



Northern Ireland
Assembly

**Committee for Health, Social Services and
Public Safety**

OFFICIAL REPORT (Hansard)

Kinship Care

22 February 2012

NORTHERN IRELAND ASSEMBLY

Committee for Health, Social Services and Public Safety

Kinship Care

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Members present for all or part of the proceedings:

Ms Sue Ramsey (Chairperson)
Mr Jim Wells (Deputy Chairperson)
Ms Paula Bradley
Mr Mickey Brady
Mr Gordon Dunne
Mr Mark H Durkan
Mr Samuel Gardiner
Mr John McCallister
Mr Kieran McCarthy

Witnesses:

Mr Kevin Wright	First Housing Aid and Support Services
Ms Jacqueline Williamson	Kinship Care Northern Ireland

The Chairperson: This is the first time that Jacqueline and Kevin have been in front of the Committee. We have received your briefing paper and a briefing paper from the Assembly's Research and Information Service. I invite you to take the Committee through your paper, and I will then open the meeting to questions or comments from members. This will be as informal as possible; we want to make you as comfortable as possible.

Ms Jacqueline Williamson (Kinship Care Northern Ireland): Thank you for the introduction, Chair, and for the invitation to present to the Committee on the issue of kinship care. We have provided the Committee with a briefing paper that outlines some of the complexities surrounding kinship care at both a formal and informal level. We have also provided an overview of some of the challenges that are experienced by kinship carers in the care and upbringing of their relative's children.

In the past few months, some 70 questions have been tabled by Assembly Members on the issue of kinship care. From the answers to those, we have been able to determine that less than one third — 29% — of looked-after children in Northern Ireland live with kin. As at 31 March 2011, that amounted to 717 children. The number of looked-after children who are placed with relatives and family friends increased by 53% between 2009 and 2011. Between 2010 and 2011, the total amount that was spent on foster care, including kinship foster care, was almost £30 million.

We are currently waiting for data from the 2001 census to ascertain the number of children who are living in informal kinship care arrangements. However, we estimate that there are likely to be between 8,000 and 10,000 children. The vast majority of children in informal kinship care are unlikely to have any contact with social services. Some children will be known to social services within the context of family support, but they are not formally looked after by the state.

Children come to live with kin for the same reasons they come to live in foster and residential care. Indeed, research suggests that the support needs of children in kinship care are the same, if not greater, than the support needs of children who live in residential and foster care. However, when it comes to supporting kinship care in Northern Ireland, the system is very black and white. Priority of support for children in kinship care and their carers is determined by the legal status and not by need. Therefore, children who are, in effect, looked after receive priority in access to support, while children who are cared for informally receive little, if any, support. There is discretion on the part of the trusts to provide support to children who are identified as being in need, but that involves kinship carers making themselves known to social services.

Studies show that there are many advantages to kinship care compared with other forms of care for children who cannot live with their parents. Children in kinship care maintain an important sense of identity and belonging, have greater placement stability because they live with people whom they already know, and are more likely to be placed with siblings and maintain regular contact with their birth parents and members of their extended family. Kinship care is also an effective form of early intervention because it avoids the need to place children in the formal care system. Kinship carers play a crucial role in keeping their relatives' children out of care, and, from our work and involvement with kinship carers, we find that they will do anything and everything to protect and nurture what are often very vulnerable and traumatised children. So, although this kind of early intervention ensures that children do not enter the formal care system, kinship carers frequently find that they and the children in their care are disadvantaged because they are not entitled to the same supports they would have if the formal care process were brought into play.

The Department has recently consulted on guidance and standards on kinship care, and those are due out shortly. In those standards, there is mention of a wide range of supports to assist kinship carers in the care and upbringing of their children. However, those supports relate only to children living in formal kinship care arrangements and not to children being raised by relatives and family friends at an informal level.

We believe that there is considerable potential in families to support children where child protection concerns exist, where children need additional support and where children need to be cared for for short and long periods, until parents are able to deal with specific issues. We accept, however, that kinship care will not be a suitable care arrangement for every child and that other care options, such as fostering and adoption, may have to be considered. In the absence of any Bill, it is very difficult to see how kinship care will feature in the drafting of any forthcoming legislation. The Adoption and Children Bill, however, presents a unique and exciting opportunity to make provision for kinship care outside the traditional foster care system for children who require short-term and permanent care.

