

# **Northern Ireland Fostering Services Minimum Standards**

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*[TO BE UPDATED ONCE STANDARDS FINALISED]*

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## GENERAL INTRODUCTION

This document details the Minimum Standards (MS) applicable to the provision of fostering services in Northern Ireland. The MS, together with Regulations relevant to the placement of children in foster care (The Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2025, 'the 2025 Regulations'), form the basis of the regulatory framework for the conduct of fostering services. They 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 or 'Private Fostering' arrangements.

The 2025 regulations and MS have been prepared in response to extensive consultation which included a working group established comprising representation from all key stakeholders, including those representing care experienced children and young people and foster parents. These Standards have been developed to align with the 2025 regulations and **are the minimum provisions below which no provider is expected to deliver.**

The values and principles which underpin these Standards are detailed below.

### Values

- 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 children with a disability and those children with complex needs will be fully recognised, carefully evaluated, and the appropriate supports identified as necessary will be 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 MS 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.

### **General Provision of Foster Care**

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.

While some aspects of this care are reflected in these Standards, in many cases the foster parents make a difference through the numerous small interactions that take place on a daily basis – playing with the young child and their ball in the garden, watching TV with a teenager after they have had a bad day, or cheering from the sidelines on school sports day. It is expected that foster parents will continue to provide these nurturing home environments, helping children in their care to thrive, and to have high hopes for their future. However, it is not necessary or appropriate for these aspects of care to be inspected by the Regulation and Quality Improvement Authority (RQIA) or reflected in these Standards.

### **Legal Status of the Standards**

Article 38 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 gives powers to the Department of Health (DoH) to prepare, publish and review Minimum Standards that the 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](#)'.

The Fostering Services Minimum Standards 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. Standards will be used by providers to set a benchmark of quality care and by the RQIA in registering, inspecting and/or assessing fostering services. These Standards apply to all services registered with RQIA as a fostering agency under the regulations. These Standards will also be used by RQIA in assessing the quality of Health and Social Care Trusts' fostering services.

Minimum Standards do not mean standardisation of provision. The Standards are 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 child's needs. Many providers will aspire to exceed these Standards and develop their service to achieve excellence.



The Standards may be used by providers and staff in self-assessment of their 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. The Standards will be used to assess fostering services, not individual foster parents. **Where a Standard stipulates that a foster parent should take a particular action, the expectation is that the fostering service will provide the right support to enable the foster parent to meet the Standard.**

Compliance with the 2025 regulations is a statutory requirement for all fostering agencies registered with the RQIA and non-compliance with some specific regulations is considered an offence. The RQIA must consider the extent to which the Minimum Standards have been met and what appropriate remedial action is required if the Standards are not met.

### **Reading the Standards**

Throughout the Standards the language used is consistent with the terminology used in the legislation - The Children (Northern Ireland) Order 1995 and The Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2025. For example, the Standards refer to all those aged under 18 as 'children', as this reflects the legislation underpinning the Standards. However, this can be read as 'children and young people' or 'young people' as appropriate. In addition, the term 'foster parent' may also be used interchangeably with the term 'foster carer' and includes kinship carers.

Throughout the Standards there are references to the age and circumstances of the child in foster care. This should be taken to mean not only the chronological age, but also their developmental age, where different. It should also reflect the full circumstances of the child, including any physical, sensory or learning disabilities, communication or language difficulties and level of neurodiversity.

### **Structure and Approach to Inspection**

The Minimum Standards for fostering services focus on supporting achievable outcomes for children. Each Standard consists of a number of key areas, each in turn supported by a range of indicators. The Standards are intended to be qualitative, in that they provide a tool for judging the quality of life experienced by services users, but they are also designed to be measurable. Services will normally show that they are meeting the key area by meeting the relevant indicators. However, the indicators are intended as a guide for providers and may not be applicable to the operation of every service. Where this is the case, the provider will be expected to provide evidence to RQIA on request how the Standard is being met. Furthermore, the indicators are not intended to be an exhaustive list and staff working within the service will be expected to use their professional judgement in demonstrating how the Standards have been met. Other evidence may be more appropriate as well as, or instead of, the indicators listed. The exception is a requirement set out in legislation in which case the requirement must be met.

RQIA recognise that there may be matters that are outside of the control of the fostering agency and will raise these matters with the most appropriate body.

The Standards are intended to be used by the RQIA to inspect and/or assess fostering services. While the views of foster parents and children may be sought and considered as part of that work, the Standards will not be used by the RQIA to directly inspect the homes of foster parents or the care that they provide within those homes.

### **Structure of Standards**

It is intended that the Standards will be used, both by fostering service providers and by RQIA, to focus on securing positive welfare, health, and education outcomes 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 Standards 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.

The Standards have 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.

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.

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.

These Minimum Standards have been structured to align with these eleven NIFITC building blocks. As other relevant Standards 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 Standards which reflect the way care is planned and delivered across children's services.

### **Application to Short Breaks**

Currently all children with a disability are deemed in law to be children in need, by virtue of Article 17 of the Children (Northern Ireland) Order 1995 ('the Children Order'). They are, therefore, entitled to a range of services to safeguard and promote their welfare, which HSC Trusts must provide in accordance with their duty under Article 18 of the Children Order. The services that may currently be provided under Article 18 do not include accommodation.

At present, parent(s) of a child with a disability can access respite care (known as a "short break") for their child, under Article 21 of the Children Order. In many cases, the child is placed with a foster parent for the duration of the break. Under Article 25(1) of

the Children Order, if a child is provided with accommodation for 24 hours or longer, the child becomes “looked after”.

There is no requirement for a separate placement plan for children looked after as a result of accessing a short break. For such children the short break care plan includes key elements of the placement plan. Where the MS state ‘placement plan’ this will be the short break care plan in relation to children on short breaks. There are also a small number of other indicators included in Standards 5, 6, 9 and 10 which are unlikely to apply to children on short breaks. These will need to be considered on an individual basis depending on the child’s circumstances. All Standards and indicators which unlikely to apply to short breaks are indicated with an asterisk (\*).

The Adoption and Children Act (Northern Ireland) 2022 will make changes regarding short breaks. These Standards will be reviewed once the relevant section within the Act is implemented to ensure that they reflect the updated legislative position.

### **Review of the Minimum Standards**

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

The first review will, in particular, consider the impact of legislative changes planned or introduced as part of the implementation of the Adoption and Children Act (Northern Ireland) 2022, including regulations and guidance relating to short breaks, the ‘Going the Extra Mile’ scheme, and the operation of Fostering Panels.

<b>Standard 1</b>	<b>Each child in foster care experiences integrated care that supports their wellbeing. [NIFITC Building Block - Integrated Networks]</b>
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<b>Legislation</b>	The Children (Northern Ireland) Order 1995 – Article 27(2)(a) The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulation 18 The Arrangements for Placement of Children (General) Regulations (Northern Ireland) 1996 – Regulations 3, 4 and 5
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<b>Key area 1.1</b>	The fostering service has appropriate arrangements in place to facilitate collaborative assessment, planning and delivery of support for children in foster placements.
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#### *Indicators*

- (a) All caregivers relevant to the child throughout their foster placement and immediately following the placement are identified and engaged as appropriate in planning the child's care and support. The unique position of foster parents, reflective of their day-to-day experiences of caring for the child, is recognised and valued.
- (b) There are established groups, which meet regularly, where caregivers have the opportunity to collaborate with others as part of the team around the child.
- (c) There are mechanisms within each fostering service to promote joined up working, to monitor its effectiveness, and to acknowledge when this has worked well. These are kept under review by the Registered Manager / HSC Trust Head of Service to ensure they are effective.
- (d) The Registered Manager / HSC Trust Head of Service within the fostering service escalates when other services are not effectively participating in collaborative care planning including *team-around-the-child* processes.
- (e) The Registered Manager / HSC Trust Head of Service within the fostering service challenges and takes action when they are concerned that other partners are not making decisions in the best interests of a child in foster care, when statutory requirements for looked after children are not met or when inputs and services to meet a child's needs are not provided.

<b>Key area 1:2</b>	All caregivers at all levels work to positively contribute to and support a culture of collaborative working.
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#### *Indicators*

- (a) Senior leaders and managers within fostering services avail of opportunities to clearly communicate the benefits of integrated care to other caregivers.
- (b) Fostering services provide appropriate support to foster parents and children to enable them to participate appropriately in *team-around-the-child* assessment, planning and review processes. Foster parents are encouraged and supported to participate fully in these processes. Where collaboration is limited, the fostering service clearly explains the reasons for this to those impacted.

- (c) Senior leaders and managers within fostering services are proactive in developing and maintaining positive relationships with other agencies and services.
- (d) The fostering service communicates clearly with caregivers across the care giving network to ensure that they have sound knowledge of their own roles and responsibilities and those of other key partners in the network, and to identify opportunities for collaborative working to improve outcomes for children in foster care.
- (e) All caregivers commit to *team-around-the-child* planning and review processes for children in foster care.

<b>Key area 1.3</b>	Fostering agencies, HSC Trusts, foster parents and other caregivers work as a team to deliver on the child's plan.
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#### *Indicators*

- (a) The fostering service works effectively in partnership with the foster parent and other agencies to promote the health, safety and wellbeing of the child, e.g. the responsible HSC Trust, schools, hospitals, general practitioners, etc., and does not work in isolation from them.
- (b) There is evidence of regular, open communications between caregivers, including between foster services and foster parents.
- (c) Fostering services share with foster parents all information necessary to enable them to care for, and promote the wellbeing of, children in their care. When new information becomes available it is shared at the earliest opportunity.
- (d) All care givers are encouraged to make meaningful contributions to discussions relating to a child who is in their care.
- (e) Fostering services have a clear process in place to promptly inform the foster parent of a change to the child's social worker.

<b>Standard 2</b>	<b>The needs of each child in foster care are understood and met</b> [ <i>NIFITC Building Block - Individual Health and Wellbeing Planning</i> ]
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<b>Legislation</b>	The Children (Northern Ireland) Order 1995 – Articles 27(2)(a) and 28(1) The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulations 8, 9, 18, 19, 23, 24, 25, 26, 32, 34, 36, 38 and 39
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<b>Key area 2.1</b>	Each child's care is underpinned by robust assessment and planning.
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### *Indicators*

- (a) The placement of a child with a foster parent only takes place when this has been assessed by the responsible authority as being in the child's best interests.
- (b) Except where an emergency or immediate placement means that it is not practicable, the responsible authority and fostering service (where different) work together to ensure that children are carefully matched to a foster placement, taking account of the needs of the child as set out in the care plan, and the ability of individual foster parents, and their households, to meet those needs. In the case of emergency or immediate placements, the responsible authority makes a plan for the child's placement as soon as reasonably practicable, and no later than one week after the start of the placement.
- (c) The child's care plan includes the immediate and long-term arrangements for the foster placement including its likely duration, and for promoting the child's welfare and general development. The child's care plan details the needs of the child during the placement, the specific wellbeing goals and outcomes for the placement and sets out how the needs and goals will be met. It includes arrangements to maximise continuity with the child's education or training, and with community health and therapeutic professionals, whilst in the foster placement. Where appropriate the plan includes contingency arrangements in relation to the placement in order to reduce the risk of unplanned placement moves.
- (d) Prior to the placement of each child the responsible authority provides all of the information the foster parent needs to carry out their role effectively, and to have a clear understanding of how the child's experiences to date have impacted on their physical and emotional wellbeing. The information is provided to the foster parent in a clear, comprehensive written form and includes the support that will be made available to the foster parent by the fostering service. Any gaps in information identified by the fostering service, foster parent or other caregivers are addressed urgently between the fostering service and the responsible authority, where different, as appropriate.
- (e) The fostering service, working with the responsible authority (where different), ensures that the plan for the child's placement sets out any additional training, resources or support required to enable the foster parent to meet the child's assessed needs and the objectives of the placement.

