

Sefton Council Fostering & Adoption Service

Inspection report for la fostering agency

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Inspector	Jeffrey Banham
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About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcome for children set out in the Children Act 2004 and relevant National Minimum Standards for the establishment.

The inspection judgements and what they mean

Outstanding:	this aspect of the provision is of exceptionally high quality
Good:	this aspect of the provision is strong
Satisfactory:	this aspect of the provision is sound
Inadequate:	this aspect of the provision is not good enough

Service information

Brief description of the service

Sefton Council fostering service is part of the local authority's Children's Services department. The fostering service recruits, assesses and supports a range of foster carers who provide placements to children and young people looked after by the council. Foster carers are recruited and approved under the registration categories of short term fostering, concurrent placements where foster carers are also approved as adopters for the child for whom they are going to care and permanent foster carers. The service also provides a short break scheme for children with disabilities who live with parents and main carers.

Summary

The fostering service is not able to fully and effectively implement its primary role to safeguard children. There is a lack of clarity about the roles and responsibilities of the supervising social worker and an inconsistent application of agreed policies and procedures within the team and the wider children's services department. The management and staffing of the service have been subject to a number of changes and vacancies in the recent past. The issues have been evident for some time and the newly appointed team manager and deputy team manager have started to identify areas for improvement and plan for the development of the service. New practices, procedures and policies have not yet however had time to become consistently applied and effectively introduced. There is a shortfall in the range of foster carers available to meet the needs of children and young people for whom the service has a responsibility. The procedures governing the operation of the fostering panel need review in order to provide the fostering service with a robust and independent quality assurance capability.

The overall quality rating is inadequate.

This is an overview of what the inspector found during the inspection.

Improvements since the last inspection

Foster carers now receive a guide to the rates and allowances to which they are entitled. Their payment slips contain details of the elements that make up their remuneration.

Helping children to be healthy

The provision is satisfactory.

The service places a high priority on ensuring all children and young people have regular health assessments. These assessments are translated into the health care action plan that describes the health care needs of young people and forms the basis of the support to be provided by foster carers. Foster carers are aware of their responsibilities to meet the needs of the children and young people in their care. Young people are encouraged to take responsibility for their own health care in so far as their needs and abilities allow. The service does not always have effective systems in place to evaluate how it achieves good health outcomes for children and is therefore reliant on foster carers' own initiatives to secure a good standard of health care for children and young people. Full information on children placed with carers is not always provided in reasonable time and foster carers are not always clear if they have effective consent for the child to receive medical or dental treatment. Foster carers are not always confident that they are administering medication correctly and the monitoring and recording of medication is not methodical. Written health care plans are not always provided in a timely way. Young

people are critical of the way in which health care assessments may be carried out in school and lead to possible stigmatisation of those young people 'looked after'.

Protecting children from harm or neglect and helping them stay safe

The provision is inadequate.

Managers, staff and carers are appropriately vetted through the local authority's recruitment and selection procedures. The service has good links with the local safeguarding board and carers and staff are aware of their responsibilities to respond to child protection concerns including where children are bullied. However although the service has written policies and procedures intended to keep children safe these are not always systematically and consistently applied in a sufficiently robust fashion. Foster carers' files do not always contain a written record of the discussion of the fostering panel and the minutes relating to their approval. Some foster carers' homes are not maintained to a good standard of cleanliness and hygiene or are adequately furnished and decorated. Homes are not always free of avoidable hazards. Some, for example, do not have smoke alarms even where children have been placed for a number of years. Risk assessments on dogs, fire plans and health and safety checks are not routinely and systematically completed. Foster carers do not always have written risk assessments on children who present challenging or complex behaviour and they may have to use their own initiative to protect children and other people who come to the house. Children are not always placed with foster carers who are approved to be able to meet their needs. Three children were, for example, placed short term with carers approved to take two children short term. Although an exemption was obtained the carer, who as a result of certain physical problems, is approved to take children aged three to 14. The children placed were aged 1, 2 and 3. In another case the exemption to the usual fostering limit, generally considered to be a relatively short term arrangement to deal with a particular emergency or meet a short term need - lasted for two and half years. In another case a young person had been placed with a carer who had not been subject to any approval process. Significant numbers of foster carers are not provided with detailed information, generally provided within the 'Looking After Children' (LAC) documents, on children placed with them. Foster carers and staff are unclear as to what constitutes the foster placement agreement. This agreement should contain specific references to elements of matching and identify areas where foster carers need additional support to compensate for any gaps in the match between child and carer. Placements do not always have written foster placement agreements. The fostering panel is not always given with the appropriate information to enable it to make informed decisions. There is no monitoring process to oversee the quality of the information presented. Information on the health of applicants to become short term foster carers is not scrutinised by the medical adviser to the panel as a matter of policy. The panel does not routinely undertake an explicit and systematic quality assurance function. There has been no elected member on the panel since June 2007. There is no member of the panel who has been looked after or who has had a child who has been looked after. The role and significance of the fostering panel and the processes for which it is responsible are not widely and fully understood in parts of the service with which the panel must have a working relationship.