In our brief, we have identified a number of areas that we want to be considered in the Bill, including an amendment to the Children (Northern Ireland) Order 1995 and the introduction of additional provisions similar to those in section 22 in England, so that children are placed with kin before unrelated foster carers. We want to see new statutory guidance on family and friends care that places a statutory obligation on trusts to make provision for children being raised by kin under a range of different legal orders, and we are also keen to see how proposals on special guardianship orders are to be developed and whether any duty to support children under those orders will be extended to include children who are being raised in informal kinship care arrangements.

In closing, our final message to Committee members is this: kinship care works. Research from around the world tells us that it works, but it will only work with support. As an early intervention model, kinship care has the potential to reduce the number of children in care and the amount of money spent accommodating children who, with the right support, could live with members of their own family. It costs at least £100,000 a year for a child to be in residential care, whereas maintenance allowances for children in formal kinship care are less than £10,000 a year. Extending support to

informal kinship care arrangements is likely to result in fewer children entering residential care, with a significant saving to the public purse. I will finish there; I am happy to take any questions.

The Chairperson: Kevin, do you want to add anything?

Mr Kevin Wright (First Housing Aid and Support Services): No, that is fine.

The Chairperson: Thanks, Jacqueline, for your presentation. We had a presentation earlier from our researcher. The document that you have given to the Committee is welcome, and it has given us a lot more information. Can I ask you the question that I asked the researcher? I am building up to ask the Department as well. When you look at the Care Matters strategy here in 2007, the strategy in 2010 and the Compton report in 2011, have you seen a marked improvement in the Department's thinking on kinship care?

Ms Williamson: Yes.

The Chairperson: The departmental officials have won some brownie points then.

Ms Williamson: Maybe I should not have said that. Between 2009 and 2011, there was a 53% increase in the number of children making their way, under a formal arrangement, into extended family. We also see a lot of family group conferences taking place, where children are facilitated to live with extended family members as part of a private arrangement. We have had some good conversations with the Department about kinship care, and I think it is at the top of the agenda at the moment.

The Chairperson: That is good to know. Your document contains a number of recommendations that the Committee can get involved in, if it sees that as its role. Has the Department expressed any views on those four recommendations, or are you still negotiating with it? Sometimes, when the Committee makes a suggestion or a recommendation on legislation, the Department will incorporate it into the Bill, which ends that battle. Could some of your recommendations be incorporated into the work that the Department is doing?

Ms Williamson: The first recommendation is about making sure that kinship care is the option of first resort for children. It is important to make sure that that is the case in relation to the Adoption and Children Bill, and that the proposed statutory timescales do not, in a rush to speed up the adoption process, affect the opportunity to source suitable family members for children.

Our opinion is that a child should not have to become a looked-after child and should not have to fall within a formal kinship arrangement in order for them to access support. The needs of children, irrespective of the formal or informal nature of such an arrangement, are exactly the same. They come from the same circumstances and the same backgrounds, and they will all have had a very difficult and traumatic upbringing. Therefore, their support needs are likely to be the same. No child should have to fall within a formal care system in order to access support for those needs.

Very little is known about kinship care, the support needs of carers, the reasons why children end up living with kin at an informal level, or the support needs of children. We also need to look at issues surrounding fraught family relationships and difficulties with access arrangements and so forth. There is not a lot of research on those issues. Although we have worked with kinship carers and their children, we are not in a position to make significant claims about what support carers need or want. We need to do a lot of work on that.

The Chairperson: OK, but does the Department have an open mind on some of those issues?

Ms Williamson: I hope so.

Mr Wells: It is good to see you again, Jacqueline. You mentioned that you were waiting for the 2001 census results, but I assume that you meant to say 2011. The 2001 results are long since out. I am intrigued; what question in the census would help you to find out the up-to-date situation? There are obviously no questions in the census about kinship care, so I am intrigued as to how the census data can tie down the figures for you.

Ms Williamson: That is probably a question for the Department. I know that some work has been done to gather data sets on kinship care. Buttle UK used the 2001 census data to look at the make-up of families and their levels of income. I imagine that we could do something similar to come up with those figures.

Mr Wells: You mentioned that there are now 717 children in formal kinship care arrangements, and that that figure represents a 53% increase. Is there any evidence that any of those families, or other families who applied to go down the formal route, were turned down, and the option of fostering or the child going into care was forced on them? Is there a danger, in taking on a formal arrangement and making yourself known to social services and the Department, that it might decide not to agree to a formal arrangement and suggest that the child goes somewhere else?

