



Northern Ireland
Assembly

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

OFFICIAL REPORT (Hansard)

Kinship Care: DHSSPS

22 February 2012

NORTHERN IRELAND ASSEMBLY

Committee for Health, Social Services and Public Safety

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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
Ms Michelle Gildernew
Mr Kieran McCarthy

Witnesses:

Mr Seán Holland	Department of Health, Social Services and Public Safety
Ms Eilís McDaniel	Department of Health, Social Services and Public Safety
Ms Frances Nicholson	Department of Health, Social Services and Public Safety

The Chairperson: Seán, Eilís and Frances, you are welcome. You have listened to the presentations from Dr Black and Kinship Care. I will hand straight over to you to give us your presentation, after which I will open it up for questions and comments. Thanks very much for coming here and for providing the paper to members.

Mr Seán Holland (Department of Health, Social Services and Public Safety): Thanks very much, Chair. As always, thank you for the very positive remarks about defending social workers; I always appreciate it.

Good afternoon. Thanks for the opportunity to engage with the Committee. I also thank Dr Black and the representatives of Kinship Care. The more information that is provided on this issue and the more thought and consideration there is, the more benefit there is to everyone. I am interested in any measure or development that has the potential to bring about improved outcomes for children in Northern Ireland. For that reason, I welcome the debate and the discussion about kinship care.

It is important, getting to the point that you were getting at, Chair, to recognise that there have been a lot of changes in how we deliver care to children and young people. It is worth reminding ourselves that it is not that long ago that children who had to be cared for away from their parents were cared for

in large residential institutions, quite separate and segregated from society. Now, we have an emphasis on permanence for children and on family life, which translates into care within family settings; foster care in the main.

In 1992, 62% of the care population was in foster care. Today, the figure is closer to 75%. In more recent years, as demonstrated by the evidence that you just heard, we have been placing ever more emphasis on family and friends being carers, which has been described as kinship care. Members should note that the number of children in kinship care as a proportion of the looked-after population is growing. The figure was quoted by Kinship Care, which I welcome. Between 2009 and 2011, the number increased by 53%.

It is important to emphasise that children in care are not a homogenous population. Their lives have been shaped by their family background and by who they are, their individual needs are different and what works for one child might not work for another. It is for that reason that a continuum of care provision has developed, and kinship care is an important part of that. No form of care in itself is better than any other; the test is the extent to which it meets the needs and interests of individual children. Again, that was the point being touched on by the questions from the member who referred to the best interests of the child always being paramount.

What will meet a child's needs varies from one child to the next. For many, foster care is the best option. Where foster care can be provided safely in the child's extended family, with a grandparent, a sibling, an aunt or uncle, we at the Department expect that it will be explored as the first option. Given the option, many children will want to remain with family. For some, that will not be an option because the problems that separated them from their parents are endemic in the wider family structure. However, it should always be tested and explored.

For some children, residential care is the right option, because it meets their assessed needs best. It is important to say that, because residential care sometimes gets a bad rap. It may be expressly what the young person wants, particularly as we see older children coming into the care system. When we place children with family, we do so because the law says we should. It is important to note that it is a guiding principle of the Children (Northern Ireland) Order 1995 that that is something we should explore. We also do it because research is beginning to show a particular benefit to children who are placed long term with relatives. I reinforce the point that was made by Kinship Care: we need to know more about how different placements affect different outcomes for children and young people.

As indicated by Dr Black, the Children (Northern Ireland) Order 1995 is the principle statute governing the care, upbringing and protection of children in this jurisdiction. Although the law is 20 years old, the key principles still hold, and it is worth reminding ourselves of them. Where possible, children should be brought up and cared for within their own families, but only when it is in their best interests. Kinship care must be delivered and promoted in that context. I have said that where it works, it works very well. However, there are a small number of examples — again, I think that some members touched on this issue — where it has gone catastrophically wrong. To try to ensure that it does not go wrong, we must have proper checks and balances in place. Unfortunately, there have been a very small number of cases where, in informal and formal care arrangements, children have been abused and, in extreme circumstances, have died. I have to emphasise that, unfortunately, children experience abuse and die in formal kinship care placements, informal kinship care placements and in stranger foster care placements. As the historical abuse inquiry will undoubtedly tell us, it has happened in institutional care, and, of course, we all know that it happens in people's own families. The point is that there is no single silver bullet for how we respond to vulnerable children.