- (f) The fostering service and the responsible authority, where different, work together to capture, record and share the child's story and their aims, interests and wishes without the child (or their parent/carer) having to repeatedly provide the same information.
- (g) The fostering service, the responsible authority (where different) and foster parents contribute to the monitoring and reviewing of the child's care by the responsible authority.
- (h) The fostering service supports foster parents to play an active role in care planning processes, in collaboration with the child. This includes participation in the development of the child's care plan (and pathway plan for an eligible child), arrangements to monitor and review the child's progress, and working collaboratively with the child's social worker or personal adviser in implementation the child's care/pathway plan.
- (i) Once placed, a child is not removed from a foster parent who is willing and able to continue caring for the child, unless it is in the child's best interests, taking their wishes and feelings into account, and decided (other than in an emergency) through the child's care planning process. Where appropriate, current foster parents are involved in the decision making process, and both current and prospective new foster parents are informed of the reasons for the change in placement.
- (j) If a fostering service implements an emergency foster placement move, the fostering service will immediately inform the responsible authority (if different) of the move and the reasons for it, or where this occurs outside normal working hours, within one working day of the move taking place.

<b>Key area 2.2</b>	<b>Children access high quality health and therapeutic care that helps them thrive.</b>
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### *Indicators*

- (a) The fostering service, responsible authority (where different), and foster parents work together to ensure that children can access general practitioner and, as far as possible, specialist services when needed.
- (b) Foster services support foster parents to understand and actively and effectively promote the health, care and wellbeing of children during the foster placement, including through exercise, diet and sleep patterns.
- (c) The fostering service and the foster parents help each child in foster care to understand the therapeutic services, including specialist services, available to them in response to their needs and life experiences and that the aims of these services are to help them thrive in all aspects of their lives.
- (d) If a health assessment and/or intervention is refused by a child, the responsible authority ensures that efforts are made by the appropriate caregivers to explore the reason for the refusal, and that these are recorded and kept under review. The responsible authority ensures that children understand that they can change their mind and are given further opportunities to do so.
- (e) The fostering service ensures that foster parents are trained in the management and administration of medication, and in supporting children to safely manage aspects of their own medication, where it is appropriate to do so.
- (f) Foster parents keep a written record of all medication, treatment and first aid given to children during their placement, in line with the relevant policies and procedures of the fostering service.



- (g) Foster parents are clearly informed—in accordance with the foster placement agreement—about what responsibilities and decisions are delegated to them and where consent for medical care needs to be obtained.

<b>Key area 2.3</b>	Children access high quality education and training.
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*Indicators*

- (a) The fostering service, responsible authority (where different) and foster parents work together to promote the child's education and/or training.
- (b) Children, including pre-school children and older children, have a foster home which positively promotes learning in a manner appropriate to the child's age and circumstances.
- (c) The fostering service helps foster parents to provide children with access to a range of educational resources to support their learning (including appropriate reading material), and to have opportunities beyond compulsory schooling to engage in activities which promote learning and/or training.
- (d) Foster parents have authority from the fostering service to work with a child's education or training provider to encourage regular attendance, to help to maximise each child's achievement and to minimise any underachievement, and to contribute to any reviews of the child's education or training needs.
- (e) Foster parents have clarity on the decisions they can make to encourage and support a child's learning during the placement, in line with [CCPD 01/2010](#).
- (f) Foster parents are provided with up-to-date information about each child's educational progress and school attendance record, including attending parents' meetings and advocating for the child, where appropriate.

<b>Key area 2.4</b>	Children take part in activities that support their wellbeing.
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*Indicators*

- (a) The fostering service, responsible authority (where different) and foster parents work together to promote each child's health, wellbeing and physical, emotional, sensory and social development needs during the foster placement.
- (b) Children have opportunities to identify and participate in activities that they will enjoy and that will develop personal and social skills, confidence and a positive sense of identity. Where appropriate, this includes exploration/continuation of the hobbies and interests of families or people who are important to the child.
- (c) Activities identified as promoting the health and wellbeing of the child should not be withdrawn as part of an approach to managing challenging behaviours, unless there is a risk of harm to the child or others as a result of participation in those activities.

<b>Key area 2.5</b>	Children are safe and supported to feel safe.
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## *Indicators*

- (a) The responsible authority and the fostering service (where different) have arrangements in place to ensure that the welfare of the child is safeguarded and promoted in all aspects of foster care and placements. Children are protected from abuse and other forms of significant harm (e.g. physical, emotional, and sexual abuse, including exploitation).
- (b) The responsible authority implements a proportionate approach to any risk assessment, which recognises the risks and decision making associated with everyday life which are managed directly by the foster parent.
- (c) Identified risks of harm to a child are reflected in the child's care plan and understood by foster parents and other caregivers. The responsible authority works with the fostering service provider (if different) and foster parents to implement strategies to reduce the risk of harm.
- (d) Staff in fostering services and foster parents are trained on how to identify that a child or others in the household are at risk of harm and the actions to be taken to safeguard them.
- (e) Staff in fostering services and foster parents have completed mandatory training in safeguarding, safer care and the management of concerns, complaints and allegations, which is refreshed regularly.
- (f) Foster parents are provided with clear information on who to contact in an emergency, including for incidents of self-harm, violent behaviour and first aid.
- (g) Following approval, foster parents have access to sufficient training, particularly in relation to trauma informed approaches, and information from the fostering service to enable them to help each child develop the skills and knowledge needed to understand risk, make informed decisions and make their lives as safe as possible.
- (h) The fostering service has a policy on the safe use of the internet and social media. The fostering service and foster parents collectively help children to understand how to keep themselves safe when using the internet, social media and electronic communication. Foster parents receive training and understand their role in supporting children to keep themselves safe online.
- (i) Foster parents are provided with clear guidance by the fostering service on the measures they can take to prevent a child leaving the foster home without permission.
- (j) Foster parents receive training in, and are supported by the fostering service to implement, agreed policies and procedures to be followed should a child go missing from the foster home. These align with the [Regional Missing Children Protocol](#) (where appropriate), and clearly set out responsibilities of the foster parent, the fostering service and the responsible authority, where different.
- (k) Fostering services work with the responsible authority (where different) to consider and address any issues which result in a child going missing from a foster placement. This is informed by discussions with the foster parent and, where possible and appropriate, the child.
- (l) Each fostering service has in place a written policy and procedure detailing their approach to promoting positive behaviour and crisis management. These policies are relationally focused and promote an understanding of behaviour as being a communication on unmet need or emotional arousal.

- (m) Fostering services and foster parents consider how day-to-day needs, including for routine and ritual, privacy and personal space, can help children develop regulation skills necessary for managing their behaviour.
- (n) Foster parents have access to training in the use of effective techniques to de-escalate stressful or potentially harmful situations. This may include creative strategies which are specific to the needs of a particular child and planned in consultation with them.
- (o) The fostering service has robust arrangements in place, for both staff and foster parents, to prevent unsuitable people from having the opportunity to harm children or place them at risk of harm.
- (p) Each fostering service and responsible authority, where different, has in place written procedures to be followed in responding to serious incidents or allegations of abuse involving fostering service staff or foster parents to include guidelines for timescales for resolution of allegations. Serious incidents and allegations are appropriately recorded and thoroughly investigated to identify areas of improvement to recruitment, induction or training arrangements to better safeguard children. Both the complainant and the subject of the complaint are clear on the support they can access while the procedure is being followed.
- (q) The fostering service has mechanisms in place for obtaining feedback from children about how safe they feel and their experiences within the foster placement.
- (r) Fostering agencies have effective systems in place to make notifications in line with regulation 39 of, and Schedule 7 to, the Regulations<sup>1</sup>. This includes arrangements for making such notifications within 24 hours during the normal working week (i.e. Monday to Friday inclusive) and as soon as reasonably practicable on a Saturday or Sunday.
- (s) Fostering agencies maintain a written record in relation to each event notified under regulation 39 of, and Schedule 7 to, the Regulations<sup>2</sup>, which includes details of the action taken, and the outcome of any action or investigation arising from the event. Where the action and/or investigation relates to an individual, that individual receives a copy of the record of that action and/or investigation within one week of its conclusion.

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<sup>1</sup> The Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2025

<sup>2</sup> The Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2025

<b>Standard 3</b>	<b>Foster parents, staff and other caregivers have the right skills and support to care for children</b> [ <i>NIFITC Building Block - Supporting the Caring Network</i> ]
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<b>Legislation</b>	The Children (Northern Ireland) Order 1995 – Articles 18 and 26 The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulations 5, 6, 7, 9, 10, 13 18, 19, 24, 26, 32, 33, 34 and 39
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<b>Key area 3.1</b>	Each fostering service has the right composition of staff and foster parents to meet the needs of children in foster care.
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#### *Indicators*

- (a) Fostering services work collaboratively to maximise the numbers of foster parents recruited, in order to meet the range of needs of children in foster care, including the provision of short breaks for children with a disability.
- (b) All social workers and other specialists (e.g. medical, legal, educationalists, psychologists, therapists) employed by the fostering service are professionally qualified, have undergone appropriate Access NI checks and, where applicable, are registered by the appropriate professional body. They are appropriately trained to work with children, their families, and foster parents, and have a good understanding of foster care and the policies and purpose of the fostering service. Where staff undergoing social work training carry out social work functions they do so under the direct supervision of qualified social workers, who are accountable for their work.
- (c) Staff have clear job descriptions which set out their own roles and responsibilities, and conditions of employment. They understand to whom they are accountable, have written information to which they can refer and a named member of staff for support.

<b>Key area 3.2</b>	Recruitment, assessment and review processes identify the right foster parents with the core values, skills and knowledge to meet the needs of children.
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#### *Indicators*

- (a) The fostering service implements clear written policies and procedures on recruitment, assessment, and review of foster parents, to ensure that prospective and existing foster parents (as appropriate) have the knowledge, skills, qualities, competences, aptitudes, and abilities for fostering.
- (b) Existing and prospective foster parents are treated fairly, without prejudice, openly and with respect at all times, including during recruitment, assessment and review processes. Prospective foster parents have a clear understanding of the rationale for all checks into their personal lives; these are explained respectfully and sensitively.
- (c) The fostering service has in place opportunities for children to meaningfully contribute to the recruitment and review processes for foster parents. Children have the opportunity to engage with the relevant social worker in person or in writing as appropriate for their age

and circumstances, in order to contribute to the reviews of the foster parent caring for them.

