



*Making Social Care
Better for People*

inspection report

FOSTERING SERVICE

NCH - South West Fostering Project

**Weir House
93 Whitby Road
St Phillips
Bristol
BS4 4AR**

Lead Inspector
Sophie Barton

Announced Inspection
27th November 2006 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Fostering Services*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

Every Child Matters, outlined the government's vision for children's services and formed the basis of the Children Act 2004. It provides a framework for inspection so that children's services should be judged on their contribution to the outcomes considered essential to wellbeing in childhood and later life. Those outcomes are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a contribution; and
- Achieving economic wellbeing.

In response, the Commission for Social Care Inspection has re-ordered the national minimum standards for children's services under the five outcomes, for reporting purposes. A further section has been created under 'Management' to cover those issues that will potentially impact on all the outcomes above.

Copies of *Every Child Matters* and *The Children Act 2004* are available from The Stationery Office as above

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SERVICE INFORMATION

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Provider Web address	
Name of registered provider(s)/company (if applicable)	NCH Action for Children
Name of registered manager (if applicable)	Mrs Joyce Mary Jenkin
Type of registration	Fostering Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 9th January 2006

Brief Description of the Service:

NCH South West Fostering Service has provided long term foster placements which offer children and young people permanency in a stable family setting. This has been for children aged 8 years and above or children with learning disabilities of any age, who need permanent substitute family care and for whom adoption is not appropriate. The service has recently expanded, recruiting foster carers who will provide short term fostering for children aged 5 – 18 years. The recruitment requirements are for carers who have no young children living at home, and who have no other significant work commitments.

The service also links with the Cotswold School (NCH 52 week residential school for boys aged 9 – 15 years). Carers are recruited to provide weekend and holiday respite care to boys who attend the school. This service aims to provide the boys with family experiences, enabling the development of appropriate social skills, and allowing them time away from the school in a different environment.

The service generally recruits carers who live within a hour's drive of Bristol, and provides placements for children from around the country.

As at March 31st 2006 there were 20 approved fostering households (seven of these provide respite care only). Twenty one children were placed with these carers.

The service is fully responsible for recruiting, assessing, training and supporting the foster carers. They have set up their own fostering panel.

The current allowance paid to foster carers is £392 per week per child. The cost to the placing local authority is £870 per week for one child.

SUMMARY

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

This summary is written for the young people who are looked after in foster care by NCH South West Fostering Service.

The fostering managers were told in September 2006 that there would be an inspection between the 27th and 30th November 2006.

The inspector visited three foster homes, and spoke to the foster carers about how they look after the children living with them. Unfortunately the inspector did not meet with any young people. In the questionnaires the inspector sent to the children and young people they all stated that they did not want to meet the inspector.

The inspector also spoke to children's social workers, the foster carer's social workers and the managers of the fostering service. The inspector also met with a group of foster carers.

The inspectors looked through lots of paperwork, which included information about foster carer's backgrounds.

To help the inspector to write the report the manager sent the inspector information about the fostering service. She also wrote to the inspector and told her what she thought the service did well and what they could improve.

The inspector sent questionnaires to young people and to foster carers. 7 were returned from young people and 9 from foster carers.

What the service does well:

These are some of the good things that the inspector found and was told about:

- All the young people said in their questionnaires that they are "always" listened to by their carers.
- All the young people said that they "always" feel well cared for where they are living which is great to hear. Children said "*I know I'm loved as they show me lots of love*". Another child said "*because its happy nice living here*".
- The fostering service works closely with 'therapists'. These are people who can help children talk about how they are feeling (if they are sad or angry). All children said they are helped to be healthy.

- The fostering service is excellent at helping children do well at school. They really want children to be happy at school.
- The fostering service makes sure foster carers go on many training courses, so that they learn good ways of caring for children.
- The foster carers get regular visits from the fostering workers, who make sure that the carers are looking after the children properly.
- The foster carers the inspectors met were very friendly and cared about the young people very much. Their homes were comfortable and children had nice bedrooms.
- When children needed a foster placement the workers tried very hard to find them carers that the children would get along with well. For example if a child did not like animals the fostering workers would make sure that the child did not go and live with carers who had a dog.

What has improved since the last inspection?

The manager and staff are always looking at ways it can make things better for children.