We have to be aware of the risks in any setting. We all face risk on a daily basis, and we take the appropriate action to manage that. However, when it comes to children for whom we are responsible and to whom we owe a duty of care, the burden of risk automatically transfers to us. We use regulation and processes such as inspection and review to help us to manage the risk. However, those measures are not always welcome — I understand that — and sometimes they are unpopular. To many, they can feel excessively bureaucratic. Nevertheless, I contend that they are necessary, all the same. We can streamline, review and improve, but we cannot have a situation where we do not acknowledge that there can be risks and where we do not take steps to manage those risks. I also wish to point out that one of the key ways to manage risk when it comes to looking after children is by

listening to them very carefully, making sure that they have a voice and ensuring that they are heard wherever they are cared for.

It is understandable that those who lobby on behalf of kinship care and kinship carers feel that we are not doing enough. However, I must say that I was very gratified by the magnanimous presentation from Kinship Care. We need to listen to what they say. We have to listen to what a range of people say, particularly those who have a unique insight into the issues associated with trying to provide care for their kin in that way. We also need to look at what is happening in other parts of the UK and further afield. However, different parts of the UK are different places in respect of our understanding and our existing policy position. In our devolved world, it is important that we move beyond simply importing, nearly as a matter of course, policy or legislation and practice from other parts of the UK. What we put in place in Northern Ireland needs to be right for us. It needs to work here and to meet the needs of our children and young people and their families.

I would now like to address some specific points associated with the provision of kinship care. Some are easily dealt with, but others will need further detailed consideration, and I am sure that you will have questions on them. The Department has been asked whether it intends to take forward a kinship care strategy and whether it will conduct research into kinship care. A central tenet of the Care Matters in Northern Ireland strategy, which was brought forward in 2007, is about placing children with their families of origin. We are developing kinship care standards and guidance, and those have their origin in the Care Matters strategy. At this stage, I am not convinced that developing a separate new kinship care strategy is the way to go. We need to consider some key actions that we can take, and I am happy to engage with stakeholders to develop the priorities for kinship care that we can take forward over the next few years.

I will now turn to the issue of research. Dr Black has been able to draw on existing research, including the recent study of kinship care published by the University of Bristol, which was based on the 2001 census and which extended to Northern Ireland. We note the key findings from the research, particularly the prevalence rates of kinship care in Northern Ireland in 2001. We are seeking to use the 2011 census to establish current rates of kinship care here. There is also a longitudinal study being undertaken by the Institute of Child Care Research at Queen's University that is looking at outcomes for children in different placement types. We need to establish how the next phase of that study can be supported financially. I very recently had discussions with the institute and asked it to consider the need for further kinship care research.

In the briefing paper provided to the Committee, we refer to the issue of terminology, and I think that it can be easily resolved. I accept that terminology and labelling are important, particularly when the term or label does not have the support of the person or persons to whom it applies. I am not wedded to kinship foster care terminology; if there is a consensus that we need to move away from it, and there can be consensus as to an accepted alternative, I think that should happen.

I want to talk a little about financial support. I want to be clear that the policy in Northern Ireland is that the maintenance allowances paid to kinship foster carers are identical to those paid to non-kinship carers. Where additional payments are made, they are based on an assessment of the child's needs. There will be variances in additional payments on that basis, because the needs of each child and each family will be different. Simply knowing the amount of money paid to each category of carer does not, in itself, answer the question that I think was being posed. The variation will not necessarily be based on whether someone is a kinship carer or a stranger foster carer; it will be based on the needs of the individual child.