Ms Williamson: We have dealt with a lot of families, and we have not seen that. There is a fear that, if grandparents approach social services to make themselves known, their age, their health difficulties and their financial circumstances will be taken into account. That deters them, as they fear that social services could question their ability to look after children. I have not come across a case where a kinship carer has approached social services to take care of a child, or is in the process of arranging to look after a child, and social services have said no.

Mr Wells: That is obviously an unfounded perception but I can see where it is coming from. Clearly, the fact that there has been a 53% increase would indicate that people now feel more secure about coming forward to social services and registering the fact that they are caring for a grandchild, for example. Is that the reason or is it just a growth in the number of children who need some form of extra care?

Ms Williamson: There are a number of reasons. There is a statutory obligation on social services to look at family first, and to place children within their own family when it is at all possible and safe to do so. There is a greater emphasis on kinship care for that reason.

There is also a shortage of stranger foster carers. Therefore, there is a greater reliance on extended family to provide for children. Kinship care has also increased because of the number of relatives who now know to approach social services to be considered and assessed in respect of children. There is a lot more awareness around that. Those could be some of the reasons for such a growth in the numbers.

Mr Wells: I will ask this question; it is a difficult one, but I think that others on the Committee will also be thinking of it. If you have a formal adoption procedure or formal kinship care arrangement, social services are aware of the arrangement and can check up to see that everything is OK. Of course, in 99 times out of 100 I am sure that it is. However, social services will not know of the existence of informal kinship care arrangements. How do you prevent a situation of potential abuse of the child and how would you monitor it, given that the arrangement is not known about by the authorities?

Ms Williamson: That is possibly a question you would have to ask the Department. Social services has protocols in place at a trust level to allow for such situations. That is not a question I can answer.

Mr Wells: In your experience, are you any more aware of difficulties in informal arrangements as opposed to other forms of care? Are informal kinship care arrangements genuinely protective of the children's interests? Is there much evidence that it is leading to any problems in that regard?

Ms Williamson: Most of the carers who contact us are informal kinship carers. A lot of the issues that they contact us about concern financial support and the fact that they are raising children in some situations with not a penny of support. Some kinship carers are receiving possibly £20 a week to look after a child.

There is an element of despair in families because, at an informal and formal level, kinship carers have to deal with a mix of problems. Those could include problems with family relationships, such as torn relationships between grandparents, their own children and grandchildren. There is a sense of failure and despair there. However, there is also a sense of achievement in that they are raising their

grandchildren or another relative's children, and they want to do their best for them. They love the kids and want to keep them within their own family. They do not want to see them living with strangers or going into care. Therefore, they will do whatever they need to in order to keep those children within their own families.

Mr Wells: What is the breakdown of carers? Are they predominantly grandparents, brothers, sisters-in-law, uncles? Do we know the normal model of who is caring for whom?

Ms Williamson: We do not, but the carers who contact us are normally grandparents, great aunts, great grandparents and aunts. We have not come across many sibling kinship carers. We received queries from only two sibling kinship carers in the past 18 months.

Mr Wells: I assume there must have been quite a sibling age gap for that to have happened.

Ms Williamson: Yes; it was a 21-year-old looking after her 14-year-old brother. However, considering that Northern Ireland had the highest prevalence of sibling kinship care in the UK in 2001, we would have expected more sibling kinship carers. We think that they may be quite difficult to engage for reasons unknown to us.

Mr Wells: On the question of financial support, have we any idea of the loss to informal kinship care parents, as we will call them? Do we know how their income would change if the situation were regularised? Is there a significant shortfall because it is an informal kinship care arrangement?

Ms Williamson: The financial situation within informal kinship care arrangements differ, depending on family circumstances. Some kinship carers, grandparents in particular, do not want any money. Others are reliant and, to some extent, at the mercy of parents, in receiving financial support for the children they are looking after.

We have come across a number of kinship care arrangements where relationships are so torn that the parent continues to receive child benefit while the carer is not receiving any financial support, but the carer is reluctant to, for example, take legal action against members of their own family through a residence order, in order to obtain parental responsibility and make a claim for benefit in their own right. It is not something that they think about; they are not financially motivated.