They now have a skilled worker to help them find more foster carers, so that they can provide more children with good foster carers.

The staff now make sure that they get as much information as possible about the children's likes and dislikes, and about important things that have happened to the child in the past. This information is given to the foster carers which will make sure the carers will know how to look after the child better.

What they could do better:

Although the fostering service did many things well there were still some things that could make the children a bit safer and happier. The important ones are:

- Before any person starts working for the fostering service the manager must try to find out why the person left their other jobs they may have had. This is to make sure that the new worker is suitable and safe to work with children.
- The foster carers must be given permission to take the child for medical treatment.

- The leaflet given to children about what it means to be fostered by NCH, is not very easy to read. Younger children would not be able to understand it.
- Some carers decide they want to look after more children, and they ask the fostering service for permission to do this. This permission should only be given if the children who already live with the carer want this to happen.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

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Being Healthy

The intended outcome for this Standard is:

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

The Commission considers Standard 12 the key standard to be inspected.

JUDGEMENT – we looked at the outcome for Standard:

*Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.*

The fostering service is good at promoting and monitoring the health and development of children, with children's health needs being met in a prompt and effective way.

EVIDENCE:

Seven children's files were examined as part of evidence gathering for this inspection. All were appropriately registered with a GP, and received the necessary health checks with dentist and opticians. One case file showed that the foster carer had been very prompt at ensuring a newly accommodated child received the necessary dental services. Of particular note is that a number of the children were receiving packages of support from therapy services. In particular the fostering agency links closely with a local organisation 'Catchpoint', which offers creative attachment therapy. The therapy was tailored to their individual needs, provided flexibly and with some positive outcomes recorded. NCH also have a medical advisor that is available for consultation with any health concerns regarding a child. This had recently been sought in relation to obesity. The inspector was also informed of the support given to carers and children to access other support from dieticians, male nurse for support with sex education, and from the incontinence nurse.

The statutory review documentation seen for the children confirmed that health needs were being met. The fostering service has just begun to collate information on a regular basis about children's health, monitoring the health appointments attended, referrals to specialist services, and information on the diet, physical activity and any substance misuse issues. This is to be used to monitor progress and outcomes for children.

Unfortunately children's files did not evidence that the carers had a copy of a health plan for the child. It is the responsibility of the placing social worker to ensure the fostering agency has a copy of this and that it is reviewed annually by a qualified nurse. The fostering agency needs to ensure this is obtained. There was no evidence provided to show that the carers for three of the seven children case tracked had signed medical consent from a person with parental responsibility. This had been obtained however for the children who had very recently been placed with NCH carers. The manager has now devised a checklist to be used by supervising social workers, to ensure this documentation is obtained from placing social workers before or shortly after placement.

Carers have been provided with training in First Aid (or booked on forthcoming training) and attended training sessions on emotional health / attachment, drug and alcohol awareness, promotion of resilience and impact of trauma on children. The fostering agency has developed and implemented a life story package and are in consultation with Local Authorities about carrying out this work with further young people. The agency also plans to implement the Healthy care Training Manual (Department for Education and Skills and National Children's Bureau) in order to further promote healthy living.

The questionnaires returned from carers and young people were positive in relation to how the children are supported to lead healthy lifestyles. Of the seven young people who returned the questionnaires six stated that they "always" get support and advice about being healthy, and one said they "usually" are.

Four placing social workers spoken to confirmed that the carers were able to meet the children's needs and that any health issues had been promptly addressed.

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)

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

JUDGEMENT – we looked at outcomes for the following Standard(s):

*Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.*

The manager and staff are suitable and qualified, with clear knowledge and understanding of how to ensure the best possible outcomes for children. There are good foster carers, where children have safe, healthy and nurturing environments.

The fostering service effectively carries out matching considerations for children, which has resulted in the children being in very stable placements.

The fostering service is very proactive at protecting children from all forms of harm and abuse, with good systems, policies and practice being implemented rigorously.

The fostering assessment panel has sufficiently carried out its functions, ensuring that decisions are made to safeguard the welfare of children.