I have personally received queries about additional payments to kinship carers and received assurances from the responsible health and social care trust that the matter has been resolved to the satisfaction of all parties involved. The kinship care standards will make it clear that the full fostering allowance and agreed expenses will be paid from the time the child is placed in his or her kinship care placement. The payments will be made promptly at an agreed time, and clear information on allowances and expenses will be made available to carers.

I note that Kinship Care Northern Ireland has asked for the development of a regional financial policy that makes provision for carers looking after children under a range of court orders. I will ask the

Regional Health and Social Care Board to consider whether the existing model payment scheme could be revised to meet that request.

I have acknowledged that kinship carers need to be adequately supported to undertake their caring role. I have referred to the financial supports available to them. Again, the Department's kinship foster care standards will send a clear message that kinship foster carers need to receive support and training, which was referred to in the presentation from Kinship Care.

I have already made several references to the kinship foster care standards. They are being finalised and we hope to publish them in the near future.

I will now briefly talk about possible changes to legislation. I can confirm that it is intended to introduce special guardianship orders in Northern Ireland, and the Committee has already been informed of that in one of our previous presentations here, when we were providing evidence on the Adoption and Children Bill that we intend to introduce to the Assembly in 2013. Special guardianship orders have the potential to work well in kinship care situations. However, there is evidence that special guardianship orders are not working in England and Wales as originally intended. We are currently looking at their application in those jurisdictions to determine whether there are any lessons for us to learn here in Northern Ireland.

I am uncertain as to whether members are aware that Michelle McIlveen MLA has lodged an initial proposal with the Assembly Bill Office outlining the policy objective of a private Member's Bill for kinship care in Northern Ireland. We will meet Michelle to discuss her proposals in more detail, and to establish whether this is something that could be taken forward under the Adoption and Children Bill.

I will now speak very briefly about the issue of kinship care undertaken on an informal basis. The link between unsupported kinship care and poverty has been made in research and needs to be addressed. However, that goes beyond the remit of my Department, or, indeed, any single Department. I believe we will need to work with other Departments, including the Department for Social Development (DSD) and the Office of the First Minister and deputy First Minister (OFMDFM), to establish how the needs of kinship care families might be better served in the context of the child poverty strategy and welfare reform proposals.

We also need to look at our Families Matter strategy to establish whether there could be any tailoring of existing support mechanisms to families in any kinship care situation. For example, we will need to look at things such as the parenting helpline to see whether there is scope to make some changes to make the helpline more relevant to carers, including kinship carers. I think that we also need to look at provision within the Children (Northern Ireland) Order 1995 that enables health and social care trusts to provide support to families who present as in need. I note the changes to equivalent legislation in England, and we can consider whether those changes should be made to the 1995 Order in Northern Ireland.

Members should be aware that the range and level of family support services that may be provided by a trust under article 18 of the 1995 Order is wide, and, as well as practical support, kinship carers may need advice, guidance and counselling as to how to manage the issues that we heard about. Those services can be provided under article 18.

On a more general note, we need to respect the rights and wishes of families who chose to raise the families of kin without the involvement of the state. Article 12 of the Human Rights Act 1998 requires it. However, where families need and seek support to safeguard and promote the welfare of children, I am clear that it should be made available. Members will be aware that the Compton review 'Transforming your Care' supported the development of advocacy information, support services and training for kinship carers. I have made the point that we are here to listen and learn. We need to understand the extent to which informal care is happening in Northern Ireland, and, hopefully, the research that I have talked about will help us with that. We need to understand precisely the support needs of families and friends involved in caring for the children of their kin.

I have a final word of caution though. I am slightly uneasy about making this statement, but it would be remiss of me not to do so. Before we rush head first into introducing measures, we need to be

sure that they do not disincentivise the return of children to their birth families where that is the right thing for them, or, worse still, incentivise the break up or break down of families. I apologise for ending on a negative note, but I think that is an important point to make. I apologise also for the length of that statement; it was probably longer than the allotted time.