Mr Wells: Presumably you do not need to take legal action; you only need to inform the Social Security Agency of who is the main carer.

Ms Williamson: Yes, but to do that, a kinship carer may be left in a situation where they fear that the parent will come and remove the child. Their commitment is to the child.

Mr Wells: So they forgo the money in order to retain custody of the child.

Ms Williamson: That is exactly what they are doing.

Mr Wells: Thank you. That is interesting.

Mr McCallister: Following on from Jim's question, how desirable is a situation where we have no social service involvement? Even if it is literally only a box-ticking exercise, we should know where that child is. I am supportive of kinship care, but I have concerns about a child moving to a different carer with no notification of the fact. It would not necessarily require formal assessment, but I would be concerned that social services do not even know where the child is. How do they work things like schooling, signing parental consent forms, if there is no parent present? How is that handled in informal kinship care? I understand how it is done in the formal setting; those issues are taken care of.

Mr Wright: I suspect that the only way that you will get to that situation is by having a third party, an independent agency. I stress that a lot of the perceptions that carers have of social services is misinformed. They are convinced that social workers are all sitting there, waiting to jump and take the child into care.

Mr McCallister: There is one beside me here.

Mr Wright: Nonetheless, that is the perception and it needs to be broken down. It can only be done by a third party.

Mr McCallister: Yes; independent groups could be used, rather than social services. The Committee has had debates before regarding how we keep records of children that go missing from the care system. Although with kinship care arrangements the majority of children will be in a much safer environment, if it is not a formal arrangement, how do you know that they will be safe? As Jim asked, how can you protect against any form of abuse or neglect?

Mr Wright: There would obviously need to be fairly close relationships between the third party and social services, or there would be no value to it.

Our experience is that you come across a lot of these informal kinship care arrangements in strange ways. You meet your first kinship carer, and then you have a conversation with friends and colleagues, and someone else says so-and-so is doing that as well. Frankly, social services would never find these children. Ground-based research, rather than academic research, brings you into contact with them. Families are quite careful; it takes a while before they will get to the stage where they admit exactly what is going on, particularly if it is regarded as a short-term arrangement. They hope that everything will be fine in a couple of months' time and the child can go back and live with mum and dad or what have you.

Mr McCallister: It is pretty worrying —

The Chairperson: It is not the case that that scenario is necessarily bad. Sometimes, this can come about through a death or parental illness.

Mr McCallister: I accept that. There could be any range of scenarios. However, Kevin made the point that social services might never find those kids. That is quite alarming, for us as elected representatives and legislators, that you could have such children falling through the net. Hopefully, that would happen only in very small numbers. I think that most of us are very supportive of kinship care and its model. I am very supportive of the idea that anything can happen to any of us at any time and that we have to be aware of the arrangements for our own children were something to happen to us. Obviously, you would want the child to be with family members. It is worrying to me that children could be allowed to fall through the system. I shall ask the Department about this as well, because I think that it is a major issue that we need to address. We need to consider how we can find some mechanism, such as a third party, to formalise the process to make sure that we do not have children going into kinship care or a situation where no one has any idea about where those children are in the system. They could literally go missing, and there would be no way of tracing them.

Mr Gardiner: Are you aware of how many businesses are set up in Northern Ireland to take children into care and to get them out for adoption or continual care?

Ms Williamson: I do not know that.

Mr Wells: Do you mean adoption agencies?

Mr Gardiner: Yes.

Ms Williamson: I am sorry; I do not know.

Mr McCarthy: Thank you for your presentation, and well done on the work that you have done so far. The research briefing refers to children who are looked after for, perhaps, a short period but it is then discovered that the arrangement is more permanent. Are there any mechanisms for informal kinship carers to access support that is similar to that available for formal carers in the same circumstances?

Ms Williamson: As I said, the system is very black and white; there is no specialist support, information or guidance, or anything similar for kinship carers who are looking after children informally. The only support systems that exist are in the formal kinship care system, where children and carers will receive a range of supports, including priority to accessing support. Carers who are looking after children informally will look to advice agencies and the like, but there is no specialist advice and guidance for them on how to look after children informally.

Mr McCarthy: That is a big gap that has to be faced and tackled.

Ms Williamson: It is a big gap in a number of respects, because you have children who are living in formal kinship care arrangements who could very well make their way out of the formal care system into informal kinship care arrangements through residence orders, for instance. There is no advice or support to guide those carers. Some children will sit in the care system when, in fact, their carers could be well enough informed to be able to take the children out of the care system after a period.