Helping children achieve well and enjoy what they do

The provision is good.

The fostering service ensures that foster carers are offered information, training and support that enables them to provide care which respects and preserves each child's ethnic, cultural,

religious and linguistic background. Foster carers and social workers work cooperatively to enhance a child's confidence and feeling of self worth. The local authority gives a high priority to meeting the educational needs of children and young people and ensures that they are given every opportunity to achieve their potential. Foster carers contribute to the assessment of the child's educational needs and progress for the planning and review process. A range of resources, such as home tuition, is available to support children make educational progress. Foster carers are given support through supervision and training to help them support children in achieving good educational outcomes for children. The role of the placement support workers ensures that carers and children are given specific support in accordance with identified needs and this enables the care plans to be effectively implemented. Placement support workers involve young people in activities, such as rock climbing and other sports to boost self esteem. The fostering service provides short-term breaks for children who live with their parents. Birth parents remain central to the assessment and reviewing of a child's progress and are well supported by foster carers.

Helping children make a positive contribution

The provision is good.

The fostering service makes sure that each child in foster care is encouraged to maintain and develop family contacts and friendships. There are clear procedures setting how appropriate contact arrangements are to be established and maintained. Foster carers are clear about their responsibilities to support young peoples' contact arrangements. Contact arrangements are specified in care plans and are subject to regular review to ensure they meet the needs of the child and promote their development. Young people confirm that carers help them and are part of the plan for contact. Not every carer has a copy of any court orders describing a restriction in contact. The service demonstrates that systems for promoting children's participation in discussions and decision making is developed into service planning. It has introduced some imaginative methods of ensuring children's participation in service policy and planning and new methods are being developed. The service can demonstrate examples of decisions made after consultation with children and young people. One of these has been the change governing the way in which consents for school and other activities has established to make the decision making process for consents quicker and less obtrusive.

Achieving economic wellbeing

The provision is satisfactory.

Foster carers are given help through training and support to assist young people in developing the skills, competence and knowledge necessary for adult living. For example, there are clear written requirements of what is expected of foster carers in terms of preparing young people for independent or semi independent living. The Leaving Care Team ensures that specific support is provided in accordance with the agreed plan. Young people are central to the compilation the plan for their leaving care. The process of transition from children's service to adult services for young people with disabilities is not always supportive to carers. The role of the family placement worker in assisting carers and other social workers involved with both children's and adult services is not always clear. One foster carer, for example, is experiencing a number of difficulties such as maintenance of vital equipment and being given information about future arrangements for contact and planning of the care of the young person for whom she will continue to care on his reaching adulthood. Foster carers receive payments of allowances promptly and in full. Written information about the rates of payments and allowances is provided

regularly. Any problems over payment are corrected by the fostering service. The levels of payments are in accordance with the national minimum rates. The criteria for the payment of some allowances, for example the awarding of payments under the Community Parent scheme, are not always clear and explicit. This leads to difficulties over eligibility for payment and potential inconsistencies in payments to foster carers.

Organisation

The organisation is inadequate.