The Chairperson: No, Seán; I think that people will take it in the spirit that it is intended. I do not think anybody wants to break up any families, but it is about the child's rights. The child is paramount, but it is about having a common-sense approach to a number of things. As constituency representatives, we are well aware of the multitude of issues that affect families, and, sometimes, when families get help and support they can move on from that. Therefore, it is important to mention that.

I have a couple of points. I am glad that you were able to sit in on the two presentations, because it gives you a flavour of what is being said. In the scheme of things, I do not think anybody wants anything other than to make sure that the rights of the child take centre stage, but it is a question of how we move along that road to achieve that. Do you have any idea how many young people are involved in the informal kinship care?

Mr Holland: At the moment, we cannot give you a firm figure. A few figures were quoted in the different presentations, and you will note that the variance was really significant. There was a variance between 5,000, 10,000, and, as one of the people giving evidence said, it could be many more than that. That really highlights the issue here. However, it is also important to note — as some members pointed out — that families have a right to a degree of privacy in some of those situations. There are families who will want to step in and look after children who are in their extended family without reference to the state. If it is not required for the state to protect that child in any way if the family is capable of doing that, I am not sure that we would ever want to have a situation in which we were unnecessarily intruding. In Jacqueline's presentation, it came across that it is a source of huge pride to some kinship carers that they can step in and care for children in this way. Therefore, we need to research it and have a better idea from the point of view of shaping policy and understanding what services might be needed.

The Chairperson: That is a key point, because one of the recommendations from Kinship Care related to a scoping exercise. If there is no difficulty with that, we can move forward on one of the recommendations. It is like baking a cake: you cannot bake it unless you have the right ingredients. You cannot develop a strategy to deal with children in this scenario without having all, or at least the majority, of the facts. Therefore, that is a win-win.

Mr Holland: Absolutely. I will defer to my colleague Eilís McDaniel.

Ms Eilís McDaniel (Department of Health, Social Services and Public Safety): We have already started the process of using the 2011 census to, at least, establish the prevalence of informal kinship care in Northern Ireland. Our statisticians in the Department are actively working on putting together a specification for the census office, and, if everything goes according to plan, we should have an updated figure by the end of this year or certainly by early 2013.

The Chairperson: Do not assume that, if somebody is involved in informal kinship care, they will put that information down on the census form.

Mr Holland: That is a challenge for the people who write census questions. They have a better understanding of the best way of getting that information than I have.

The Chairperson: You said that 10% of children are placed in children's homes, 10% are in family placement, and the majority — 74% — are in foster arrangements. Where do the other 6% go?
[Laughter.]

The Chairperson: When you laughed there, I thought that my maths was wrong; I thought I had counted it up wrong.

Ms McDaniel: I think the other 6% are in family placement. You may have a looked-after child who has returned to their parents, but, technically, they are still in care.

The Chairperson: That is not mentioned. It only mentions that 74% are in foster arrangements, 10% are in children's residential homes, and 10% are in family placements.

Mr Holland: Some will be independently living. You will have 16- and 17-year-olds who are in care but are independently living.

The Chairperson: I thought that I was being very smart there.

Ms McDaniel: We will look at those figures for you again, Chair, and provide you with an update as needed.

The Chairperson: OK. It is important that we look at the issue of kinship care, because it is affecting a number of children and wider families, including great-grandparents. Seán, you say that you are looking at making a change to the 1995 Order. Can that be done through the Adoption and Children Bill?

Mr Holland: Yes.

The Chairperson: Definitely?

Mr Holland: There is a legislative vehicle. If that is the intention, we can do that.

Ms McDaniel: The special guardianship orders will be introduced by way of an amendment to the 1995 Order.

The Chairperson: So, we will not have to wait 10 years?

