and foster parents; they can be used by parents, children and young people as a guide to what they should expect a fostering service to provide and to do as a minimum; and they can provide guidance on what is required when setting up a fostering service. **Where a MS stipulates that a foster parent should take a particular**

**action, the expectation is that the fostering service will support the foster parent to meet the MS.**

## **Definitions**

14. Article 2(2) of the Children (Northern Ireland) Order 1995 (the Children Order), as amended by the Health and Social Care Act (Northern Ireland) 2022, defines an “authority” as an HSC Trust that is exercising social care and children functions within the meaning of Article 10A of the Health and Personal Social Services (Northern Ireland) Order 1991.
15. Article 2(2) of the 2003 Order defines a “fostering agency” as:
  - an undertaking (other than an authority) which consists of or includes discharging functions on behalf of an authority in connection with the placing of children with foster parents; or
  - a voluntary organisation which places children with foster parents under Article 75(1) of the Children Order.
16. Throughout this consultation document, references to an authority mean a HSC Trust. References to a fostering agency have the meaning ascribed by Section 2(2) of the 2003 Order. References to a fostering service mean the service provided by a fostering agency or HSC Trust in assessing, approving, supporting and supervising foster parents and ensuring the placement of a child with foster parents are safeguarded, under Article 27(2)(a) of the Children (Northern Ireland) Order 1995.
17. A MS is a level of quality or achievement, that is thought to be acceptable as a minimum, and below which is unacceptable. Other definitions are included in **Appendix 1.**



## **Development of the Standards**

18. This consultation invites views on the proposed new MS applicable to the provision of fostering services in Northern Ireland and will apply to all fostering service providers, in the statutory, and voluntary and community sectors.
19. A working group was created to work collaboratively in the development of the new standards and was consisted of the following stakeholders
  - Department of Health officials from Looked After Children and Adoption Policy Unit, and from Strategic Planning & Performance Group
  - HSC Trust representatives
  - Fostering agency representatives
  - Those representing care experienced children and young people and foster parents
  - Regulation and Quality Improvement Authority representatives
  - Foster parents
20. The Department also undertook engagement with wider groups of foster parents and foster children during the development of the standards; this was facilitated by The Fostering Network through in-person consultation events, online video calls and by circulating and collating responses to a survey to foster parents and care experienced children and young people.

## **Northern Ireland Framework for Therapeutic Care**

21. The MS have also been designed to reflect the [Northern Ireland Framework for Integrated Therapeutic Care](#) (NIFITC), which introduces a single regional approach to the provision of trauma informed and rights based care to care experienced children in all settings across Northern Ireland. Introduction of the Framework will progress in a planned and phased manner but over time it is

anticipated that it will be in place for all settings for care experienced children including foster care settings.

22. The NIFITC incorporates four core concepts:

- I. building safety;
- II. getting the help that's needed;
- III. developing agency and taking part and
- IV. addressing inequalities.

23. The NIFITC organises design and delivery recommendations into a series of building blocks - six system or organisational components and five practice delivery components - which aim to help Health and Social Care Trusts, agencies and practitioners provide integrated care to care experienced children and young people and their caregivers.

24. These MS have been structured to align with ten of these eleven NIFITC building blocks. As other relevant MS are reviewed and updated, it is intended that they will take a similar approach. Over time, this will lead to a suite of consistent, structured, trauma-informed MS which reflect the way care is planned and delivered across children's services.

### **Value and Principles of Minimum Standards**

25. The values and principles which underpin the MS are detailed below.

- The child's welfare, safety and needs are at the centre of their care.
- Children should have an enjoyable childhood, benefiting from parenting which supports them to access a wide range of opportunities to develop their talents and skills that contribute to a successful adult life.
- Children are entitled to grow up in a loving environment that can meet their developmental needs.
- The wishes and feelings of every child in foster care should be heard and considered.

- Each child in foster care should be valued as an individual and given personalised support in line with their individual needs and background to develop their identity, self-confidence, and self-worth.
- The needs of disabled children and those children with complex needs will be fully recognised and carefully evaluated, and the appropriate support reflected in the child's care plan.
- The needs of those children from diverse cultures will be fully recognised and carefully evaluated, and appropriately supported.
- The significance of family time, and of maintaining relationships with birth parents and the wider family, including siblings, half-siblings, and grandparents—where this is in the child's best interests—is recognised, as is the foster parent's role in this.
- Children in foster care deserve to be treated fairly and have the opportunity to experience as normal a family life and childhood as possible, without unnecessary restrictions.
- The central importance of the child's relationship with their foster parent should be acknowledged and foster parents should be recognised as core members of the team around the child.
- Foster parents should be provided with all the information they need to care for a child placed with them.
- Foster parents should be offered relevant support services and training and development opportunities to provide the best care for children.
- Genuine partnership between all those involved in fostering children is essential for the Minimum Standards to deliver the best outcomes for children; this includes Health and Social Care Trusts (HSC Trusts) and other fostering service providers, other statutory and voluntary and community organisations, and foster parents.
- Foster parents and children are treated equitably no matter where in Northern Ireland they live.

