



*Making Social Care  
Better for People*

# inspection report

## FOSTERING SERVICE

### **Poole Fostering Services**

**Borough of Poole  
14a Commercial Road  
Parkstone  
Poole  
Dorset  
BH14 0JW**

*Lead Inspector*  
Sophie Barton

*Announced Inspection*  
9th October 2006      09:30

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

<b>Reader Information</b>	
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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](http://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](http://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

<b>Name of service</b>	Poole Fostering Services
<b>Address</b>	Borough of Poole 14a Commercial Road Parkstone Poole Dorset BH14 0JW
<b>Telephone number</b>	01202 261501
<b>Fax number</b>	01202 714410
<b>Email address</b>	<a href="mailto:l.pujol@poole.gov.uk">l.pujol@poole.gov.uk</a>
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Adoption & Fostering Services
<b>Name of registered manager (if applicable)</b>	Mrs Delia Amos
<b>Type of registration</b>	Local Auth Fostering Service

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection** 1<sup>st</sup> February 2006

## Brief Description of the Service:

The Borough of Poole's fostering service is managed within the Borough's Children and Families Services structure. There is a Principal Manager and a Team Manager responsible for the mainstream fostering team. The fostering team consists of a senior practitioner, 6 qualified social workers and three social work assistants. The Shared Care Scheme is located within the Children's Health and Disability Team, with a separate team manager and is staffed by a senior practitioner and a qualified social worker. The two teams have responsibility for the recruitment, assessment, training and support to all of the Borough's foster carers and shared care families.

The service has a Statement of Purpose which states: The fostering service aims to meet a diverse range of need by providing:

- Regular short break care to support families and prevent family breakdown e.g. when a child or parents has a disability or long term illness
- Short term foster care to support families through crisis or in an emergency to protect children from harm
- Permanent substitute family care by way of adoption or long term foster care, for children who cannot return to their birth family.

At the time of this inspection the fostering service had seventy-two approved foster carers and twenty-three carers providing short-term break placements for children with disabilities. Ninety-two children are placed with foster carers for short or long term care. Thirteen children are placed with independent agencies or other local authorities and twenty-four children receive shared care. Poole Fostering Service has its own fostering panel which is responsible for recommending the approval of all carers and changes to their approval status. The fostering service has access to a clinical psychologist who has time allocated for use in a consultation role with carers and workers. An Education Welfare Officer, and an Educational Psychologist both have input into the fostering service in reviewing and assessing the educational needs of the children placed with Poole carers. The Borough also has a Designated Nurse to oversee the health needs of 'Looked After' Children.

There has recently been a significant staffing restructure within Poole Children

and Families. This has impacted on the fostering team, with a new team manager due to be in post by November 2006.

# 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 Poole Borough Council.

The fostering managers were told in June 2006 that there would be an inspection between the 9<sup>th</sup> and 16<sup>th</sup> October 2006. Two inspectors were involved in the inspection of the fostering service.

The inspectors visited four foster homes, and spoke to the foster carers about how they look after the children living with them. The inspectors also spoke to some of the children living with these foster carers. Three young people also met with the inspector at Ted Webster Family Centre and talked about what it was like to be fostered by Poole.

The inspectors also met with many other people including:

- a group of foster carers,
- social workers,
- the managers of social workers and of the fostering team,
- teachers and a nurse who work with children in foster care,
- The independent reviewing officers (a person who isn't your social worker, who makes sure that the plan for your care is checked regularly).
- The person who runs the 'fostering panel'. The 'fostering panel' is where a group of people meet to help decide whether people are suitable to be foster carers,
- The complaints officer.

The inspectors also looked through lots of paperwork, including information on foster carers and records of when people had made complaints against foster carers. One inspector also attended the 'fostering panel'.

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.  
18 were returned from young people,  
21 from foster carers,  
2 from social workers and 1 from another professional.