- (d) There are effective policies, procedures and operational arrangements in place to identify prospective foster parents who are known to the child, where possible and appropriate.
- (e) Enquiries from those interested in becoming foster parents are dealt with courteously and efficiently by staff who have the necessary knowledge and skills.
- (f) Prospective foster parents are provided with comprehensive and clear information about the role of a foster parent and the assessment process (in electronic or hard copy).
- (g) The fostering service provides opportunities for prospective foster parents to improve their understanding of fostering through training and contact with experienced foster parents.
- (h) The assessment and approval process is set out clearly to prospective foster parents (in writing), including:
  - The qualities, skills or aptitudes being sought or to be achieved;
  - The standards to be applied in the assessment;
  - The stages and content of the selection and approval process and timescales involved. A revised timeline should be provided to the prospective foster parent when there is a change in the timeline;
  - Any particular considerations relevant to the assessment of family and friends foster parents, if appropriate;
  - The checks to be carried out as part of the assessment, including who will require such a check;
  - The support, including financial support, and information available to prospective foster parents (by the fostering service or other organisations) during the assessment;
  - The process for raising a concern or complaint relating to the assessment and approval process.
- (i) The role, function and operation of Fostering Panels are clearly understood by panel members, staff in fostering services and those who are, or are applying to become, foster parents.
- (j) Prospective foster parents are updated at least once every two months in writing (electronic or hard copy) about the progress of their application for approval, including the current stage of the application process and the progress made since the last update.
- (k) The fostering service ensures that prospective and approved foster parents are clear about how decisions about their application/ approvals will be reached, the factors that will be taken into account in making these decisions (including the circumstances in which an application to become a foster parent may be refused), and the arrangements for communication of decisions.
- (l) Those involved in assessing the suitability of persons to be foster parents are social workers, have experience of foster care and family placement work and are trained in the assessment process. Students who do not meet this requirement will only carry out assessments under the supervision of a suitably qualified, experienced and trained social worker who takes responsibility for the assessments.

- (m) The fostering service has a record of all recruitment and suitability checks which have been carried out as part of the assessment processes for foster parents, and for those working (including as volunteers) for the fostering service.
- (n) Foster parents and prospective foster parents are given the opportunity (as early as possible and for a period of at least five working days) to consider and, if appropriate, add to the assessment report on them before it is considered at any decision-making meeting (including those of any Fostering Panel).
- (o) Foster parents and prospective foster parents are given the opportunity to attend and be heard at all decision-making meetings (including those of any Fostering Panel) at which their approval is being discussed and to bring a supporter of their own choosing if they wish. Where a fostering service decision maker disagrees with the conclusion of those discussions, prospective foster parents are informed clearly and promptly in writing.
- (p) Arrangements by a fostering service for the assessment, approval and review of foster parents are undertaken and communicated in a consistent, fair, open and timely manner. Processes are collaborative, inclusive, and as transparent as possible.
- (q) Reviews of foster parents' approval are undertaken against clear and consistent standards set by the fostering service and the considerations and outcomes of reviews are documented.
- (r) Areas of concern, including any need for additional training and support for the foster parent, that are identified between reviews are addressed by the fostering service or responsible authority, as appropriate, at the time they are identified, where possible.

<b>Key area 3.3</b>	Foster parents and fostering service staff are supported to develop their values, competencies and skills.
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### *Indicators*

- (a) The fostering service prepares prospective foster parents to become foster parents in a way which addresses, and gives practical techniques to manage, the issues they are likely to encounter and identifies the competencies and strengths they have and / or need to develop.
- (b) All fostering service staff and foster parents are provided with comprehensive induction that has been developed by the fostering service to ensure they can perform their roles effectively.
- (c) On approval, the fostering service provides foster parents with information, either a handbook or electronic resources, which includes at a minimum policies and/or procedures relating to financial matters (including allowances, fees and expenses); legal issues; breaks from caring; management of complaints, concerns or allegations; support, advocacy and representation arrangements; complaints procedures; and requirements around insurance. This should also include contact details such as an email address and phone number for the fostering service. The fostering service reviews, and if appropriate updates, the information regularly.
- (d) The fostering service has in place a robust trauma-informed, evidence-based learning and development programme for foster parents and staff, that is aligned with the Northern Ireland Framework for Integrated Therapeutic Care trauma training framework and with these Minimum Standards. The programme is evaluated for effectiveness at least annually and is updated where necessary. The views of foster parents and staff are

sought and considered as part of this process, and the evaluation is also informed by the views of children in foster care. Consideration is also given to training for others within the foster home.

- (e) All training provided by the fostering service fits within a framework of equal opportunities and anti-discriminatory practice and is organised to encourage and facilitate attendance by foster parents.
- (f) The fostering service has in place a range of approaches to learning by foster parents and staff, including the opportunity for self-directed, group, online or face-to-face, training. The fostering service ensures that all foster parents have opportunities to connect with, and learn from, other knowledgeable and experienced foster parents.
- (g) The fostering service has in place a personal development plan for each foster parent, setting out their existing skills and experience and how they will be supported by the fostering service to undertake training and development that is appropriate to their development needs and experience and the needs of children in their care. Where appropriate, this will include areas of mandatory training, and specialist training as required e.g. for safer care practice and for issues affecting children with disabilities. The personal development plan is considered as part of the review process.
- (h) Details of the skills, experience, development and training undertaken or planned by a foster parent can be easily transferred between fostering services, should a foster parent choose to move between them.
- (i) There are processes in place to ensure that staff within the fostering service and foster parents are kept up-to-date about relevant research and practice on meeting the needs of children.
- (j) Foster parents receive support and training on how to manage their responses and feelings arising from caring for children, particularly where children display behaviours consistent with previous trauma, and understand how children's previous experiences can manifest.

#### **Key area 3.4**

Foster parents and fostering service staff feel safe and secure in their roles, know that they are valued and that what they do matters.

#### *Indicators*

- (a) The policies and procedures of the fostering service are developed and reviewed in a way which takes account of the views of staff, foster parents and children.
- (b) The fostering service ensures foster parents understand the nature and level of support which will be provided to them by the fostering service. The views of foster parents are sought, and considered in the planning, delivery and evaluation of such support.
- (c) There is an effective out of hours advice and support service for foster parents to use in an emergency.
- (d) Where circumstances require the immediate or emergency placement of a child with an adult known to them, the fostering service visits the adult at the earliest opportunity and no later than one week after the commencement of the placement, to consider whether the placement meets the needs of the child, their wishes and feelings on the placement, the implications of the placement for the wider family, and to discuss the assessment process.



- (e) Peer support, foster parent associations and/or self-help groups for foster parents (including those specifically for family and friends foster parents) are encouraged and supported by the fostering service.
- (f) Each fostering service has in place a policy relating to the provision of breaks from caring by foster parents. This includes the frequency and duration of breaks, and the necessity to plan breaks to take account of the needs of any children living with the foster parent.
- (g) All foster parents have access to adequate social work and other professional support, information and advice, to enable them to provide consistent, high-quality care to the child. This includes assistance with dealing with relevant services, such as health and education. Consideration is given to any help or support needed by the children of foster parents.
- (h) Each approved foster household is supervised by a named, appropriately qualified social worker. Foster parents' files include records of supervisory meetings, and a copy is provided to the foster parent, if requested.
- (i) Visits to foster households have a clear purpose and provide the opportunity to ensure the foster parent is meeting the child's needs, consider the child's wishes and feelings, and identify and agree any support that may be required.
- (j) Fostering services publish, and provide existing and prospective foster parents with, information which sets out clearly the allowances, fees and expenses which may be payable to them, the differences between these payments, and the criteria for accessing them, before a child is placed where possible. This includes information on payments during a break in placement or should the household be subject to a standard of care concern, complaint or allegation.
- (k) All foster parents receive allowances which are at least the levels determined and published by the Department of Health for that financial year. The rate of allowances is considered on an annual basis by the Department.
- (l) For each foster parent, the fostering service will also consider the provision of:
  - fees in line with the scheme produced by the fostering service, reflective of the particular skills and experience of that foster parent; and
  - expenses which are agreed with the fostering service as necessary for the care, education and reasonable leisure interests of the child.
- (m) Foster parents will be consulted in advance of any substantial change to the allowances, fees or expenses paid to them.
- (n) Payments of allowances, fees and expenses are made promptly at the agreed time and foster parents are provided with a statement of payments at the end of each tax year.
- (o) Financial and other support is provided to foster parents in a way which does not discriminate against those who have a pre-existing relationship with the child.
- (p) The fostering service provides foster parents with clear information about financial and other support that is available to them where a child remains with them after they reach the age of 18 or where they care for/provide a home for a mother and baby foster placement. The outcome of decisions concerning payments and support in respect of the continuing provision of a home environment for a person reaching the age of 18 are confirmed in writing by the fostering service with the foster parent before such arrangements come into effect.



- (q) Foster parents are provided with information, advice and other support (including the completion and review of risk assessments where appropriate) to help keep them and others in their household safe, and to maintain normal family life.
- (r) Fostering services have in place arrangements to support foster parents and/or staff following an incident or event, which can vary according to their level of need. Foster parents and staff are supported to access specialist support on a longer-term basis where this is required.

<b>Key area 3.5</b>	Foster parents and those in their household are empowered to support the wellbeing of the child.
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### *Indicators*

- (a) The fostering service supports foster parents to provide children with care that meets those children's needs, takes the children's wishes and feelings into account, actively promotes individual care and supports the children's safety, health, enjoyment, education, and preparation for the future.
- (b) Foster parents are provided with sufficient information and support to be able to make decisions about routine day-to-day arrangements for the child, including such matters as leisure activities, overnight stays, holidays in UK/Ireland, mobile phone use, educational initiatives and personal issues such as haircuts or GP visits, without the need for specific approval from the fostering service, in line with [CCPD 02/2009](#) and [CCPD 01/2010](#). Where this is not the case, the reasons are explained to the foster parent, and the fostering service ensures that the foster parent clearly understands the circumstances when approval is required. The fostering service has in place arrangements for the making of such requests for approval and, where appropriate, the provision of approval in a timely manner.
- (c) Fostering service providers are clear about what equipment is being either loaned or given to foster parents.
- (d) Where a child is eligible for benefits because of a disability, foster parents are encouraged and supported by the fostering service to apply for those benefits. There are regular recorded discussions between the fostering service and the foster parent about how any additional benefits are being spent to promote the best interests of the child.
- (e) The fostering service works closely with other statutory services and agencies such as the Northern Ireland Housing Executive or the Social Security Agency, to maximise the support available to the foster parent to help them care for a child, particularly to those who are family and friends foster parents.
- (f) Foster parents and others in their household are provided with, or signposted to, help and support to understand the child's needs and the reason for the foster placement, the impacts of their relationships with the child, and to address any challenges experienced during the placement.
- (g) The fostering service has mechanisms in place to help bolster and maintain the compassion and resilience of foster parents and those in their household.