Mr McCarthy: You also said that the Department has confirmed that it has not carried out specific research into kinship care arrangements. I also noticed in the research papers that it says that the Department:

"has not carried out specific research into kinship care arrangements".

Do you feel let down by the Department? Are you not getting the support that you ought to get in these areas?

Ms Williamson: I think that carers feel let down, and I think that children feel let down. We have established quite a good relationship with the Department, and we are encouraged by a number of things. We had discussions with the Department about the terminologies that are used when describing kinship care arrangements. Children living in kinship care are often referred to as foster children living in foster families or as children looked after by foster carers, when, in fact, they are looked after by granny and granda. We have had some discussions about terminologies, and we are hopeful that some work will be done on that. There needs to be more research into kinship care.

Mr McCarthy: So there is a gap there also.

Mr Durkan: I wanted to ask about support. The question survived the first three members, but Kieran got it before you came to me, Chairperson. I will extend that and go between the support, the carers, the children and the areas that John and Jim had been speaking about. Are there any support services available for children in kinship care who have found themselves in such care for specific reasons, such as having an abusive parent or a parent with addiction problems? That child may be particularly susceptible and in need of counselling and so forth. Are you aware of any such supports for those children who might be particularly at risk?

Ms Williamson: Do you mean in the informal kinship care system? If the child is formally looked after and is living formally in kinship care, those supports will form part of their care plan. In the informal kinship care system —

Mr Durkan: Are there children like that in the informal kinship care system?

Ms Williamson: Yes, definitely. They all come from the same backgrounds, and there will not be a lot of difference in the reasons why they have come to live with kin. However, there will be no care plan or support service in place, so accessing supports for children who have been raised in informal kinship care arrangements will definitely not be a priority.

Mr Durkan: Does that mean, therefore, that the vast majority of children in kinship care are particularly vulnerable and in more need of support?

Ms Williamson: Yes.

Mr Durkan: This question might also be more for the Department, as it is based on estimates and calculations. Given the amount of money that is spent on children in care, or in keeping children in formal care here in Northern Ireland, can you estimate how much kinship care is saving the Department at the moment? The figures that you have for children in kinship care are similar to those that the Department is using.

Mr Wright: It is impossible to know. That is where the research would be useful. In my view, it would be worth spending two to three years studying the basis on which children are taken into care and the basis on which they stay out of care. It is particularly relevant at the moment. Almost all the Committees here have a need for an impact assessment on the matter. Kinship care often comes about because of issues such as alcohol abuse, unemployment, stress, etc, which, in the fourth year of a recession, are only on the increase; they are not decreasing. However, without the research, it would be impossible to say.

Mr Dunne: Thank you for the presentation. Would it be fair to say that kinship care offers protection to the children and to the carers?

Ms Williamson: It offers protection?

Mr Dunne: Yes, protection legally. I am thinking about rights. There is always a risk that accusations could be made against carers later on. Does it offer that kind of protection?

Ms Williamson: Protection is offered in the formal kinship care arrangement. Kinship carers are assessed and approved as foster carers. They have to go through certain processes, and children who are being raised in formal kinship care arrangements are monitored. There is also social work support and link worker support.

That same degree of oversight does not exist for children who are being raised in informal kinship care. I do not know whether it should exist. A lot of children are being raised informally by grandparents who would not appreciate it and who probably would not have stepped in to look after children had they fallen into such an arrangement. There is no protection, and there is nothing to stop a child who is living in both formal and informal kinship care from making an allegation against their grandmother. However, there are recording systems and a degree of oversight in the formal kinship care arrangements.

Mr Dunne: So, there is a form of protection for both?

Ms Williamson: Yes, in formal kinship care.

Mr Dunne: You said that it costs less than £10,000 a year to keep someone in kinship care. Is that right?

Ms Williamson: That would be the maintenance allowance that kinship foster carers receive, which is the same amount that foster carers receive for raising children. It is identified in accordance with a model payment scheme that makes payments in accordance with the child's age, and there are additional allowances. All in all, the maintenance allowance is normally around £10,000. However, that will depend on whether the child has special needs, which could make the cost somewhat higher, although it is nowhere near the amount that it would cost to keep a child in the residential care system.

Mr Dunne: Obviously, the social services input would be extra in that.