EVIDENCE:

A number of personnel files were examined, including the fostering manager's personnel records. The records of three foster carers recently approved were also examined in order to assess the suitability of the staff and carers working

for the fostering agency. For staff, telephone enquiries are made to follow up written references. For foster carers their personal referees are also visited by the assessing social worker. Evidence of Criminal Record Bureau certificates were seen on all files and these were all obtained within the past three years. Written references are also obtained from foster carers ex partners and current employers which is good practice and adds extra safeguards to ensure the suitability of carers. However the fostering agency had failed to check that where a person has previously worked in a position whose duties involved work with children or vulnerable adults, so far as reasonably practicable verification of the reason why the employment or position ended. Positive proof of identity was not kept on the personnel files seen by the inspector for two out of four newly appointed workers. However the manager confirmed that copies of passports and driving licences are taken and sent and kept at the 'Recruitment Shared Service' in Glasgow.

Three foster homes were visited as part of this inspection. They were all clean, tidy and there was ample room for all of the household members. Children had their own bedroom. A health and safety assessment had been carried out on each home. Foster carers had completed the assessments. On one of the assessments there was no evidence that the supervising social worker had addressed issues relating to health and safety problems identified. Foster carers reported that the supervising social workers had provided safety equipment (stair gates and car seats) promptly when needed. Foster carers are provided with a safety checklist in the Foster Carer Handbook.

The inspector noted safe care plans for each household on the carer's files. Some of the safe care plans seen were not completed to a satisfactory level. For instance when describing how carers will safely show affection or displeasure the comments recorded were not explicit enough ("the carers will remain open").

The manager confirmed that the procedures are for a safe care plan to be updated for each child in placement. The inspector did not see evidence of this for three children recently placed with carers. However the inspector did note that risk assessments had been developed for these children, detailing how risks are to be managed for them in placement, especially in relation to risks they might pose to other children and/or to carers. Carers have received training in managing behaviour and child abuse. Further 'Team Teach' training is being planned for some foster carers, to ensure they are aware of good practice in de-escalation and restraint. Clear guidance is produced for carers and staff in relation to the action to take if they are concerned that a child is suffering, or likely to suffer, significant harm. The manager has recently attended the Fostering Network training on the new guidance on allegations against foster carers. There have been no allegations or complaints made about carers or staff working for the fostering agency. There has been one child protection referral made to the Local Authority concerning an allegation made against a child in placement. The fostering agency dealt with this

appropriately, and have continued to liaise closely with all agencies involved. An incident when a child was missing from home was again dealt with promptly and efficiently by carers.

Of importance to note is that out of the seven questionnaires received from young people they all stated that they "always" feel well cared for where they are living now.

The manager reported that carers have comprehensive guidance in the fostering handbook about anti bullying. Incidents where a child reports bullying are now being collated by the agency, which will ensure close monitoring.

Discussions during interviews with staff and managers evidenced that a high priority is given to providing quality placements. When a referral is received by the agency, the workers are very clear about ensuring that any carer proposed can meet the needs of the child's profile. Placing social workers spoken with stated that they considered the children were very well matched. Placement decisions have taken into account the child's assessed racial, ethnic and cultural needs, with a number of the placements being matched in relation to the child and the carers having dual heritage backgrounds. Twenty two children have been placed in long term / permanent placements with NCH South West carers. As at October 2006 there had been two children who have had to move placement. They are both now in stable placements.

The manager showed the inspector a 'matching report' proforma used to match the applicants needs, wishes, attributes and hobbies to those of a child requiring a permanent placement. Files evidenced that matching discussions took place verbally and via emails to placing social workers.

The fostering panel was not observed at this inspection. Previous three panel meeting minutes were examined. The inspector noted that a foster carer had been approved for four children, which is a breach of regulations (Children Act 1989) as the maximum number is three. The manager stated that this was a mistake in the wording as it should have related to a sibling group. The inspector also noted that where carers were requesting a change in approval status, and this was being presented to panel, the report written did not evidence that this had been appropriately assessed (see also 'management' section).

There has been a new chair person appointed to the panel. Other panel members include the responsible individual, a medical adviser, a foster carer, a person who has experience of being in care themselves, a person with experience in education and agency social workers. Due to panel members sending in apologies for some panel sessions it has sometimes been difficult for the panel to remain quorate. At one sitting the person standing in for the responsible individual had instead to act as a social worker representative. This is not good practice and the panel members need to attend for more than 75%

of panel sessions. The panel chair completes an annual report about the functions carried out by the panel and to provide information about quality assurance. Panel members have been required to sign and agree terms and conditions and a confidentiality statement. All have a recent Criminal Record Bureau check.