Ms McDaniel: It will take whatever length of time it takes for the Bill to go through the Assembly. However, at the end of it, you will have an amendment to the 1995 Order that will introduce special guardianship orders.

Mr Holland: We certainly do not have to wait for a full-scale reform of children's legislation to do it. We can amend the 1995 Order.

The Chairperson: I think you said that there are 717 people in the formal kinship system. Do you have any idea why people, aside from what we heard earlier, do not use that formal system? Is some of it to do with a lack of information?

Mr Holland: I suspect that some of it probably is due to the lack of information. As Mickey said, some of it may be about perception. However, some of it will be a positive choice. I was telling my colleague that, when I was a child, my family undertook a kinship care arrangement with a relative of mine. It was just felt that that was what families did. My parents did not want to engage with anyone else and, fortunately, were in a position that they were able to manage that. I am sure that is the case in a lot of instances.

The Chairperson: I am wondering where the Public Health Agency could fit in with educating people and giving them the information.

Mr Holland: That is an important point. As you are aware, we have been doing an awful lot of work over the past number of years in developing family support, part of which has involved improving the range of information available on supports to all kinds of families. We may need to explore whether we can, through those arrangements, make available information specifically on kinship care. There are a few different avenues there. We have the Family Support website for Northern Ireland, the information hubs and the helpline, and we will certainly look at that to see whether there is a way to promote information. Kinship Care NI made the point that there is a need for information to be made available, and, often, that simply involves explaining the options to people and suggesting that they could be better off if they approached social services.

The Chairperson: It also happened in my family. My cousin has lived with us all her life because her mother died at an early age. When people ask me how many are in my family, I say, "Six girls". She is automatically a sister to me because she grew up with me, and her kids now call my parents granny and granda. It happened.

Mr Holland: It was a particularly cultural thing here.

The Chairperson: It is very hard for six girls to go to bed in one bedroom. There was a bit of sibling rivalry. I was the baby, so I always got murdered.

Mr McCarthy: Thanks very much for your presentation. I will start off with a couple of comments about points that I picked out from the Kinship Care NI submission:

"DHSSPSNI have stated that kinship care arrangements are not explored as often as they should be".

You have tackled that a wee bit, and you have been listening. Furthermore, although it was felt that the Department has not carried out specific research into kinship care arrangements, if I heard you right, you have been listening and are now doing research into that. Dr Black referred to that in her presentation. So, that is progress to start with.

Point 18 of your presentation mentions the development of kinship care and foster care standards and guidance and the establishment of a regional adoption and fostering service. Could you give us an update on the progress of those initiatives? When will they happen and what will be the benefits?

Mr Holland: Again, I look to my colleague Eilís, who can talk about both the timetable and the content.

Ms McDaniel: We are in the process of finalising standards and guidance at present. We have consulted on them multiple times, I have to say. We are taking account of comments that we have received. In response to an Assembly question, we have committed ourselves to publishing the standards on 1 April 2012. We will certainly keep to that commitment.

On the other question about the regional fostering and adoption service, my understanding is that the service is operated by the board. The board works in conjunction with the five trusts to regionalise provision of such things as training, for example. My understanding, based on information that we receive from the board, is that those arrangements work very well.

Mr McCarthy: What do you see as the benefits of the standards and guidance?

Ms McDaniel: There will be a consistent approach to kinship care across all of Northern Ireland. That is the purpose of establishing the standard. People then have to work to actually meet that standard.

Mr Holland: That is very important. I am sure that, as constituency MLAs, you hear about when things are inconsistent. Everyone can accept that if a rule exists, that is the rule. When people feel that they are not being treated in the same way as someone else in the same circumstances, that is difficult and problematic. That is one of the big benefits of standards.

The Chairperson: We call it inequality.

Ms Frances Nicholson (Department of Health, Social Services and Public Safety): They are standards for kinship foster care. They really will stipulate the arrangements to which each trust must adhere.