Ms Williamson: It would be.

Mr Dunne: How can we do more to encourage people to move into kinship care arrangements? I reckon that people have a great reluctance to come forward and get involved because of fear. They are probably misinformed and living in ignorance. It takes time to introduce change, and people are reluctant to change. How can we do more to try to encourage that?

Ms Williamson: There are a number of things. First, we have come across kinship carers who want to do the right thing and step in to look after their relative's children, but are discouraged from doing so because of the implications that that would have for their own families. It is not necessarily to do with the child; it is more to do with the parents of the child and the drama and difficulties that it could present for carers who have children of their own. There are possibly very strained family relationships there. However, with some degree of reassurance and support going through that process, kinship carers could be encouraged to take their relative's children out of care. I have also found from working with kinship carers that, when a child is taken into care, relatives think that is it. They do not think that they can join themselves to proceedings or stand up to be considered and assessed as a foster carer to look after the child. Therefore, there needs to be some work on providing kinship carers with information and some advice on the legal options that are available to them should they find that a child from their own family is at risk of being taken into care. Those are some of the things that could be done to encourage more families to come forward and look to take children out of care or prevent children going into care.

Mr Dunne: Is it true that people would have a fear of a stigma being attached to their children going into a formal form of care?

Ms Williamson: I think there is a lot of work to be done around perception. There is a genuine fear amongst kinship carers, particularly older kinship carers, that social services would question their ability to look after the children in their care. There are examples of great-grandparents. One lady in particular at 71 years of age is looking after a six-year-old child, and has done since the child was 10 days old. We are trying to convince that great-grandparent to approach social services for some support, but she says that she is too old, her health is not great and that they will take the child off her and place the child with another family member. There needs to be some work done between kinship carers and social services to try to overcome that. I met the trusts, and they do not want to take children into care. In fact, they want to keep children out of the care system and within their own families. There is an awful lot of work to be done to break down those barriers between prospective kinship carers and social services.

Mr Brady: Thanks very much for the presentation. I worked in an advice centre for many years, and have come across cases over the years involving grandparents, aunties, uncles, siblings or whatever. Kinship care is a relatively new term to me. There are many reasons why things happen — illness, people having addictions, particular problems or whatever. One of the things that came through when speaking to people was that perception of social services. That is a big issue that needs to be addressed.

What I was dealing with had more to do with the finances. I am going back years, but if child benefit was in payment to the grandparent, other benefits like supplementary benefit or income support would come into play. It is an extremely complex area. One of your recommendations, which to me makes absolute sense, is that the Committee should recommend that a scoping exercise be carried out into kinship care so that we can have an insight and proper understanding of family and friends' care as an important arrangement for children. That seems eminently sensible because it would raise all the issues of the people who are looking after the children, particularly around the informal arrangements, with social services and that whole relationship.

I have come across similar cases where older grandparents were afraid that social services might take the children in. I understand what you are saying, and I am sure that the social worker beside me would agree. Social services do not want to take children into care. That is one thing that I am sure of, but there is that perception not only with older people but with younger people. I have come across cases where a family member had a baby at 16 but wanted to carry on their education, went to university and maybe got married and went to England or somewhere. The grandparents were left with the child, and that is kinship care. All that they needed was maybe financial support, because they were able to cope well, but they were still reluctant because of the perception that, if they asked for that, social services would become involved. That issue needs to be addressed, and that kind of scoping exercise raises awareness. As I said, kinship care is a relatively new term to me. I am not sure whether other people have heard of it before.

The Chairperson: We also have a duty to ensure that all kids are protected, and we can all look to cases where there has been that kinship care among families in other areas. It is about how you get that balance to ensure that the child is paramount in all of it. I will give Paula the last word. I do not know whether she wants to defend social workers.

Ms P Bradley: As life goes on, Mickey may need a social worker to complete a capacity assessment, so we will wait to see what happens with that.

As you know, I met you at the informal briefing, which was really interesting. Like many other members, I had not heard of the term kinship care before then. I do not know whether you heard, earlier in the meeting, Dr Black's reference to the child's best interests, and that has to remain paramount at all times. It is not the interests of the parents, grandparents, aunts, uncles or anyone else, but the child's best interests. I am sure that the Department will say exactly the same thing that has been said here, which is that, more often than not, the child's best interest is to remain in the nucleus of the family, including with grandparents or whoever it might be. If anything in my life had happened, I would have wanted my parents to look after my children because they would have been the best people to do so.