<b>Standard 4</b>	<b>Leaders inspire and enable high quality care that delivers the best possible outcomes for children</b> [ <i>NIFITC Building Block - Whole System Leadership</i> ]
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<b>Legislation</b>	The Children (Northern Ireland) Order 1995 – Articles 27(2)(a) and 28(1) The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulations 18, 19, 21, 22, 26, 32, 34, 40 and 41
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<b>Key area 4.1</b>	Senior leaders and managers are clear about the purpose of the fostering service and communicate this well to foster parents, staff, children and key stakeholders.
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#### *Indicators*

- (a) There is a statement of purpose for the fostering service that clearly sets out the aims, objectives and ethos of the service. The statement of purpose includes the information set out in **Appendix 2**.
- (b) The statement of purpose is child-focused and it details how safe, stable and therapeutic care will be provided, underpinned by these Standards and the Northern Ireland Framework for Integrated Therapeutic Care.
- (c) The statement of purpose is translated into practice in the fostering service and is reflected in the way the service is led and managed.
- (d) The fostering service provides each child living in foster care with a guide to its services (a Children's Guide) at the point of placement, in a manner appropriate to their age and circumstances. Where a child requires it, this is available through suitable alternative methods of communication, e.g., Makaton, pictures, tape recording, translation into another language. The fostering service explains the content of its Children's Guide to each child.
- (e) The Children's Guide includes:
  - a summary of the statement of purpose of the fostering service;
  - a statement as to the services and facilities provided by the fostering service;
  - a summary of the procedures in respect of representations and complaints;
  - an explanation of the role of the RQIA, and details of how it can be contacted.
- (f) The fostering service is led by a suitably qualified and experienced Registered Manager / HSC Trust Head of Service. In the case of a fostering agency, the Registered Manager (and the Registered Person, where different) meet the requirements set out in **Appendix 3**.
- (g) Managers, staff, volunteers, and foster parents are clear about their roles and responsibilities. The level of delegation and responsibility of the managers, and the lines of accountability, are clearly defined.
- (h) Staff, volunteers and foster parents have a copy of:
  - the statement of purpose;

- the policies and procedures in respect of grievances and disciplinary matters, where applicable;
- details of the services offered;
- the equal opportunities policy;
- policies and procedures to safeguard children, aligned to the overarching 2024 policy framework '[Co-operating to Safeguard Children and Young People in Northern Ireland](#)';
- health and safety policy and procedures;
- the [Northern Ireland Framework for Integrated Therapeutic Care Overview Document](#); and
- any other relevant policies.

<b>Key area 4.2</b>	Senior leaders and managers promote a vision of high quality care and high expectations of what can be achieved for children
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*Indicators*

- Senior leaders and managers of the fostering service ensure all staff's work, and all fostering activity, is consistent with the 2025 Regulations, the Standards, the core concepts and building blocks of the Northern Ireland Framework for Integrated Therapeutic Care, and with the service's policies and procedures.
- Senior leaders and managers in the fostering service lead by example, actively promoting relationship-based, trauma-informed, individually tailored care in all of their interactions with staff, volunteers, foster parents and children.
- There are processes in place to ensure that senior leaders and managers within the fostering service keep up-to-date about research and best practice evidence on meeting the needs of children in foster care.

<b>Key area 4.3</b>	There are effective governance and management arrangements within HSC Trusts and fostering agencies.
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*Indicators*

- There are clear and effective procedures for monitoring and controlling the activities of the service by senior managers and/or management boards. This includes the financial viability of the service, handling of serious incidents, allegations or complaints about the service, and arrangements for ensuring the quality of the service.
- There is a framework in place for the identification, assessment and management of risk to service provision. Issues arising are escalated to relevant individuals or bodies as appropriate.
- The fostering service provides regular reports to its management board / team on governance arrangements and on-going continuous improvement within the service.
- The Registered Manager / HSC Trust Head of Service ensures systems are in place for the fostering service to meet statutory obligations and comply with all relevant Standards and guidance. This includes financial, health and safety, information management, data protection, the regional social care supervision policy and (for HSC Trusts) public involvement and consultation.

- (e) The fostering service has in place a policy that clarifies the purpose, format and content of information to be kept on the fostering service's files, on the child's file and on the case files relating to foster parents. Access to personal and protected information is clearly monitored and managed in accordance with relevant data protection and information management policies. The creation, use, retention, storage, transfer, disposal of, and access to, records, including those relating to a particular child's placement, are managed in line with any relevant legislation and policies in place within the fostering service and responsible authority (where different).
- (f) There are clear and effective procedures in place, which align with statutory and other established reporting requirements, regarding the reporting of significant concerns about the management or provision of a fostering service to the responsible authority (where different) and the Department of Health.
- (g) There are effective arrangements in place for staff management, support and (where appropriate) professional supervision, which ensure that staff understand their roles and responsibilities. This includes arrangements for the Registered Manager / HSC Trust Head of Service of the fostering service. There are clear lines of accountability at all levels.
- (h) The Registered Manager / HSC Trust Head of Service of the fostering service ensures that operational policies and procedures are regularly reviewed and updated if appropriate, to align with statutory requirements and reflect relevant Standards, guidance, research evidence and best practice in trauma informed care.
- (i) Each fostering service has in place:
- A policy and procedures which set out the arrangements for responding to complaints about the staff, services or management of the fostering service; and
  - clear written procedures for considering concerns, complaints and allegations relating to the actual or potential harm to a child, which are aligned with the regionally agreed policy
- (j) Both documents detail the senior manager with responsibility for implementing the procedures, the process to be followed, the protection available for those who raise a complaint or allegation, records to be kept and shared or deleted, the circumstances which may require referral of the complaint to another body (for example the responsible authority (where different) or the Department of Health) and any relevant support services.
- (k) There is evidence that information about incidents, allegations or complaints is shared with relevant individuals or bodies in accordance with statutory requirements and related guidance.
- (l) Fostering services ensure that a clear distinction is made between investigation into allegations of harm by staff or foster parents, complaints about staff or foster parents, and discussions over standards of care.
- (m) Each fostering service has in place a whistle-blowing policy which makes clear how staff, volunteers or foster parents can report any circumstances within the fostering service which they consider present a risk of harm to their safety, rights or welfare or that of any child in foster care. The policy must also include the steps to be taken by the fostering service to consider, address and (where appropriate) refer the report to another body.
- (n) Individuals do not suffer victimisation or any other disadvantage as a result of making their concerns known, in line with the Whistleblowing Policy for the fostering service.

- (o) Any person or organisation temporarily responsible for a fostering service in administration or receivership, or in the process of closure or substantial change, must operate the service in the best interests of the placed children and foster parents under the circumstances that apply, in accordance with the applicable regulations and these Standards.
- (p) Where there is a change in the ownership of a fostering agency, foster parents and volunteers within that agency are informed of the change as soon as is practicable.
- (q) Where a child is to be placed with an agency foster parent, the agency works with the responsible authority to ensure swift and effective integration of information held in the agency's case files and those of the HSC Trust.
- (r) When any foster parent seeks to move to a new provider, the previous provider complies with any request for a report about that foster parent within one month of receipt of a written request to do so. The report contains details relating to:
  - The registration and approval (including any conditions relating to that approval) of the foster parent;
  - Age, sex and length of stay of children living in foster care within the last five years;
  - Strengths, skills and training of the foster parent;
  - Details of any substantiated concerns, complaints or allegations relating to the care provided by the foster parent.

<b>Key area 4.4</b>	The Registered Manager or HSC Trust Head of Service of the fostering service ensures that children are receiving high quality care.
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#### *Indicators*

- (a) The Registered Manager / HSC Trust Head of Service exercises effective leadership of the staff and management of the service, to ensure that it operates as far as possible in a manner that delivers the best possible care that meets the individual needs of each child and of foster parents.
- (b) The fostering service makes available copies of RQIA inspection reports to all members of staff, foster parents, children fostered by the service and, where appropriate, their birth relatives. Where appropriate, reports are also made available on request by the responsible and/or placing authorities of existing children living in foster care or those considering placing a child through the service.
- (c) The Registered Manager / HSC Trust Head of Service of the fostering service takes action to address any issues of concern that they identify, or which are raised with them.
- (d) Senior leaders and managers understand the strengths and weaknesses of their fostering service.
- (e) Senior leaders and managers of the fostering service advocate for the children and young people in their care, ensuring other agencies and services play their role in delivering high quality health and wellbeing support.
- (f) Relevant qualitative and quantitative information (including relating to the quality of care provided) is collected by the fostering service, monitored, analysed and shared as

appropriate to inform regional monitoring of fostering services. This includes data collection in respect of outcomes of children in foster care.

- (g) Qualitative and quantitative information draws on a range of sources including but not limited to:
- feedback from children and young people, foster parents, staff and stakeholders;
  - significant incidents;
  - audits of care practice;
  - themes from reflective practice and supervision;
  - progress children have made against outcomes identified in their care plan;
  - inspection reports.
- (h) Learning from monitoring processes is translated into effective action to address identified areas of improvement and concerns identified.

<b>Key area 4.5</b>	Senior leaders foster a culture of collective leadership that delivers high quality care.
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#### *Indicators*

- (a) The foster service's management board or team:
- receive regular written reports on the management, outcomes and financial state of the fostering service;
  - monitor the management and outcomes of the services in order to satisfy themselves that the service is effective and is achieving good outcomes for children;
  - for fostering agencies, satisfy themselves that the provider is complying with the conditions of registration.
- (b) Senior leaders and managers of the fostering service model a team approach, encouraging and appreciating the contributions and expertise of others, including foster parents.
- (c) Senior leaders and managers treat staff, foster parents and volunteers with respect, care and compassion. They listen to others' ideas and promote an environment where it is safe to challenge and share ideas.
- (d) Senior leaders within the fostering service encourage a sense of shared ownership between staff and foster parents of the quality of care provided by the service and the outcomes for individual children.

<b>Standard 5</b>	<b>The physical environment within the foster home is welcoming, safe and inclusive for children</b> [ <i>NIFITC Building Block - Physical Environment</i> ]
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<b>Legislation</b>	The Children (Northern Ireland) Order 1995 – Article 27(2)(a) The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulation 22
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<b>Key area 5.1</b>	The physical environment promotes the safety of children.
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*Indicators*

- (a) Close consideration is given to what is needed for children to feel safe in the foster home; foster parents are made aware of any areas which are potentially unsafe and of times when children may need additional supervision. Where appropriate, risk assessments are carried out, regularly reviewed and shared with the foster parent.
- (b) The fostering service follows up any gaps in the information provided to them on the child or their family, which may hinder the foster parent in providing a safe caring environment that meets the child's needs and enables them to keep the child, other children in the fostering household and the foster parent him/herself safe.
- (c) The foster home can comfortably accommodate all who live there including where appropriate any suitable aids, adaptations or equipment provided and fitted by suitably trained staff when caring for a child with a disability. Where structural changes are needed to the home, there is a clear plan in place for these to be progressed, and interim arrangements for the child are agreed with the foster parent and reviewed regularly.
- (d) Foster parents are trained in health and safety issues and have guidelines from the fostering service of the health and safety responsibilities of the service and of foster parents. Avoidable hazards are removed as is consistent with a family home.
- (e) The fostering service has clear policies regarding the safety of children when placed in the foster home, including when children are being transported. These are provided to foster parents and others involved with the child during their placement. The service's policies are regularly reviewed in line with the most recent guidance from relevant bodies, and in a manner which takes account of the views of staff, foster parents and children.