Mr McCarthy: They will be the same across the board.

Ms Nicholson: Absolutely. The aim is equity of provision.

Mr McCarthy: That is grand.

Mr McCallister: Several issues were raised in the presentation. I want to deal first with financial arrangements. Seán, you mentioned that other Departments are involved. At present, does the Health Department fund the bulk of financial support that goes to families for foster or kinship care?

Mr Holland: Support for formal kinship care is dealt with under the fostering model payment scheme. We fund a series of allowances. Jacqueline gave a headline figure of £10,000. We can provide a breakdown of how that might be made up.

Mr McCallister: Does it primarily come from the Health Department?

Mr Holland: We pay that, yes.

Mr McCallister: Therefore, you have control of that, at least within the Department's financial constraints.

Mr Holland: Yes, we have control over the arrangements for formal placements.

Mr McCallister: As regards the Bill, rather than having a special section for kinship care, do you see us going down the road of special guardianship orders? Do you see that as a way of dealing with kinship care and, perhaps, formalising the formal part of it, whereby you would, effectively, give guardianship of children who are in formal kinship care?

Mr Holland: Some of the difficulties that kinship carers experience and some of the issues that they do not like about their arrangements can be addressed through a special guardianship order. The order will be relevant in other situations as well. It is not exclusively a kinship-care mechanism. The experience has been that, quite often, where there has been stable foster placements from stranger carers — foster carers who have been recruited — and there has been a placement for a very long time, a deep bond forms between carers and the children for whom they care. They form a permanent family. Sometimes, the child wants to have a formal relationship with them without going down the full route of adoption. A special guardianship order can accommodate that. Therefore, you are correct in saying that it is not a kinship care-specific provision, but it can respond to a lot of issues that are relevant to kinship care.

Mr McCallister: I accept that in all matters throughout government, you are managing risk. I accept the argument that in most of the cases where the state does not need to be involved, it should not be involved. To return to Paula's point and what you said in your opening remarks, the obvious concern is that the child must be the centre of everything that we do. How do you square that with not always knowing exactly where children are in the system? I am sure that 99% of the time or more, kinship care is good and healthy for the child. However, we simply do not know.

Mr Holland: The challenge that we face to protect children and be aware of the risks that they are exposed to is the same, regardless of where children are living. You are absolutely right; I am sure that more than 99% of informal kinship care placements are good for the children concerned. Unfortunately, a tiny number are not. Technically, you could say that Victoria Climbié was in an informal kinship care placement. She was being cared for by a maternal aunt and the aunt's boyfriend. That was an exceptionally rare situation, but being able to respond to protecting children in that situation, is, in a way, no different to our being able to respond to protect children in any family setting.

We rely, largely, on universal services and people being vigilant and aware of the fact that children can be susceptible to abuse. We have excellent co-operation between police, education, health visiting and a range of other services. That is how we identify where children are at risk. That does not differ whether someone is in a formal kinship care placement or living in their own home. Let us be clear; unfortunately, we know that the biggest risk to children does not normally come from strangers or from being abducted in a park. Normally, for most children who experience harm, it happens in their own home.

Mr Wells: I want to follow up on that. There are several methods of care: adoption, fostering, institutional care and kinship, both formal and informal. Are there any statistics to show whether there are variations in the outcomes of those methods? To be cold and calculating about it, is there more abuse in one system than another? Which is the safest model for bringing up children?

Mr Holland: I referred to research that is being done by the Institute of Childcare Research at Queen's University. That research is looking at outcomes for children across a variety of settings. I am not aware of whether that research is specifically looking at the risk of abuse in different settings. It is examining more broadly how well children do. However, even that is difficult. For example, children in children's homes probably face a greater risk of certain poor outcomes, but that does not establish a causal relationship. The children who are in children's homes tend to be quite different from the children who, for example, are going for adoption. Typically, children who go for adoption are a lot younger than children in children's homes. The life experiences that have led them to that place are, unfortunately, going to shape their outcomes. It is quite complicated, Jim.