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)

The Commission considers Standards 7, 13 and 31 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7 and 13 (31 is not applicable to this service)

*Quality in this outcome area is **excellent**.*

This judgement has been made using available evidence including a visit to this service.

The service has very good systems, policies, training and practice in place to ensure staff and carers value diversity and promote equality

The service gives a very high priority to meeting the educational needs of each child, with children given excellent encouragement to attain their full potential.

EVIDENCE:

The NCH has an equality and diversity policy. Two members of the fostering team are representatives on the NCH regional equality and diversity group and have recently set up a South West Region Black and Minority Ethnic Forum. This group is planning relevant training and workshop events for carers and staff. A recruitment and promotions officer has recently been appointed. Part of her job responsibilities includes recruiting carers from varied groups within the community. The current carers approved include black and mixed parentage families, single carers, a same sex couple and families where the primary carer is male. Children have been 'matched' to families who have the same or similar ethnic backgrounds.

For carers who offer placements to children with autism, specific training has been provided – 'Autism – Whats in a Label' , 'Autism and Sexuality'. Foster carers who care for children who have limited verbal skills have also attended training in communication.

The assessment reports of prospective foster carers examined as part of this inspection evidenced that carers' ability to understand and respect children's backgrounds is assessed. *"X believed that it has taken her time to develop the confidence to challenge discrimination but now tries to educate people and help them look at their perceptions"*.

The inspector was informed that a placement agreement for children placed with non-religious foster carers stated that the children were to be brought up as catholic. The children are taken to Catholic church and Sunday school. The inspector noted many incidences where foster carers worked to enhance the child's confidence and feeling of self-worth (carers receiving support from family therapists on how to help the child deal with trauma, training on promoting resilience, and life story work). The children case tracked all participated in activities and had opportunities to pursue their interests. Two of the children had swimming lessons and football club. One young person was supported to attend a youth club, and another went to a dancing class and had karate lessons. Foster carers informed the inspector of the emotional and practical support they have given a child who is bullied, and one-to-one social work support was provided to help the child deal with issues related to sexuality, race and learning disability.

Carers have also been given training in helping children with reading and writing and promoting educational achievement. All carers spoken with confirmed that they have attended Personal Education Plan meetings. All children placed with NCH South West are in full time school. No child is permanently excluded. One of the children case tracked had been experiencing some fixed term exclusions. The case file evidenced that the supervising social worker and foster carer had been liaising closely with the school and placing authority. The supervising social worker had requested an assessment from an educational psychologist. NCH further set up for their education consultant to liaise with a child's school to discuss attachment related difficulties.

One of the supervising social workers has received training from Advisory Centre for Education (ACE) and is available to all the team in relation to education legislation.

Out of the seven questionnaires received from young people they all stated that they "always" receive the right help so they can be successful in their education. Out of the six carers who answered the questions 3 said the service was "excellent" at supporting them in helping the child achieve educationally and three said the support from the fostering service was "good".

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)

The Commission considers Standards 10 and 11 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

10 and 11

*Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.*

Contact with family and friends is very well promoted by the fostering service, ensuring young people maintain these links where appropriate.

The service is good at seeking the views of children and young people, with children actively engaging in decision-making.

EVIDENCE:

The files examined showed evidence that the supervising social workers and the foster carers were encouraging and supporting contact between the child and their friends and family. A placing social worker informed the inspector that the fostering service had been very good at supporting foster carers through a change in contact arrangements. A file also showed that a foster carer had advocated on behalf of the young person, requesting contact with her father. The supervision records showed how the carer was helping the young person with the emotional impact of this. Foster carers also verbally told the inspector of how they had supported a young person keep up regular contact with family, by arranging the contact sessions themselves, supervising the contact and providing transport. Training has been provided to carers on 'Contact with Birth Families' and the carers spoken with were all able to articulate the importance of contact.

Again, the file seen of another child showed email contacts with the social services and fostering agency about the need for sibling contact for the child. All carers reported that they record the outcome of contact arrangements.

The carers who were visited stated that the children are encouraged to attend their statutory reviews. One young person had been helped to make a video about her views and opinions, which was played at their statutory review.