<b>Key area 5.2</b>	The foster home provides a comfortable and homely environment.
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*Indicators*

- (a) The foster home is warm, adequately furnished and decorated, is maintained to a good standard of cleanliness and hygiene and is in good order throughout. Outdoor spaces which are part of the premises are safe, secure, and well maintained, and accessible to children.
- (b) Each child living in foster care over the age of three has their own bedroom within the foster home. In limited circumstances, it may be appropriate for a child to share a bedroom, following consideration by the fostering service (and responsible authority, where different)



of the views of the foster parents, the views (where appropriate, subject to their age and circumstances) of the child, the child's needs, their best interests, and any potential risks. Where this is the case, the decision-making process and outcome of the assessment are recorded in writing, including how the sharing of the room is in the best interests of the child.

- (c) Children have adequate storage for their personal possessions.
- (d) Children aged over 11 have access to somewhere quiet with a table and chair for study or other projects. Younger children also have access to somewhere suitable for reading, school work or other similar projects, as appropriate for their age and circumstances. \*
- (e) Children have access to age appropriate toys or activities in the home, which support their development.
- (f) Children are given free access to the household facilities as would be consistent with reasonable arrangements in a family home.
- (g) Children understand the everyday household rules and expectations relating to the foster home where they are living, to the extent appropriate for their age and circumstances, including circumstances when the foster parent may enter the child's bedroom.
- (h) Children are encouraged and enabled to keep their rooms clean to a standard appropriate for their age and circumstances, and have safe access to cleaning materials to enable them to do so.

<b>Key area 5.3</b>	The physical environment gives a strong message to children that they are valued.
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#### *Indicators*

- (a) The foster home is inspected annually by any authorised person from the fostering service to make sure that it continues to meet the needs of the child. Care is taken to ensure that such inspections do not unnecessarily impact on the rights of all those in the household to privacy and to a family life.
- (b) The fostering service ensures that reasonable adjustments to the foster home are made for children with disabilities and for those with sensory or other needs associated with the physical environment.
- (c) Children's choice and control over their environment is maximised. They are allowed to personalise their rooms with their belongings, and have a say in any redecoration which is carried out.\*



<b>Standard 6</b>	<b>Children and their foster parents and carers are meaningfully involved</b> [ <i>NIFITC Building Block - Supporting the Participation of Children, Young People and Families</i> ]
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<b>Legislation</b>	The Children (Northern Ireland) Order 1995 – Article 27(2)(a) The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulations 7, 17, 18, 19, 26 and 39
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<b>Key area 6.1</b>	Foster parents provide an environment where children are safe, comfortable and supported to express their views and preferences.
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#### *Indicators*

- (a) Staff and foster parents help the child to learn about and understand their experiences, including through their life story.
- (b) Children are supported to have influence and control within their lives, appropriate to their age and circumstances. This principle underpins all interactions between staff or foster parents and children in foster care.
- (c) Oral and written communications from the fostering service are in a format which is appropriate to the age, physical, sensory, and learning needs, communication difficulties and language of the individual child; this may include face to face explanations.
- (d) Foster parents understand the communication needs of the child in their care and are supported by the fostering service in meeting those needs.
- (e) Staff and foster parents are made aware and support children to exercise their right to express their views, feelings and wishes in all matters affecting them, and to have their views taken seriously. Staff and foster parents get to know the child to support their involvement in a way that is best suited to their age and circumstances.
- (f) Children are encouraged to share how they feel and what they think about their time in foster care, and the services and support they receive, with foster parents, staff from the fostering service and others as appropriate, for example advocates.

<b>Key area 6.2</b>	Children and their foster parents are meaningfully involved in decisions about their care and support.
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#### *Indicators*

- (a) The fostering service regularly seeks and records the views of the child, in a manner appropriate for their age and circumstances, and the foster parent on the child's care. In particular, the wishes and feelings of the child are listened to, considered and taken seriously.
- (b) The fostering service ensures that foster parents understand the child's care plan and are supported to explain the plan—and any changes to it—to the child, as appropriate for their age and circumstances.
- (c) The wishes, feelings, and views of children and those significant to them are listened to, recorded and taken seriously in the review and assessment of foster placements and in developing the fostering service.

- (d) The views, wishes and feelings of children inform all meetings/plans about their care and support. The foster service ensures that children:
- are encouraged and supported to participate in discussions about their care and support, including attending meetings to plan and review their care. Meetings are arranged in a format (e.g. in person or via video call) and in a location which takes into account the views and wishes of children. Children are given time and encouragement to let their views be known.
  - can access independent support appropriate to their age and circumstances, including timely access to independent advocacy and legal representation.
  - are encouraged and supported to meet with the Chair ahead of any meeting about their care and support, if they wish to do so, and have the opportunity to discuss with the Chair the agenda for the meeting and attendees.
  - are provided with all relevant information in advance of meetings, including all relevant reports, in a way that they can understand.
  - are helped to understand the role of those attending the meetings and are consulted about any others they wish to attend. Where a child requests the presence and participation of an important adult, this is facilitated where possible.
  - are helped to understand why it may be necessary for a person to attend a meeting about their care or support, against their wishes, and are provided with any additional support they need should this occur.
- (e) The fostering service maintains comprehensive records that document discussions with the child, their foster parents and any other significant individuals about the child's care and support.
- (f) There is evidence of change in policy, practice or individual care arising from the views and experiences of children and foster parents.
- (g) The fostering service has clear processes in place to monitor and assess the effectiveness of the arrangements to ensure the participation of children in decisions about their care and support.
- (h) Children and foster parents understand the nature of records maintained about them by the fostering service and responsible authority, where different, and how to access them.
- (i) Information about the child held by the fostering service and responsible authority, where different, is recorded clearly and in a way which will be helpful to the child when they access their files now or in the future. Language used in the records and the way events are captured are sensitive, trauma-informed and empathetic.

### **Key area 6.3**

Children take an active role in influencing decisions about their routines, the activities they undertake and the services they receive when living in the foster home.

### *Indicators*

- (a) Children's views, wishes and feelings on everyday life in the foster home are sought and acted upon by the foster parent in a manner appropriate to the child's age and circumstances, taking into account the child's best interests and any potential adverse impacts on other members of the foster care household.

- (b) Children can exercise choice and independence in what they eat and the clothes and personal items that they buy or that are provided for them, as appropriate to the child's age and circumstances and within the context of the foster family's decision making and the reasonable limits that a responsible parent would set. \*
- (c) Children receive a personal allowance appropriate to their age and circumstances, that is consistent with their care plan, their rights and their legal entitlements. \*
- (d) The fostering service ensures that there are arrangements in place for the child to influence or control how any money given to them or held by others on their behalf is spent/ invested, as appropriate to their age and circumstances. Foster parents support children living in their care to understand financial decisions and to manage money responsibly.
- (e) The fostering service works collaboratively with the foster parent and the responsible authority (where different) to support the child to obtain important life documents such as a birth certificate, passport or National Insurance number. \*
- (f) Foster parents respect the child's privacy and confidentiality, in a manner that is consistent with good parenting and with maintaining a safe, clean and welcoming home environment.

<b>Key area 6.4</b>	Children and foster parents have confidence in procedures for making complaints or representations about any aspect of a fostering service
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#### *Indicators*

- (a) All fostering services provide children with information on how they can find out their rights, how they can contact the NI Commissioner for Children and Young People, or RQIA if they wish to raise a concern with inspectors, and how to secure access to an independent advocate to support them to have their wishes and feelings heard or to make a complaint on their behalf. Foster parents should also be provided with information to enable them to support children to exercise their rights.
- (b) All fostering services provide foster parents with details of how to access independent support, advocacy and representation to support them to make and progress a complaint or representation.
- (c) The fostering service has in place arrangements to support the resolution of complaints through discussion and engagement with relevant parties, where it is appropriate to do so.
- (d) Children and foster parents understand that they can make a complaint or representation about any aspect of the fostering service or placement.
- (e) A child or foster parent making a complaint or representation is encouraged to state what they would like the outcome to be, and if that outcome is not possible, they are told why that is the case.
- (f) Processes within the fostering service for making complaints or representations are child-friendly and accessible to children, foster parents and others.
- (g) The fostering service deals promptly with complaints and action is taken in accordance with its policy and procedures for dealing with complaints. This includes ensuring that:
  - children in foster care and foster parents, or those acting on their behalf, can make a complaint without fear of adverse consequences;

- details of a complaint will be dealt with sensitively and will not be shared beyond those who need to know them;
  - matters concerning the quality of service provided by the fostering service or the actions of those working for the fostering service should be escalated to the Registered Manager / HSC Trust Head of Service for their consideration and, if necessary, appropriate action to be taken in line with policy and procedures. The subject of a complaint is not involved in the consideration of the complaint other than at the informal resolution stage if the Registered Manager / HSC Trust Head of Service of the fostering service considers it appropriate;
  - details of every complaint, all communications with complainants, the results of investigations, actions taken and the level of a complainant's satisfaction with the outcome are recorded;
  - complainants are kept informed of progress verbally and in writing and, where timescales cannot be met, the reason for delays;
  - responses to complaints are respectful, easy to understand, address the issues, and where appropriate, contain an apology;
  - complainants, including children where it is appropriate for their age and circumstances, are encouraged to sign the record to indicate their satisfaction or otherwise with the management and outcome of their complaint. If they wish, they can be supported by an advocate to do so;
  - complainants are provided with clear information about how to escalate their complaint if they are not satisfied with the outcome.
- (h) The fostering service has systems in place to analyse and report on complaints so that patterns can be identified and appropriate changes made.
- (i) The fostering service has a procedure in place to quality assure the complaints process.

<b>Standard 7</b>	<b>The intrinsic worth of each child in foster care is valued and promoted</b> [ <i>NIFITC Building Block - Responding to Diversity and Inequalities</i> ]
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<b>Legislation</b>	The Children (Northern Ireland) Order 1995 – Articles 26 and 27(2)(a) The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulations 8, 18 and 34
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<b>Key area 7.1</b>	Equality and inclusion are promoted and inequalities are challenged
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#### *Indicators*

- (a) Each fostering service has in place a policy and procedures for promoting equality of opportunity and inclusion within foster care settings. These align with legislative duties of statutory bodies under section 75 of the Northern Ireland Act 1998, and relevant codes of practice.
- (b) There is an awareness among all caregivers that a high number of children in foster care are likely to have experienced inequalities and that achieving equitable outcomes will often require enhanced support and individual responses. This is reflected in individual care planning, including narrative and life story work.
- (c) Fostering service staff and foster parents receive training and/or guidance on how their use of language, choice of words and descriptive labels can promote inclusion.
- (d) The fostering service ensures that children who have neurodevelopmental, health, learning, communication or language needs and those with a disability have access to support and reasonable adjustments, including communication tools, so that they can be fully included in all aspects of everyday life in their foster home and to address inequalities they may have experienced.
- (e) Foster parents are sufficiently skilled and knowledgeable, through specific training where appropriate, in effectively supporting children experiencing discrimination or bullying, wherever this occurs.
- (f) Fostering services and foster parents anticipate and where possible support the needs of children that relate to their religious background, racial origin, cultural or linguistic background, working in partnership with parents or other sources of specialist advice.
- (g) Foster parents understand and accommodate race, cultural and religious beliefs and practices in a respectful and positive manner. They identify opportunities to celebrate traditions that promote a sense of identity and belonging.
- (h) Foster parents are supported by the fostering service to help children to promote positive sexual health and identity, in a manner appropriate to the child's age and circumstances.