26. The 11 individual standards together set out how fostering services should be managed; the support they provide to children, young people and foster parents; and how they make sure that care is properly planned and delivered.

Number	Standard
<b>Standard 1</b>	Each child in foster care experiences integrated care that supports their wellbeing
<b>Standard 2</b>	The needs of each child in foster care are understood and met
<b>Standard 3</b>	Foster parents, staff and other caregivers have the right skills and support to care for children
<b>Standard 4</b>	Leaders inspire and enable high quality care that delivers the best possible outcomes for children
<b>Standard 5</b>	The physical environment within the foster home is welcoming, safe and inclusive for children
<b>Standard 6</b>	Children and their foster parents and carers are meaningfully involved
<b>Standard 7</b>	The intrinsic worth of each child in foster care is valued and promoted
<b>Standard 8</b>	The unique experiences of each child in foster care are recognised and responded to with tailored support that acknowledges and addresses adversity and trauma
<b>Standard 9</b>	Children benefit from relationships with foster parents, birth families and people important to them
<b>Standard 10</b>	Children benefit from well-managed, positive and individualised transitions
<b>Standard 11</b>	Children in foster care with more complex needs receive timely, high quality specialist interventions to help them recover and thrive

27. It is intended that these standards will be reviewed within three years of being introduced, and at least every five years thereafter.

### **Human Rights and Equality Implications**

28. Section 75 of the Northern Ireland Act 1998 requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity between:
- persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
  - men and women generally;
  - persons with a disability and persons without; and
  - persons with dependants and persons without.
29. In addition, and without prejudice to the above obligations, public authorities should also, in carrying out their functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.
30. In conjunction with guidance produced by the Equality Commission for Northern Ireland and in keeping with Section 75 of the Northern Ireland Act 1998, the draft MS have been subject to an equality screening and a preliminary decision has been taken that a full Equality Impact Assessment is not required. In addition, it is considered that the content of the MS is compatible with the Human Rights Act 1998 and the UN Convention on the Rights of the Child. The draft assessments have been published along with the other MS consultation materials.

### **Regulatory Impact Assessment**

31. Regulatory impact screening exercises and assessments are carried out for the purposes of determining whether policy proposals are likely to have any direct or indirect impact on businesses or on the voluntary/community sector. A draft

screening exercise has been undertaken in relation to the MS, which concluded that they will have a direct impact on fostering service providers currently operating on a not-for-profit basis in Northern Ireland, by making them subject to a system of registration with, and inspection by the RQIA. This has been published along with the other MS consultation materials.

### **Rural Needs Impact Assessment**

32. A draft Rural Needs Impact Assessment Screening has been completed and published alongside the other consultation materials. This screening concludes that the proposed MS for Fostering Services will not have a material impact on the social or economic needs of the people in rural areas.

### **Data Protection Impact Assessment Screening Exercise**

33. The Department is also seeking your views on a draft Data Protection Impact Assessment which concludes that the proposed MS will have a medium privacy impact, on the basis that personal information is involved, and several low/medium risks have been identified. In order to mitigate any risk, the MS which will be developed to accompany the Regulations will include standards in respect of data processing and retention of records. These standards will apply to all fostering service providers.

### **Children's Rights Impact Assessment**

34. A Children's Rights Impact Assessment has also been conducted and is published as part of this consultation. The assessment concludes that the proposed MS will positively impact on foster parents and children and young people in care, by ensuring the continued rigorous assessment of fostering services in Northern Ireland.

### **Privacy, Confidentiality and Access to Consultation Responses**

35. For this consultation, we may publish all responses except for those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public). All responses from organisations and individuals responding in a professional capacity will be published. We will remove email addresses and telephone numbers from these responses; but apart from this, we will publish them in full. For more information about what we do with personal data please see our consultation privacy notice, which has been published alongside the other consultation materials.
36. Your response, and all other responses to this consultation, may also be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR); however, all disclosures will be in line with the requirements of the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (UK GDPR) (EU) 2016/679.
37. If you want the information that you provide to be treated as confidential it would be helpful if you could explain to us why you regard the information you have provided as confidential, so that this may be considered if the Department should receive a request for the information under the FOIA or EIR.

### **How to respond to the Consultation**

38. The consultation package including response questionnaire can be accessed at the following link when the consultation goes live on **9<sup>th</sup> June 2025**:

<https://consultations2.nidirect.gov.uk/doh-1/consultation-on-fostering-services-min-standards>

Responses should be completed and submitted on-line using the above link by **7<sup>th</sup> September 2025**.

Please note that the 2025 Regulations are included in the associated papers with this consultation, however, the Department is **not** consulting on the 2025 Regulations. Therefore, feedback provided should **solely** be on the draft Minimum Standards.

Contact details are as follows:

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