All of the foster carer's files that were examined showed evidence of the children's views being obtained. As part of the foster carer annual review, the supervising social worker recorded the views of the child in placement. The questionnaires received from young people were also very positive about being listened to. All seven who replied stated that their carers "always" listen to them. The foster carer questionnaire asked the carers "how would you rate the fostering service at involving the children that you care for in decisions about their day to day lives". Out of the seven that replied to the question two stated the service was "excellent", four said it was "good" and one stated the service was "poor".

Each child / young person has been given a Children's Guide. It includes information about NCH South West, young people's rights, what to expect when moving to a foster home, house rules, contact arrangements, reviews and the records/files kept about them. This guide is suitable for teenagers, and not for younger children.

NCH South West run a children's group 4 times a year. This group goes bowling, or out for a meal. One young person stated that she really enjoys the children's group. The group is also a forum for getting feedback about what's good or not about NCH fostering service.

The wider organisation of NCH have a young person's participation worker. The manager informed the inspector that she is planning to link more closely with this worker to look at consultation, young people interviewing staff, and developing another Children's Guide. The manager informed the inspector that advocacy support has been obtained for children where this has been requested and/or considered appropriate.

Achieving Economic Wellbeing

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)

JUDGEMENT – we looked at outcomes for the following standard(s):

These standards were not assessed at this inspection.

EVIDENCE:

Management

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)
- 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)

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

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 16, 17, 19, 21, 23, 24, 25. (32 is not applicable to this service)

*Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.*

There is a clear statement of the aims and objectives of the service, and the service actively meets those aims and objectives.

The staff's initial assessment, supervision visits and support to carers is very good, ensuring carers are skilled and enabled to provide quality care to children. However changes to approval status of carers have lacked sufficient detail to ensure appropriate decisions are made about their suitability.

The service is well managed, providing an efficient and consistent service to carers and children.

Foster carers training is prioritised, with good quality and varied training providing carers with the knowledge base to meet children's needs.

Case records for children and carers are sufficient, ensuring accurate and detailed information is recorded and kept securely.

EVIDENCE:

The Statement of Purpose is kept up to date and accurate. It includes all the information required by regulation. The Statement of Purpose is available to professionals, carers, and parents if they request it. As stated above the Children's Guide is written in a way that is suitable for teenagers and not for younger children. However the sentences used are long, and the inspector considers that it will still be difficult for some young people to fully understand what is being said. Six out of the seven children who completed questionnaires stated that they all knew how to make a complaint about the service.

The service manager for NCH South West Fostering and Adoption Service is the registered manager. She has a certificate in management and a masters degree in social work. The service manager was recently seconded into a development post. However, this secondment has ended and she is now in day-to-day charge of the fostering and adoption service. It is necessary however for the service manager to keep the Commission informed of any future changes to the management cover of the service. There is also a team manager for the fostering service, and a team manager for the adoption service who line manage the staff. Staff confirmed that the management structure works well in practice and that there are clear lines of accountability. The team managers are also social work qualified and are undertaking training in management.

All staff reported that supervision with their manager comprehensively covers a range of areas, and is regular. Staff also stated that there are training opportunities, clear and manageable workloads. The three social work staff interviewed had not completed Post Qualifying training in social work, but had attended numerous training relating to fostering and adoption. All the supervising social workers are qualified social workers with many years

experience in child care and family placement. It is a stable staff team, with the staff reporting good morale, and an open and supportive culture.

Carers also reported very good support by the fostering service. Comments from carers included *"I think NCH are the 'Rolls Royce' of agencies", "we find them to be very supportive and informative", "NCH is an excellent service. They respect us and listen to us ...enabling us to provide a loving and healthy environment for our foster child"*. The service provides an out of hours support service, 28 days respite care each year, and a monthly support group for carers. Out of four carers files examined in full, all had up to date annual reviews. However two reviews had been carried out late.

Foster carer training is flexible and regularly provided. Training is provided in house and by external trainers. Training events have included sessions on attachment, promoting resilience, educational needs of looked after children, children who have been abused, impact of trauma on children. This is very applicable training aimed at increasing the knowledge of carers, and improving skills in managing behaviours. There is a training programme for 2007, and a worker in the team has responsibility for arranging the training for carers.