<b>Key area 7.2</b>	Children experience dignity, respect and have their legal and human rights upheld.
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#### *Indicators*

- (a) The fostering service provides children with information about their rights, including their right to request an independent advocate and how this can be accessed, in a manner appropriate to their age, circumstances and understanding.
- (b) The fostering service provides children with information appropriate to their age and circumstances explaining how their information will be stored and used, and how their privacy will be respected during the foster placement.
- (c) Foster parents help each child to understand how their privacy will be respected during the foster placement and the circumstances when it may have to be limited.
- (d) Fostering services ensure that a child's personal information is only shared by staff or foster parents when it is necessary and legal to do so. The information shared is proportionate, relevant, adequate and accurate, and consideration is given to seeking the child's consent prior to sharing the information where it is appropriate to do so. Staff and foster parents will receive suitable training in managing personal information, including the procedures for the recording of instances when information is shared.
- (e) When personal information is to be shared it is explained to the child what information will be shared, why, with whom and how. Foster parents should seek clarity that the child has understood.
- (f) The fostering service establishes partnership working and referral protocols with relevant advocacy organisations.
- (g) The fostering service provides foster parents and children with information on the process to be followed if they believe that their rights have not been upheld.

<b>Key area 7.3</b>	Children are supported to develop a positive self-identity.
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*Indicators*

- (a) Foster parents have the knowledge and skills to promote children's social and emotional development, and to enable children to develop emotional resilience and positive self-esteem.
- (b) The fostering service provides foster parents with information and training to help them understand the importance of a positive sense of self for children. Foster parents have confidence in understanding, exploring and supporting children's evolving identities.
- (c) Foster parents help children to identify their individual strengths and the strengths within their families and communities.
- (d) The responsible authority, foster service and foster parents work together to ensure that the interests, hobbies and talents of children are explored and supported to help them develop a sense of identity; and that children are encouraged to try out activities that help to discover their strengths and interests.
- (e) The records held about a child by the fostering service (and by responsible authority, where different), provide information that helps the child understand their identity and history. This includes information on the child's life story.
- (f) The fostering service, responsible authority (where different) and foster parents work collaboratively to help children develop narratives in relation to their family history (including pregnancy and birth), reasons for being in care and their care experience, which collectively support child development, recovery, agency, relationships with others and the continuing formation of a secure and grounded identity.

<b>Standard 8</b>	<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 [NIFITC Building Block - Understanding and responding to adversity and trauma]</b>
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<b>Legislation</b>	The Children (Northern Ireland) Order 1995 – Articles 26, 27(2)(a) and 28(1) The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulations 18, 24 and 32
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<b>Key area 8.1</b>	There is a shared knowledge base for understanding and responding to adversity and trauma.
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#### *Indicators*

- (a) Senior leaders, managers and staff within fostering services understand trauma, attachment and rights-based approaches to care delivery, and have participated in all available trauma informed training relevant to their role.
- (b) Everyone involved in the organisation and provision of care during a foster placement has a common understanding of the values and principles of trauma-informed care, and how to put these into action.

<b>Key area 8.2</b>	Foster parents seek to understand a child's story and respond to their behaviour and needs sensitively.
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#### *Indicators*

- (a) Foster parents receive training to enable them to sensitively listen to the child's story and support the child (as part of the wider care-giving network) to understand and make sense of their experiences; to be empathetic to the children in their care; and to use strengths-based language that carries a sense of hope and optimism.
- (b) Fostering services ensure that the role of important adults in the lives of children, including birth parents, is understood by staff and foster parents, and there is recognition that birth parents or carers themselves may have experienced trauma.
- (c) Foster parents are trained and supported by the fostering service to help children in their care understand their current and past difficulties and/or needs, in collaboration with other members of the team around the child. Children are encouraged to keep appropriate memorabilia (including photographs) of their time in the foster care.

<b>Key area 8.3</b>	Foster parents are supported to deliver trauma informed care.
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#### *Indicators*



- (a) There are processes in place to ensure that the foster parent has sufficient information on any known adverse childhood experiences and/or trauma history to meet and respond to the needs of children in their care.
- (b) Learning and development opportunities for foster parents reflect the need to provide rights-based, trauma-informed individualised care to children, in line with the Northern Ireland Framework for Integrated Therapeutic Care.
- (c) Foster parents are aware of how to access, professional support on providing trauma-informed care to children.
- (d) Foster parents are supported by the fostering service to understand that behaviour can be communication or a symptom of distress; and are sufficiently skilled, knowledgeable and confident to respond to challenging behaviour in a trauma-informed way.
- (e) Foster parents are sufficiently skilled and knowledgeable to be able to help children understand triggers or situations which may elicit distress or other emotive responses, and to help them to develop different strategies to manage distressing emotions.



<b>Standard 9</b>	<b>Children benefit from relationships with foster parents, birth families and people important to them</b> [ <i>NIFITC Building Block – Building caring and purposeful relationships</i> ]
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<b>Legislation</b>	<p>The Children (Northern Ireland) Order 1995 – Articles 26, 27(2)(a) and 28(1)</p> <p>The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulations 8, 9, 10, 19, 20 and 24</p>
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<b>Key area 9.1</b>	Children are supported to develop and sustain safe and nurturing relationships with foster parents, their families, friends and people who are important to them.
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### *Indicators*

- (a) Foster parents are supported to understand the importance of relationships based on respect and trust in encouraging and enabling a child's development.
- (b) Children are supported and encouraged by foster parents, the fostering service and the responsible authority, where different, to maintain and develop relationships with parents, siblings, friends and other significant individuals (including former foster parents), subject to any limitations or provisions for safeguarding and promoting the best interests of the child which are clearly set out in their care plan and any court order. Specific arrangements for family time should be developed in collaboration with the child, taking into account their wishes and feelings, and shared with the foster parent. \*
- (c) Foster parents are supported by the fostering service to manage any issues that the child and foster parent may have because of family time. Where appropriate, the fostering service will feed back to the responsible authority, where different, any significant reactions a child has to contact arrangements or visits with any person.\*
- (d) Communication with families, friends and other people who are important to children, such as through telephone calls, emails or social media, are facilitated and encouraged by the foster parent. The child's privacy in making and receiving these communications should be respected, in a manner that is consistent with good parenting and taking into account any restrictions in place for safeguarding or promoting the welfare of the child.
- (e) Foster parents are clear on their authority to support children to take part in age- and developmentally-appropriate peer activities, within the framework of the placement agreement and in line with [CCPD 01/2010](#). Decision-making and any assessment of risk to the child is undertaken on the same basis as a reasonable parent would do.
- (f) Children are supported to develop socially aware behaviour and skills to build and sustain friendships.
- (g) The fostering service has a policy and guidance in place to ensure children are able to safely benefit from affection and positive touch. Foster parents are trained and supported in the application of this guidance.
- (h) The fostering service makes available to every child, in a way that is appropriate according to their age and circumstances, information around personal relationships, and how those relationships can be supportive or harmful.

<b>Key area 9.2</b>	Visits with birth families and people important to children are supported.
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### *Indicators*

- (a) Foster parents encourage and enable children to make and sustain friendships, and have authority to decide on reciprocal arrangements to visit friends' homes, in line with [CCPD 02/2003](#) and [CCPD 01/2010](#).
- (b) The fostering service, responsible authority (where different) and foster parent(s) work collaboratively to make sure that time with family and others important to children happens and that it is positive, subject to the overall responsibility of the placing Trust to ensure that arrangements for time with family are appropriate and effective.
- (c) There are opportunities for the child to meet with their family or friends in comfortable surroundings and in private, where appropriate.
- (d) The fostering service ensures that birth families and foster parents are aware of the practical support that is available to them to assist with family time between a child and those who are important to them, including financial assistance and help with transport difficulties.
- (e) Where time with birth family and others important to children is supervised or restricted, the fostering service ensures that this happens sensitively. The preferences and wishes of the child, their family and relevant others are, as far as practicable, considered and taken seriously.

<b>Standard 10</b>	<b>Children benefit from well-managed, positive and individualised transitions</b> [ <i>NIFITC Building Block - Transitioning to Adult Life</i> ]
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<b>Legislation</b>	<p>The Children (Northern Ireland) Order 1995 – Articles 26, 27(2)(a) and 28(1)</p> <p>The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulations 5, 6, 8, 9, 10, 18, 19 and 20</p>
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<b>Key area 10.1</b>	Decisions about where a child will live are made and implemented in a way that is strongly child centred.
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### *Indicators*

- (a) The fostering service has and implements procedures for introducing children into the foster care placement, to the foster parent and to others living in the household, which cover planned and, where permitted, emergency/immediate foster care placements. They help children understand what to expect from living in the foster home.
- (b) Where possible and appropriate, children are given information about where they will live and who will be caring for them before the start of the foster placement, in a manner appropriate to their age and circumstances.
- (c) Every effort is made by the fostering service to enable a child to meet the foster parent(s) and to visit the foster home prior to the start of the placement, with an important adult where appropriate.
- (d) The fostering service ensures that children are asked what would help them prepare for a change in where they will live and, where practicable, these requests are met.
- (e) In the case of a placement with a family member or close family friend (also known as a 'kinship' fostering placement), the child's introduction to the arrangement takes account of the fact that, whilst the child may know the foster parent well, their role in the child's life is now changing. This is explained to the child, and the foster parent is provided with the support they need to manage this transition.
- (f) Where a child will live with a family member or close family friend, the fostering service keeps the child informed of progress of the kinship foster carer assessment and approval process, in a manner appropriate to the age and circumstances of the child.
- (g) Foster parents are skilled in caring for children where their full background may not be known, and receive training as required.
- (h) The foster parent has been provided with sufficient detailed, specific information about the child, including their age, education, interests, hobbies and care needs, to allow the foster parent to better prepare to welcome the child into their home.
- (i) Where a child's living arrangements change, and unless there would be a risk to the child or others in the household, children are always able to bring their favourite chosen possessions into the new foster home. Other personal items and belongings are transferred promptly, and with respect and dignity. \*

- (j) The fostering service ensures that, as far as possible, important personal information and legal documents (such as bank accounts or passports) transfer promptly when there is a change in the child's living arrangements.\*
- (k) The fostering service supports, encourages and shares information with foster parents to enable them to consider participating in the 'Going the Extra Mile Scheme'. This should be done well in advance of the child's 18<sup>th</sup> birthday, and in keeping with their pathway plan. \*

<b>Key area 10.2</b>	Children are equipped for leaving their foster home, to return home, live in a different care setting or move to independent living arrangements.
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#### *Indicators*

- (a) The fostering service has and implements procedures for introducing children into new permanence arrangements or returning to their family. This is explained to the child, and the child and foster parent are provided with the support they need to positively manage this transition.\*
- (b) Children are enabled to remain in contact with their former foster parents and foster parents are enabled to continue to support their former fostered children as they move to any new home or move into and through the leaving care process.
- (c) The fostering service ensures there are comprehensive arrangements for preparing and supporting children to make the transition to independence. This includes discussions with children about the options and support available to them, and appropriate training and support to foster parents caring for children who are approaching adulthood. \*
- (d) Arrangements for a child to leave care are consistent with their care plan, including the placement, pathway, and transition plans for children with disabilities and special educational needs.
- (e) The foster parent and fostering service work within the *team-around-the-child* processes to help build an informal network of supportive adults around the child who can help them feel connected and supported during the transition from care.
- (f) Staff consider the impact on the child of leaving foster care and plan for the child to experience a positive ending that gives them a message that they are valued.
- (g) Where children are leaving the foster family, they are helped to understand the reasons why they are leaving; unless it would be considered to have a negative impact on the child's wellbeing. Children are supported during the transition to any new home.\*
- (h) The plan for a child leaving care clearly sets out the financial and practical support that may be available to them, from the fostering service, from the responsible authority (where different) and from other agencies and sectors as appropriate.