It would not be right to say that we can rank those methods according to risk. The risk is a combination and an interaction of a range of different factors: the individual child; the people who are providing care in a particular setting; and the kind of supervision that is in place. It comes back to the point that we made in the presentation: there is no single answer to any of those questions.

Mr Wells: It strikes me as a bit odd that until I was lobbied about the issue, I had never heard the phrase "kinship care". It was completely new to me until a few months ago. Yet, there are thousands of those arrangements going on perfectly happily in the community, and they seldom come to public attention. That would seem to indicate that they are not causing many problems. It seems to be a more desirable method of caring than fostering, for example, which is obviously much more expensive. How often does your team come across an issue? Do you get a lot of complaints from neighbours, for example, about the care of children in informal kinship care arrangements?

Mr Holland: No, I am not aware of that being a particularly significant issue. I am aware of some very exceptional catastrophic cases, but equally, I am aware of catastrophic cases in formal foster care.

Mr Wells: Given the attitude of most grandparents to their grandchildren, I would have thought that the danger was that they would be mollycoddled and treated too well, that there would not be too much discipline and they would be overfed, but I would not have thought that there would be much of a problem between grandparents and grandchildren. I have never come across any form of neglect or abuse by grandparents. Perhaps that is why the system works.

Mr Holland: I must say that I have. Unfortunately, in many situations, the problems that result in parents not being able to care for their children reflect the upbringing that they experienced themselves.

Mr Wells: Also on this issue, and —

The Chairperson: Not all the time.

Mr Holland: Most commonly not, but absolutes are dangerous here. This is not black and white stuff.

The Chairperson: We have to consider the fact that there was an increase in the number of calls to Childline over Christmas.

Mr Wells: There is a perception among some informal carers of a danger that they may be deemed to be too old or too poor to look after their grandchildren or whoever. Does that actually ever happen?

Mr Holland: The Chair made reference to an occasional lack of common sense in the decision-making process. I hope that it is very occasional. However, it is one of the reasons why we bring forward standards to help people work their way through decisions sensibly and in the best interests of children. It is also why you incorporate principles into legislation, such as the best interests principle in the Children (Northern Ireland) Order 1995.

For the most part, when social services become aware of a child being cared for by their grandparents, for example, the last thing that it wants to do is disrupt the placement if it is going well. The starting point of social services will be to try to ensure that that placement continues. However, I have to be very honest with you. I can envisage a situation where it comes to the attention of social services that extended family members have been caring for a child and social services takes the decision to end that arrangement. It would be unusual and exceptional. However, as long as it is done in the best interests of the child, it can be the right thing to do.

Mr Wells: Has that ever happened when carers wanted to move from the informal to the formal stage?

Mr Holland: I am not aware of it happening. Going back to my practice days, I am aware of situations in which extended family members were caring for a child inappropriately, and it tended to be part of a wider problem of an extended family that was not functioning very well. I am not personally aware of someone putting their hand up and saying, "Look, we are caring for this child. Can you help us?"

Mr Wells: Obviously it would be useful if so many people at the informal stage could move to the formal stage so that they are registered and known and receive their entitlement. The statistics show clearly that there are an awful lot of people out there who, for some reason, see an impediment to doing that. There have been only 717 so far. Something is clearly causing a perception that it is not the wisest thing to do. What worries me is that there are an awful lot of people out there about whom we know very little in respect of the level of care they provide and, more importantly, what help they receive to look after the children.

Mr Holland: Jim, that takes us back to the need for us to look at the family support information that we make available to all families and see whether we need to fine-tune it and include specific provision for information that is relevant to people in those informal kinship care settings. The commitment that I give today is that we will engage with the people who we commission to provide information to support families and explore with them whether there is anything more that we can do, specifically on kinship care. That was included in my statement.