## What the service does well:

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

- Poole Children and Families managers are good at making sure carers and fostering social workers look after children and young people properly.
- All the young people said in their questionnaires that they are “always” or “usually” listened to by their carers. A child stated that his foster carers *“try to understand me and help me talk to other people about my problems.”*
- Nearly all of the young people said that they “always” feel well cared for in their foster placement which is great to hear. One child stated that their foster carer *“gives us love and cuddles when we need someone there and when we feel upset.”*
- Foster carers and the nurse make sure children and young people stay healthy.
- There are a group of teachers who work just with children in foster placements and these teachers and foster carers help children do well at school. The fostering service really wants children to be happy at school and to get good exam results.
- 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.
- There are a number of carers who provide some overnight care to children who have a disability. These carers get a lot of information about the children so that they know how to look after them properly.



## **What has improved since the last inspection?**

The service has made many improvements over a very short space of time.

- The fostering service now makes sure that they get as much information about a child as possible (for example their likes, dislikes, what their behaviour is like) to help them find the most suitable carers for the child.
- The fostering social workers are better at making sure foster carers have a 'review' each year. A review involves social workers, young people and other professionals making comments about whether the foster carer is good at looking after the children.
- Foster carers have now been given a 'handbook'. This 'handbook' has a lot of information in it about how to look after children properly. For example it tells foster carers that they should have smoke alarms in the house, also talks about what to do if children are missing, or how much money to give children for clothes and pocket money.
- The 'fostering panel' has got better at making sure that new foster carers are going to be suitable at caring for children.

## **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:

- The fostering service needs to get better at getting the children's / young people's views about the care given by their foster carers.
- Some children need a foster home for a long time. This means that they need to live with foster carers until they are adults, and these are called long-term foster carers. Poole fostering service does not have enough of these long-term carers which mean that some children may have to move from one short-term carer to another. This is not good, so the fostering service must find more long-term carers for children.
- There needs to be better 'plans' made for children who need long term foster carers, so that children can move to the right family as quickly as possible.

- Some children may put themselves at risk sometimes, for example running away or using alcohol. The foster carers need more information on how to deal with these risks and to help keep the child safe within the home.
- 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.
- When workers are told that foster carers may not be looking after a child properly they must get better at investigating this quickly. Better notes should be kept about the complaints.
- If children and young people have emotional problems (for example they may be getting very angry, sad or frightened all the time) they should be helped more quickly in being able to talk to someone about this.
- Foster carers should be given more help in finding sports activities, holiday clubs and hobbies for the children they foster.

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](mailto: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.

# **DETAILS OF INSPECTOR FINDINGS**

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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:

12

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 the health and development of children, with children's health well monitored.

## EVIDENCE:

The fostering service has close links with the designated health visitor for looked after children. This worker is based in the Children and Families service unit and is funded to work with 'looked after children' for 2 days per week and Care Leavers for two days a week. The designated nurse is responsible for ensuring that each child looked after has a health plan and that this is circulated to the relevant people (which includes Independent Reviewing Officers, foster carers, fostering link workers, child's social worker and school nurse). The designated nurse undertakes all health plan reviews, and where possible attends the 3 month looked after child review to comment on any health issues. The inspector was informed that 97% of children looked after have a current health plan.

The inspector interviewed the designated nurse. The nurse was fully aware of best practice, and where procedures and practice had either improved recently (or plans were being put in place) to ensure children's health needs were being met. There is a quarterly 'health of looked after children' meeting, and current discussions at this group has included the need to improve the quality of Initial Health Assessments (which are completed by the child's GP), for the Consultant Paediatrician to complete another health plan at the permanency

planning meetings and the need for better information sharing with birth parents. The nurse had recently sent all foster carers a proforma to record the child's health appointments and outcomes. It was reported that foster carers are not actively completing these. Files did evidence that children had health plans and that regular reviews of these take place. There does however need to be a better written health record for each child, that can be updated during the placement and moved with the child. The inspector recognises that the service has already identified this shortfall and is currently considering developing this.

The nurse had carried out training with foster carers on sexual health, and runs a 'grub club' for looked after children which focuses on cooking skills and healthy eating. One young person seen spoke positively about this group. The designated nurse further reported that foster carers are going to be invited to attend training on the Webster-Stratten parenting programme in the New Year.