<b>Key area 10.3</b>	Children are supported and empowered to develop life skills to support their independence.
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#### *Indicators*

- (a) The fostering service has a policy and practical arrangements which enable children to remain with their foster parent(s) into legal adulthood, for example so that they may develop appropriate life skills before being required to move to more independent

accommodation. Any such decisions are agreed with foster parents at a placement meeting and are detailed in a child's care plan. \*

- (b) The fostering service ensures that children are supported, helped and encouraged, through a range of opportunities, to develop skills and emotional resilience that will prepare them for independent living.
- (c) The fostering service ensures that children are supported to\*:
  - Establish positive and appropriate social and sexual relationships.
  - Develop positive self-esteem and emotional resilience.
  - Prepare for the world of work and/or further or higher education.
  - Prepare for moving into their own accommodation.
  - Develop practical skills, including shopping, buying, cooking, and keeping food, washing clothes, personal self-care, and understanding and taking responsibility for personal healthcare.
  - Develop financial capability, knowledge, and skills.
  - Receive advice and information about their entitlements after leaving care, including financial benefits, and what help and support is available from social care services.

<b>Standard 11</b>	<b>Children in foster care with more complex needs receive timely, high quality specialist interventions to help them recover and thrive</b> [ <i>NIFITC Building Block – Targeted therapeutic interventions</i> ]
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<b>Legislation</b>	<p>The Children (Northern Ireland) Order 1995 – Articles 26, 27(2)(a) and 28(1)</p> <p>The Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025 – Regulations 33</p> <p>The Arrangements for Placement of Children (General) Regulations (Northern Ireland) 1996 – Regulations 3, 4, 7 and Schedule 2</p>
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<b>Key area 11.1</b>	The need for, and the delivery of, specialist mental health or therapeutic care is reflected in the child's care plan.
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*Indicators*

- (a) The care planning process includes consideration of the need for, and the delivery of, specialist mental health or therapeutic interventions.
- (b) When a child has a need for specialist care, this is fully reflected in the child's care plan, along with agreed arrangements for meeting that need.

<b>Key area 11.2</b>	Children receive the high-quality specialist care they need in a timely manner.
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*Indicators*

- (a) The fostering service, therapeutic services and other relevant services work together to ensure that, as far as possible children can access specialist services and foster parents proactively encourage and support them to do so.
- (b) The child is supported to continue to receive specialist support which is being provided prior to the start of the foster placement.
- (c) All mental health and therapeutic specialists (e.g. medical, educationalists, psychologists, psychiatrists, allied health professionals, therapists) employed by the fostering service are appropriately trained to work with children, their families, and foster parents, and have a good understanding of the trauma experienced by those foster care.

## Appendix 1: Glossary

<b>Term:</b>	<b>Meaning:</b>
<b>Abuse</b>	In the context of these Minimum Standards, references to abuse are references to the abuse of a child. The NSPCC defines child abuse as follows: “Child abuse is when a child is harmed by an adult or another child – it can be over a period of time but can also be a one-off action. It can be physical, sexual or emotional and it can happen in person or online. It can also be a lack of love, care and attention – this is neglect.”
<b>Access NI checks</b>	Access NI criminal record disclosure checks are for people living or working in Northern Ireland. To be eligible for the Access NI enhanced disclosure with a barred list check an applicant must be working/volunteering in a position of Regulated Activity. Regulated activity with children includes: Teaching, training, instructing, care and supervision of children, coaching children; advice and guidance of children; providing healthcare; providing personal care; transportation of children e.g. bus drivers. You may also be involved in Regulated activity with children if you work in schools, childcare premises, children’s homes, hospitals and children’s youth and detention centres.
<b>Advocacy</b>	A process which helps individuals to understand their rights, and to express their views and wishes about the care, support or services that they receive, either directly or through a trusted third party. HSC Trusts provide an independent voice or advocate for every foster child (and other children in care) who wants to take part or comment on decisions about their lives. An independent advocate is also provided if the child wants to make a complaint.
<b>Allegation</b>	Information which suggests that there has been alleged or suspected abuse of a child which could include physical, sexual or emotional abuse, neglect, exploitation or ill treatment of another or abusive behaviour directed at another.

<b>Term:</b>	<b>Meaning:</b>
<b>Allowance(s)</b>	Payment made to a foster parent to cover the cost of caring for a foster child. All foster parents receive allowances for food, household costs, clothing and footwear, pocket money and travel costs; some foster parents may also receive enhanced allowances to help meet the needs of a child with special needs. Additional allowances may also be payable in specific circumstances such as birthdays or holidays.
<b>Care Experienced</b>	A child or young person is 'care experienced' if they are, or have previously been, a looked after child.
<b>Care Network</b>	May also be referred to as the <i>team-around-the-child</i> or <i>core network around the child</i> , this is made up of the adults who hold some level of caring responsibility towards a child. It comprises the child's primary caregivers (including foster parents for those children living in foster care), and professional teams and service providers (including for example social workers and personal advisers) who support children and their primary caregivers.
<b>Care Plan</b>	A care plan details the arrangements a HSC Trust puts in place to support and meet the needs of a child who is looked after, and sets out what those in the care network will do to meet the child's needs.
<b>Care Provider</b>	A care provider is a person or entity that provides care to a foster child.
<b>Caregiver</b>	Any individual who provides direct mental, physical, emotional or day-to day care to a child, even on a limited capacity (such as foster parents, fostering and adoption teams, looked after children's social work teams, therapeutic services and other service providers). All of these people play different but important caring roles in supporting children's wellbeing.
<b>Child in Foster Care</b>	A Child Looked After and accommodated under the Children (Northern Ireland) Order 1995, placed in a family home setting.
<b>Child Protection</b>	Activity that is undertaken to protect individual children or



<b>Term:</b>	<b>Meaning:</b>
	young people who are suffering, or are likely to suffer, significant harm.
<b>Child Protection Procedures</b>	A framework of child protection legislation, guidance, and practice to identify children who are at risk of harm, take action to protect those children, and prevent further abuse occurring.
<b>Child's Social Worker</b>	The social worker assigned to ensure a looked after child receives adequate and appropriate care to meet his/ her assessed needs.
<b>Children's Guide</b>	A document provided by the fostering service to the foster child which sets out, in a manner appropriate to the child's age and understanding, a summary of what the fostering service sets out to do for children; how a child can find out their rights; , how a child can contact the NI Commissioner for Children and Young People (NICCY), or the Regulation and Quality Improvement Authority (RQIA) if they wish to raise a concern with inspectors; and how to secure access to an independent advocate.
<b>Children Order</b>	The Children (Northern Ireland) Order 1995 is the principal legislation governing the care, upbringing, and protection of children in the Northern Ireland.
<b>Collaborative Assessment</b>	Professionals and others working together to assess the health and wellbeing needs of a foster child.
<b>Collaborative Working</b>	The act of two or more people or organisations working together for a particular purpose.
<b>Collective Leadership</b>	The empowering of all staff and professionals working within the fostering service to work towards shared goals and decision making.
<b>Complaint</b>	An expression of dissatisfaction that could relate to one or more actions, or lack of action(s), or something that is considered unfair or unacceptable, by any individual or organisation providing foster care services.
<b>Concern</b>	Relates to practice in respect of the standard and/or the quality

<b>Term:</b>	<b>Meaning:</b>
	of care provided by any individual or organisation providing foster care services.
<b>Connected Person</b>	A relative, friend or other person connected with the foster child and can include kinship carers, former foster parents or those who know the child in a more professional capacity such as a childminder, a teacher, or a youth worker, although these are not exclusive categories.
<b>Considered</b>	Carefully evaluated.
<b>(Agency) Decision Maker</b>	The person within the fostering service who makes the final decision on assessments, approvals and reviews of foster parents, and matters relating to the placement of a child with an individual foster parent.
<b>Eligible Child</b>	A young person aged 16 or 17 who has been looked after by an HSC Trust for a period of 13 weeks since the age of 14 and is still looked after.
<b>Family and Friends Fostering</b>	Arrangements where a child who has become looked after is cared for full time by a member of their extended family or a close family friend. Also known as 'kinship care'.
<b>Family and Friends Foster Parent</b>	A relative, friend or other person with a prior connection with somebody else's child who has become looked after, and is caring for that child full time. Also known as a 'kinship carer'.
<b>Family Time</b>	Planned contact between a child and those who are important to them, in line with their care plan. This is also known as "contact".
<b>Fee(s)</b>	Additional payments made to some foster parents in recognition of the specialist skills they possess or the specialist care they provide to a child.
<b>Former Relevant Child</b>	A young person aged 18-21 (or beyond, if being helped with education or training) who, before turning 18, was either an eligible or relevant child, or both.
<b>Foster Care</b>	Care provided to a looked after child in a home-based family setting.