Mr Durkan: Seán, you made the point in your presentation that here is not England or anywhere else, which sounded fairly obvious. In your opinion, what is the difference between rates of kinship care here and in other parts of the UK? What are the rates of difficulty in kinship carers, or children in kinship care, getting support in those other jurisdictions and here?

We spoke about the need for cross-departmental working. Mickey sits with me on the Committee for Social Development, and we hear a lot about parity and the need for uniformity across jurisdictions. The Health Department and DSD are obviously different, but we are clearly talking about welfare here. What are your views on the uniformity, or lack thereof, across Departments?

Mr Holland: We cannot make the comparison with informal kinship care because, as we have well established, we do not know how many carers there are. That is also the case in other parts of the UK. We can endeavour to supply the Committee with information on the variance in formal kinship care.

The point I was making about working with other Departments, though, is that what we know about informal kinship care is that poverty is disproportionately represented in those families. We are bringing forward a child poverty strategy in Northern Ireland. I certainly had not made the connection between that strategy and informal kinship care until quite recently. That is where we need to make connections with the Department for Social Development and the Office of the First Minister and deputy First Minister to see whether that strategy may have some part in addressing poverty among children in informal kinship care situations.

Mr Durkan: It is about people accessing benefits or entitlements, whether through DSD, health trusts or whoever is holding the purse strings.

Mr Holland: The point I was trying to make about difference between jurisdictions in how we approach things is that, for example, sometimes in England they get things wrong. I can think of policies, initiatives and laws —

The Chairperson: So can I, but I will not go there. *[Laughter.]*

Mr Holland: — and we have come under pressure.

Mr Durkan: I would have thought there might have been a higher prevalence of kinship care here, given traditionally larger families and, therefore, wider age ranges.

Ms Nicholson: There probably is. Anecdotal research tends to indicate that. However, other issues, such as the Welfare Reform Bill, which is Westminster legislation, will have implications for us. We have to be aware of all that.

The Chairperson: Has informal kinship care reduced or increased over the past number of years?

Ms McDaniel: We will not be in a position to say until we have done the comparison between the 2001 census and the 2011 census.

The Chairperson: I ask that, Eilís, because, when you look back even 10 or 15 years, families lived closer together than some do now. As a result of newbuilds, for example, granny and granda do not live as close. Kinship care may have been easier in the past, because it was natural that the children were staying in granny's or granda's, whereas now you can have distance between the parental home and the grandparents' home.

Mr Holland: I think family structures have changed an awful lot as well, and I do not know what the impact of that will be. The number of, for example, half-siblings has increased greatly, and I do not know what impact that would have on the ability of grandparents to step in and care for sibling groups. I suppose all those questions highlight the need for more research and understanding.

The Chairperson: That is important, and, if the Committee agrees, that is something we all want to see come to a conclusion as quickly as possible. It would be useful for us to give you a copy of our research paper and the briefing paper that Kinship Care provided us with today, just so that we are all at least aware of the information there. I hope that you can also provide the information that we asked you to provide as quickly as possible and keep us in the loop with regard to what you said at the start of your presentation, Seán, about being willing to work with stakeholders on where this will go.

Mr Brady: Thanks for the presentation, but you both mentioned welfare reform and child poverty, which is a big issue, particularly here in the North. Child poverty is precipitated by adult poverty, and there is absolutely no doubt that the so-called welfare reform is about cutting benefits. That will precipitate adult poverty.

You both spoke about being very much aware of factoring in welfare reform. With regard to informal kinship arrangements in particular, however, the impact of welfare reform on the most vulnerable — the unemployed, those on benefits and, in particular, pensioners, who were mentioned as kinship carers — needs to be borne in mind. Those will be the people most affected. It is somewhat ironic that we constantly talk about alleviating child poverty when you have a Government in Britain that is perpetuating adult and child poverty.

The Chairperson: On that note — what a happy note that is — I say thank you very much for your presentation and we will be in touch with you about other issues.