I want to ask you about informal care. You talked about carers looking for advice, whatever that might be, including on what they are supposed to do and what they can claim. You called it specialist advice. Where should they get that specialist advice from if no professionals are involved in the informal set up? Who is to provide that specialist advice?

Ms Williamson: We would like to provide that specialist advice. We currently provide it to kinship carers, both formal and informal, and we would like to be in a position to provide that specialist advice and guidance to kinship carers, because they most definitely need it. Although kinship care is quite a complex issue, for a lot of carers, it is not that complex at all. It is quite a simple concept. They will say that they want to keep the child in their family and that they want to look after the child but that they recognise the fact that they need an element of support. So having someone to help them to access that support is very important.

Ms P Bradley: What types of support does that include? I understand fully the supports that are in place for formal kinship carers. It involves benefits and social services. What support is available for an informal kinship carer? Financially, there is not the support, and I know that finance is not the motivating factor in why we would want to look after any of our relatives' children.

Ms Williamson: It is similar to those that are available for carers who raise children in formal kinship care. It includes training to help identify issues to do with children's behavior; respite support for older carers, particularly great-grandparents and grandparents; and help, or some degree of facilitation, on the part of social services to do with contact and access, which is a real major issue for kinship carers. They recognise that social services provide a great deal of support in that area.

Ms P Bradley: The support that is offered to informal carers comes from professional bodies such as social services or the education and library boards that provide, for example, child psychologists. So there is professional support there.

Ms Williamson: Yes.

Ms P Bradley: Yet, those people remain informal kinship carers, even though all the relevant agencies have been informed.

Ms Williamson: They can access support without getting themselves a social worker and going through the whole formal kinship carer assessment. It is about trying to engage them so that they access the support that they need. Kinship carers are particularly difficult to engage. In some situations, they have been through quite a difficult time and they do not take well to outsiders. In order to engage children who live in kinship care, we find that we have to first win the trust of the kinship carers. There is a lot of work to be done in that area, but advice is key. Providing kinship carers with some

information about the legal options that are available to them, should they wish to use them, and advice around the financial support that is available is important.

Ms P Bradley: Following on from what John said, if a child needed surgery, a blood transfusion, stated in school or whatever it might be, does their informal kinship carer have the right to sign those forms?

Ms Williamson: No. They do not have parental responsibility, therefore, they do not have the right to do that. That is not to say that we —

The Chairperson: Sorry. What about letters that are addressed to the "parent or guardian" of that child?

Ms Williamson: There is stuff like that, but anything that is really major would require the consent of parents.

Ms P Bradley: Most children go through life without needing those things.

Mr Wright: A lot of this is about time factors. Most of those who we come across do not expect to be looking after the child for ever. It usually starts out with something simple when someone is taken into hospital or is ill, and the assumption is that things will be fine in a few weeks or months. Part of the structure of the advice needs to take on board that reality and work with it almost on a day-to-day basis. In certain circumstances, there is little doubt that the advice we would give to carers eventually would be to go to social services, because they need to do that. However, there is a whole period before that when different interventions would be useful.

Ms P Bradley: Thank you.

The Chairperson: Jacqueline, do you receive funding from the Department or any funding?

Ms Williamson: We receive funding from trusts and foundations.

The Chairperson: The health trusts?

Ms Williamson: No, sorry; I meant charitable trusts and foundations. We receive no statutory moneys whatsoever.

The Chairperson: I think that it is important that everybody comes together to try to sort this out. However, it would be remiss of me not to say that, although social services had a bad name a number of years ago and was seen as those who could come in and remove children from families, social workers are not monsters. I want to put that on the record. Sometimes, there is a lack of common sense. I have seen and have been part of case conferences where people were threatened with having their kids removed for the simplest things. There was a lack of common sense in those cases and we were able to sort that out.

The Department will give the next presentation. There needs to be a public health campaign. We need to make it easier for carers, and address the issue of the informal versus the formal and where that sits. I hope that you can stick around and listen to the Department's presentation, and that, through time, we will be able to come to a conclusion.

In the majority of cases, kinship care is not planned, and it happens for a multitude of reasons. It is not just because families break down or parents cannot cope, and some people do not realise that they can get help or support. On behalf of the Committee, I thank you for your paper and your presentation.