<b>Term:</b>	<b>Meaning:</b>
<b>Foster Parent</b>	Individual approved by a fostering service to care for a child who is unable to remain with their parents, in a home environment. May also be referred to as a 'foster carer' and includes kinship carers.
<b>Foster Parent Associations</b>	Groups run by foster parents for foster parents, to offer help, support, guidance and education, and enable foster parents to talk about their experiences and share best practice.
<b>Fostering Agency</b>	A not-for-profit undertaking (other than an HSC Trust) which consists of or includes discharging functions on behalf of a Trust in connection with the placing of children with foster parents.
<b>Fostering Panel</b>	A small multi-disciplinary group which considers applications to approve, reapprove or remove approval of foster parents, changes to the terms and considerations associated with acting as a foster parent, concerns and allegations, and matching of children with foster parents.
<b>Fostering Service</b>	The service provided by a fostering agency or a HSC Trust in assessing, approving, supporting and supervising foster parents and ensuring the placement of a child with foster parents is safeguarded, under Article 27(2)(a) of the Children (Northern Ireland) Order 1995.
<b>Going the Extra Mile (GEM) Scheme</b>	A scheme to promote continuity and stability of living arrangements in post care life for young people aged 18 to 21 years who currently reside with foster/kinship carers by ensuring that appropriate and agreed levels of financial support are available to assist carers to continue to meet the care, accommodation, and support needs of these young people. Support through the GEM Scheme can continue beyond 21 years of age to those young people who are completing courses of education and training.
<b>Head of Service</b>	The individual within an HSC Trust who has overall responsibility for the day-to-day operational management of

<b>Term:</b>	<b>Meaning:</b>
	the HSC Trust Fostering Service and is accountable to the Assistant Director of Children's Services for the effective leadership and delivery of high quality fostering services across that particular HSC Trust. Each HSC Trust will have a Head of Service for Fostering.
<b>Healthcare</b>	The term "healthcare" and "health" refer to all aspects of health including physical, mental and emotional health, neuro-disabilities and diversity, and the impact of substance abuse.
<b>HSC Trust</b>	A Health and Social Care (HSC) Trust is the organisation responsible for the provision of health and social services. There are six HSC Trusts, with five of these providing care for looked after children within its geographic area, including those in foster care.
<b>Important Adult</b>	An adult with whom a child or young person has a positive and trusted relationship - this could be their allocated social worker, a residential social worker / key worker, a teacher, advocate, or relative.
<b>Independent Living</b>	Living in their own accommodation, sometimes with additional support provided on an in-reach basis.
<b>Inspection</b>	The assessment of services against minimum care Standards to ensure alignment with all relevant legislation, guidance and good practice, and provide assurance to the public on the quality of care that is being provided.
<b>Kinship Care</b>	The arrangements where a child lives with and is cared for by an adult who is a friend or family member, has a prior connection with that child, and is not their parent. Also known as 'family and friends fostering'.
<b>Kinship Carer</b>	A relative, friend or other person with a prior connection with a child who has become looked after and is caring for that child full time.
<b>Looked After Child</b>	The term for a child who is in the care of a Health and Social Care (HSC) Trust or is provided with accommodation by the

<b>Term:</b>	<b>Meaning:</b>
	HSC Trust for a continuous period of more than 24 hours.
<b>Looked After Child Review</b>	Meeting that brings together the child, their families and carers and professionals to consider the care plan, to monitor the progress of the plan and to make decisions to amend the plan as necessary considering changes in circumstances.
<b>Missing Children Protocol (Joint Interface Protocol)</b>	The Joint Interface Protocol ( <a href="#">Regional Missing Children Protocol</a> ) provides a framework for a co-ordinated and collaborative safeguarding response by HSC Trusts and the police to reports of children who go missing from their homes or care placement, to prevent the child suffering harm and recover them to a safe place as soon as possible.
<b>Northern Ireland Framework for Integrated Therapeutic Care (NIFITC)</b>	A regional trauma-informed, attachment-focused and rights-based framework, designed to help HSC Trusts, their staff and partner agencies to deliver services that enable all care experienced children and young people to have the best chance of the life they deserve.
<b>Pathway Plan</b>	This is a document drawn up by the responsible HSC Trust along with a looked after child which sets out the manner in which the Trust proposes to meet the needs of the young person in his/her transition into adulthood.
<b>Personal Adviser</b>	A person appointed by the responsible HSC Trust for each eligible, relevant, and former relevant child. The Personal Adviser is responsible for overseeing the pathway plan and ensuring the young person receives the support to which he/she is entitled in a coordinated and easily accessible way. They are the main contact between a young person and his/her responsible HSC Trust.
<b>Physical Environment</b>	The child's foster home.
<b>Placement Agreement</b>	Written agreement between the responsible authority and the foster parent, relating to the child being placed with them. It contains all of the information needed to care for the child, and

<b>Term:</b>	<b>Meaning:</b>
	financial and other arrangements relevant to the provision of that care.
<b>Reflective Practice</b>	Support provided to staff by therapeutic / senior social work staff to reflect on and improve practice in support of care delivery quality and staff wellbeing.
<b>Registered Manager</b>	Any person who is registered with the RQIA as a manager of a Fostering Agency.
<b>Registered Person</b>	Any person who is registered with the RQIA as the provider or the manager of a Fostering Agency.
<b>Registered Provider</b>	Any person who is registered with the RQIA as the person carrying on a Fostering Agency. The registered provider is the owner or the person with overall responsibility for the service.
<b>Relevant Child</b>	A young person aged 16 or 17 who has left care and before leaving care was an eligible child.
<b>Representations</b>	Statements made by a child who is looked after, including complaints, in relation to the care, services and support provided to them by the responsible authority.
<b>Responsible Authority</b>	The HSC Trust which has the legal responsibility for the placing of a child in a foster placement.
<b>Regulation and Quality Improvement Authority (RQIA)</b>	The independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.
<b>Risk Assessment</b>	The systematic identification of the risks or hazards which may be involved in a particular activity or undertaking. Also includes the identification of mitigating measures to reduce the risks or hazards.
<b>Senior Leaders and Managers</b>	Registered Person of a fostering agency, HSC Trust directors, assistant directors and Heads of Service with responsibility for fostering, and relevant team leaders.
<b>Short Breaks</b>	Respite care for children with a disability under Article 21 of the

<b>Term:</b>	<b>Meaning:</b>
	Children Order. If a child is provided with respite care accommodation for 24 hours or longer, the child becomes “looked after”.
<b>Social Worker</b>	An individual registered with the Northern Ireland Social Care Council, to practice social work in Northern Ireland.
<b>Stakeholders</b>	Individuals and organisations who have an interest or involvement in fostering.
<b>Standard of Care Concern</b>	The raising of a concern about inadequate practice in care provided to a child, which is not resulting in significant harm to that child.
<b>Supervising Social Worker</b>	The supervising social worker responsible for providing practical support to foster parents such as advice, development, and training opportunities. May also be known as a ‘Link’ Social Worker.
<b>Staff</b>	Employees in the Fostering Service who engage directly or indirectly with Foster Parents and or children in foster care.
<b>Team-Around-The-Child</b>	May also be referred to as the <i>care network</i> or <i>core network around the child</i> , this is made up of the adults who hold some level of caring responsibility towards a child. It comprises the child’s primary caregivers (including foster parents for those children living in foster care), and professional teams and service providers (including for example social workers and personal advisers) who support children and their primary caregivers.
<b>Team-Around-The-Child Planning and Review Processes</b>	The planning and review processes in place for looked after children, including statutory Looked After Child Reviews and care planning meetings.
<b>Transition</b>	The move of a child between care settings, to a permanent home or on leaving care.
<b>Wellbeing</b>	In line with the definition of “well-being” for the purposes of the

Term:	Meaning:
	<p>Children's Services Co-operation Act (Northern Ireland) 2015, "well-being" includes:</p> <ul style="list-style-type: none"> <li>• Physical and mental health.</li> <li>• The enjoyment of play and leisure.</li> <li>• Learning and achievement.</li> <li>• Living in safety and with stability.</li> <li>• Economic and environmental well-being.</li> <li>• The making by them of a positive contribution to society.</li> <li>• Living in a society which respects their rights.</li> <li>• Living in a society in which equality of opportunity and good relations are promoted between persons who share a relevant characteristic and persons who do not share that characteristic.</li> </ul>
<b>Whistle-blowing</b>	The lawful disclosure of information that the discloser reasonably believes evidences wrongdoing, to an authorised recipient.

Further definitions relevant to fostering arrangements and fostering services can be found in Regulation 2 of the Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025.



## **Appendix 2: Information to be Included in the Statement of Purpose**

The written Statement of Purpose for the fostering service must include the following information:

- A statement of the services and supports to be provided to foster parents registered with the service, and to the children placed by it
- The name and address of the registered provider, and of the registered manager if applicable
- The relevant qualifications and experience of the registered provider and of the registered manager, if applicable
- The number, relevant qualifications and experience of persons working in the fostering service
- The arrangements for the professional supervision, training and development of employees and foster parents
- The organisational structure of the fostering service
- The arrangements made for consultation with children placed by the fostering service about the operation of the service and the care they receive during their time in foster care, including reviews of their care plans under Article 45 of the Children (Northern Ireland) Order 1995
- Copies of the following policies and procedures, as described in these Standards or in the Foster Placement and Fostering Agency Regulations (Northern Ireland) 2025:
  - Policy to safeguard children placed with foster parents from abuse or neglect; and set out the procedure to be followed in the event of any allegation of abuse or neglect being made
  - Policy for supporting children who are exhibiting challenging behaviour
  - Whistle blowing policy
  - Organisational policy in respect of grievances and disciplinary matters
  - Organisational equal opportunities policy
  - Organisational health and safety policies and procedures
  - Organisational policy for dealing with complaints about the fostering agency
  - Policy relating to the provision of breaks from caring by foster parents

- Policy on the safe use of the internet and social media
- Policy to clarify the purpose, format and content of information to be kept on the fostering services files, on the child's file and on the case files relating to foster parents.
- Policy and guidance to ensure that children can benefit from affection and touch
- Policy and procedures for promoting equality of opportunity and inclusion within foster settings
- Policy to enable children to remain with their foster parent(s) into adulthood
- Procedures regarding the reporting of significant concerns about the management or provision of the fostering service to the responsible authority and the Department of Health
- Procedure to be followed if a child is missing from a foster parent's home
- Procedure for considering complaints made by or on behalf of a foster parent, a child in foster care or a person deemed not suitable to be a foster parent

## **Appendix 3: Fitness of the Registered Manager and Registered Person**

### **Fitness of the Registered Manager**

To determine the fitness of the person applying for registration as the manager of a fostering agency, the agency must provide the evidence listed below:

- Confirmation of the applicant's identity, including a recent photograph;
- Two written references, linked to the requirements of the job, one of which is from the applicant's present or most recent employer;
- A full employment history, including the reason why each employment ended and an explanation of any gaps in employment;
- Satisfactory AccessNI checks and police checks. (Where an applicant is from a country outside the U.K. pre-employment and police checks are carried out with the national agency in the country of origin);
- Documentary evidence of appropriate qualifications and registration in accordance with DoH policy and guidance;
- Documentary evidence of any accredited training; and
- A pre-employment health assessment.

In addition the RQIA is assured, through the registration process that the person:

- Has knowledge and understanding of his/her legal responsibilities;
- Has knowledge of current health and social services provision;
- Intends to manage the fostering agency in accordance with relevant legislation, DoH Minimum Standards and professional Standards.

### **Fitness of the Registered Person**

To determine the fitness of the person applying for registration as the registered person in respect of a fostering agency, the agency must provide the evidence listed below:

- Confirmation of the applicant's identity;
- Two satisfactory written references;
- Satisfactory AccessNI checks and police checks. (where an applicant is from a country outside the U.K. pre-employment and police checks are carried out with the national agency in the country of origin);

- Evidence of qualifications and registration with any professional regulatory bodies;
- Pre-employment health assessment;
- Financial/business plan for the fostering agency; and
- Adequate insurance arrangements.

In addition, the RQIA is assured through the registration process that the person:

- Has knowledge and understanding of his/her legal responsibilities;
- Intends to carry on the fostering agency in accordance with legislative requirements, DoH Minimum Standards and other Standards set by professional bodies and Standard setting organisations; and
- Intends to undertake training to ensure he/she has the necessary, up-to-date, knowledge and skills.