Although there is a clear statement of purpose for the fostering service the management of the family placement team was for some time not adequately or consistently focused in order for the aspiration to be translated into practice. The team has undergone changes in management in the recent past. The acting team manager and deputy team manager are new in post, although both remain in an acting capacity, and are now addressing a number of relatively long standing issues that face the team. The team has a number of staff in temporary positions and sickness rates so far this year are high. The post of Assistant Director responsible for the service is also filled on an acting capacity. The level of vacancies combined with the high workload has meant that activities, such as staff supervision and team meetings have been affected and have not been taking place within the frequency required by the service's own policies and procedures. The service does not have enough foster carers to provide sufficient placement choice to meet the needs of the children who require placement. This can lead to children being potentially inappropriately placed or for the rigorous monitoring of care plans to drift. Two children who were placed initially short term with carers have been with the same carer for three years and plans for a permanent match have not yet been carried through. The reassessment of the foster carers has been delayed for over a year without clear explanation as to why this has happened. The primary role of the family placement social workers in safeguarding the children and young people in foster placement is not adequately understood or applied. Although there are examples of good practice these are not systematically evident in every placement. Unannounced visits are not routinely undertaken, and the purpose of such visits is not sufficiently understood throughout the team. There is a lack of clarity about the documentation on children held by carers and supervisory visits are not robust enough in checking the information that foster carers say they have on children in placement. There are significant shortfalls in both the quality and amount of information provided for foster carers on children for whom they have been asked to care. The role of the family placement team in obtaining that information is not sufficiently robust. Foster carers are unclear about the policy and process of recording significant events for children for whom they care and the role of the supervising social worker in monitoring recording practice is not clear. Children's records are not always stored securely and foster carers continue to hold information on children who have moved on. Although the first annual review of the foster carer is submitted to the fostering panel further reviews do not contain any element of independent scrutiny and are generally undertaken between the foster carer and the supervising social worker. Not every review is conducted within the first year of approval. The training programme for foster carers does not always fully equip them for the complex needs of the task of caring for children and young people and a number of foster carers do not undertake training that is designated by the service as mandatory. There is a lack of risk assessments and supervision plans for placements with family and friends where standards are not what would be expected of mainstream foster carers. The way in which the local authority has organised the roles of the children's social workers and the family placement team in assessing family and friends carers can lead to some delays in assessments taking place particularly for those placements subject to temporary approvals under regulation 38 of the

Fostering Services Regulations. Inconsistencies in practices relating to the placement of children with family and friends potentially leads to increased vulnerability of children in these situations. For example not all children's social workers have the requisite knowledge and experience in the issues affecting the assessments of kinship carers and are unaware of the correct processes that need to be undertaken for approval of kinship carers. This includes the way in which assessment reports are produced and presented to panel. Supervision of the assessments by social workers' managers is varied and inconsistent.

What must be done to secure future improvement?

Statutory requirements

This section sets out the actions, which must be taken so that the registered person meets the Care Standards Act 2000, The Fostering Services Regulations 2005 and the National Minimum Standards. The Registered Provider must comply with the given timescales.

Standard	Action	Due date
12	ensure that each foster carer is provided with appropriate information regarding the state of health and health needs of any child placed and the arrangements for giving consent to the child's medical or dental examination or treatment (Regulation 17(a)(b))	30 April 2008
8	ensure that children are placed only with foster carers whose terms of approval are consistent with the proposed placement (Regulation 34 (1) (b))	30 April 2008
8	ensure that before making a placement the authority has entered into a written foster placement agreement with the foster carer relating to the child and which covers the matters specified in Schedule 6 of the regulations (Regulation 34 (3))	30 April 2008
23	ensure foster carers are provided with such training, advice information and support as appears necessary in the interests of children placed with them (Regulation 17 (1))	31 May 2008
8	ensure children are placed with a foster parent only if the foster parent is approved by the authority (Regulation 34 (1)(a))	30 April 2008
17	ensure that the details of the health (supported by a medical report) of all prospective foster carers is obtained and presented to the fostering panel (Regulation 27(2) Schedule 3)	31 May 2008
30	ensure that the fostering panel provides the service with advice on the procedures under which foster carer reviews are conducted, oversees the conduct of assessments and gives advice and recommendations on other such matters as the fostering service provider may refer to it (Regulation 26(2))	31 May 2008
30	ensure that the membership of the fostering panel includes at least one elected member of the local authority (Regulation 24(3)(c))	30 April 2008

17	ensure that there is a sufficient number of suitably qualified, competent and experienced persons working for the purposes of the fostering service (Regulation 19)	30 June 2008
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Recommendations

To improve the quality and standards of care further the registered person should take account of the following recommendation(s):