There is a clear marketing and recruitment plan in place, with a dedicated worker appointed for this role. The service has 'Preferred Provider' status with Swindon and Bristol Local Authorities to provide short term foster placements for children and young people. This is a new service development as NCH South West has previously only been providing long term / permanency placements for children and young people. The recruitment plan involves recruiting carers who meet specific requirements (no young birth children living in the home, carer to have no other significant job commitments, and carers with the skills and experience for managing challenging behaviour). This is to ensure that carers recruited will be able to meet the needs of the children needing placements, providing a quality service.

Full fostering assessments are undertaken on prospective carers using the Fostering Network assessment proformas. Assessments of respite carers contained less detail of the applicants background, standard of living, lifestyle, and parenting capacity than the assessments seen of long term foster carers. The assessments of applicants for long term fostering were full, exceeded minimum standards (in relation to number of people interviewed), giving the reader comprehensive information about the qualities, competencies and aptitudes for fostering.

However, where foster carers have requested a change in approval status there had been insufficient assessment of the appropriateness of this. One carer had previously been approved for one long term placement and two respite placements. This had later been changed to three long-term placements without an assessment of the current child's needs, or discussion

with the placing social worker. Panel minutes did not evidence that these issues had been raised either.

Well organised and accurate files were kept for the children and carers. The children's files kept sufficient information to enable the reader to understand the child's life events with NCH carers. Foster carers spoke about keeping memorabilia for the child and this is good practice. Foster carers have been offered training in record keeping, and they all confirmed that they keep a diary of significant events. Carers have been provided with a lockable filing cabinet to store information about the child in. The children's files examined did not all include the necessary 'looked after children' documentation. These documents include the child's routine, medical background, personal details, contact arrangements, educational needs etc. There was some evidence of the service writing to placing social workers requesting this information, and have developed new checklists when arranging future placements. The files of two children recently placed did contain the necessary information. (See 'Being Healthy' in relation to the need to get written medical consent). Out of the eight carers who completed questionnaires four stated that they had been provided with "excellent" information about the child before they were placed, four stated the information was "good" and one said it was "adequate".

Carers files were equally well organised, easy to read and contained all necessary information. The manager's supervision discussions were also filed on the carers' files. The manager reported that files are audited at 6 monthly intervals.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Fostering Services have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

BEING HEALTHY	
<i>Standard No</i>	<i>Score</i>
12	2

STAYING SAFE	
<i>Standard No</i>	<i>Score</i>
3	3
6	3
8	3
9	2
15	2
30	3

ENJOYING AND ACHIEVING	
<i>Standard No</i>	<i>Score</i>
7	4
13	4
31	N/a

MAKING A POSITIVE CONTRIBUTION	
<i>Standard No</i>	<i>Score</i>
10	4
11	3

ACHIEVING ECONOMIC WELLBEING	
<i>Standard No</i>	<i>Score</i>
14	X
29	X

MANAGEMENT	
<i>Standard No</i>	<i>Score</i>
1	2
2	X
4	X
5	X
16	3
17	2
18	X
19	X
20	X
21	3
22	X
23	3
24	3
25	3
26	X
27	X
28	X
32	N/a

Are there any outstanding requirements from the last inspection?

NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Fostering Services Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	FS12	17	The fostering service provider must ensure that each foster carer is given information about the arrangements for giving consent to the child's medical or dental examination or treatment. <i>(There must be written evidence of medical consent on children's and carer's files).</i>	27/02/07
2	FS15	20	Where a person has previously worked in a position whose duties involved work with children or vulnerable adults, so far as reasonable practicable, the service must obtain verification of the reason why the employment ended.	30/01/07

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	FS1	The Children's Guide should be written in a format suitable for young children.
2	FS6	The supervising social worker should ensure that health and safety checklists are accurate and any shortfalls identified promptly.
3	FS9	Safe care plans should be completed in more detail, noting how safe care is to be practiced in a clear and unambiguous way.
4	FS12	Each child should have a written health record and plan which is updated throughout the placement.
5	FS17	Where carers request a change in status there should be a fuller assessment of the appropriateness and suitability of this. Assessments should include the needs of children in placement, and capabilities and motivation of the carer.
6	FS30	Panel members should attend panel regularly.

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