- ensure that every foster home can comfortably accommodate all who live there and that the home is adequately finished and decorated and maintained to a good standard of cleanliness and hygiene (NMS 6)
- ensure that the home is free of avoidable risks and hazards that might expose a child to risk of injury and harm (NMS 6)
- ensure that carers have copies of any court orders describing a restriction in contact for a child (NMS 10)
- review the foster carer recruitment strategy to ensure there is a range of carers to meet the needs of children and young people for whom it aims to provide a service (NMS 17)
- review the role of the family placement supervising social worker to ensure there is a clear strategy for working with and supporting carers (NMS 21)
- ensure foster carers are aware of their responsibilities to understand and operate within all standards, policies and guidance agreed by the fostering service (NMS 21)
- ensure foster carers receive occasional unannounced visits, at least one a year (NMS 22)
- ensure the arrangements for the annual foster care review contain some element of independent scrutiny of foster carers' practice (NMS 21)
- ensure the effectiveness of the foster carer training programme is evaluated and reviewed annually (NMS 23)
- ensure foster carers are trained to record significant life events for children in their care (NMS 24)
- ensure foster carers keep the information they hold on children in a secure manner (NMS 24)
- review the mechanisms within the local authority fostering service for assessing and approving family and friends as foster carers (NMS 32)
- ensure that there is a written policy on all fostering allowances including those payable under the Community Parent scheme (NMS 29)
- ensure that one of the independent members of the fostering panel is normally a person who has at any time been placed with foster carers or whose child has at any time been placed with foster carers. (NMS 30)

Annex

Annex A

National Minimum Standards for la fostering agency

Being healthy

The intended outcomes for these standards are:

- the fostering service promotes the health and development of children (NMS 12).

Ofsted considers 12 the key standard to be inspected.

Staying safe

The intended outcomes for these standards are:

- any persons carrying on or managing the service are suitable (NMS 3)
- the fostering service provides suitable foster carers (NMS 6)
- the service matches children to carers appropriately (NMS 8)
- the fostering service protects each child or young person from abuse and neglect (NMS 9)
- the people who work in or for the fostering service are suitable to work with children and young people (NMS 15)
- fostering panels are organised efficiently and effectively (NMS 30)

Ofsted considers 3, 6, 8, 9, 15 and 30 the key standards to be inspected.

Enjoying and achieving

The intended outcomes for these standards are:

- the fostering service values diversity (NMS 7)
- the fostering service promotes educational achievement (NMS 13)
- when foster care is provided as a short-term break for a child, the arrangements recognise that the parents remain the main carers for the child (NMS 31)

Ofsted considers 7, 13 and 31 the key standards to be inspected.

Making a positive contribution

The intended outcomes for these standards are:

- the fostering service promotes contact arrangements for the child or young person (NMS 10)
- the fostering service promotes consultation (NMS 11)

Ofsted considers 10 and 11 the key standards to be inspected.

Achieving economic well-being

The intended outcomes for these standards are:

- the fostering service prepares young people for adulthood (NMS 14)
- the fostering service pays carers an allowance and agreed expenses as specified (NMS 29)

Ofsted considers none of the above to be key standards to be inspected.

Organisation

The intended outcomes for these standards are:

- there is a clear statement of the aims and objectives of the fostering service and the fostering service ensures that they meet those aims and objectives (NMS 1)
- the fostering service is managed by those with the appropriate skills and experience (NMS 2)
- the fostering service is monitored and controlled as specified (NMS 4)

Annex A

- the fostering service is managed effectively and efficiently (NMS 5)
- staff are organised and managed effectively (NMS 16)
- the fostering service has an adequate number of sufficiently experienced and qualified staff (NMS 17)
- the fostering service is a fair and competent employer (NMS 18)
- there is a good quality training programme (NMS 19)
- all staff are properly accountable and supported (NMS 20)
- the fostering service has a clear strategy for working with and supporting carers (NMS 21)
- foster carers are provided with supervision and support (NMS 22)
- foster carers are appropriately trained (NMS 23)
- case records for children are comprehensive (NMS 24)
- the administrative records are maintained as required (NMS 25)
- The premises used as offices by the fostering service are suitable for the purpose (NMS 26)
- the fostering service is financially viable (NMS 27)
- the fostering service has robust financial processes (NMS 28)
- local authority fostering services recognise the contribution made by family and friends as carers (NMS 32)

Ofsted considers 1, 16, 17, 21, 24, 25 and 32 the key standards to be inspected.