A number of children's files were examined as part of this inspection. Five out of the ten children did not have signed medical consent from a person with parental responsibility. The inspectors acknowledged that their basic health needs were being addressed although there was a considerable delay in accessing specialist (mental health) input for two of the children. There are systems in place for the service to link with CAMHS, with a designated therapists post funded for one day a week and consultation available with a child psychiatrist. There remained however a lack of evidence of the emotional/mental health needs of these children being actively promoted or monitored.

The service had however recently undertaken an Achenbach pilot survey (mental health assessment) on children who had been in placement for six months or more. This is a holistic assessment of the emotional needs of young people. This pilot has resulted in the service recognising the need to carry out regular assessments and the Strengths and Difficulties Questionnaire is to be promoted throughout the service. This will improve the monitoring of children's mental health and emotional wellbeing and identify when specialist support is needed.

As part of the Healthy Care Programme (which ensures that services are child-focused, provide looked after children with a healthy care environment and support the National Healthy Care Standards) Poole Children and Families has recently undertaken a Healthy Care audit. The audit report was shown to inspectors, and this document identified areas of good practice being achieved and areas where further action was needed. The Principal Manager confirmed that the areas noted for improvement are being addressed.

There is a clinical psychologist funded for 3 ½ hours a week to work with the fostering and adoption service on placement issues. It is a valued service but does not allow for a responsive service due to the limited hours provided.

The inspector was given a copy of the Foster Carer Training Planner for 2006/7. Courses include mandatory First Aid, and a selection of other one day courses on Emotional Health issues, Child Development, Drug Awareness, Hearing and Visual Loss Awareness, Bereavement and Loss, and Babies Born with Drug Addiction.

# 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):**

3, 6, 8, 9, 15, 30

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

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

**The manager and staff are suitable and qualified, with a good understanding of providing an efficient service to children. There are good foster carers, where children have safe, healthy and nurturing environments.**

**The fostering service is effective at matching and planning initial placements for children. However the needs of some children waiting for suitable long-term placements have not been met, which can affect stability and emotional well-being.**

**Children are protected from robust child protection procedures and staff and workers who have good levels of awareness of abuse. However inconsistency of safe care plans and risk assessments for children in placements, can potentially lead to unmanaged risks.**

**The fostering assessment panel is well managed with an effective membership, ensuring assessments of prospective foster carers are of a good quality.**

## **EVIDENCE:**

The inspector examined recruitment files to establish whether safe recruitment practices were being followed. All files showed evidence that Criminal Record Bureau certificates are obtained and two written references. Completed application forms detailed the person's experience and qualifications and certificates of qualifications and registration with the General Social Care Council were held on file. The files did not show evidence that telephone enquiries are made to follow up written references. The manager did state that this had been done but that these records are held elsewhere. For one of the two people employed in the last 12 months there was no evidence that verification of the reason why the person's previous jobs (involving working with children) had ended, and this is a breach in regulation. The Principal Manager informed the inspector that new guidance is being developed for recruitment personnel to ensure that regulations are met, and that a recent audit has been carried out to assess compliance. The inspectors saw evidence of this audit.

The inspectors visited four fostering households as part of the inspection, and examined the case files in detail. The homes visited were adequately furnished and maintained to a good standard of cleanliness. The children in placement each had their own bedroom and there were comfortable living areas. Up to date health and safety checks were not seen on three of the four files, although the procedures specify that these are carried out annually.

The inspector examined the fostering teams duty log, which included information about children waiting for placements. There was evidence of matching, mainly recorded as emails and case notes from the fostering team members about why a placement was or was not suitable. In discussion with team members and by observing a placements meeting it was clear that the child's needs are prioritised when planning placements, and that matching is discussed verbally amongst the team. It is recognised that there is a lack of long-term carers specifically for the older teenagers and this makes matching difficult.

There are currently nine children waiting for a long-term placement (they are all currently with short term carers). Through discussions with staff and by examining the duty logs it was noted that children and young people were remaining in short term placements although the plan was for long term care. For some children this had also involved two different moves and still they were not yet placed with long term carers. This was due to no suitable 'in house' carers being available. Funding was not being agreed to approach Independent Fostering Agencies who may have a suitable long term carer. It must be noted however that in 2005/6 only 7% of children had three or more placements which is significantly below the national average and below the target set for local authorities.



The information held by the fostering team for these children was variable. For two of the nine children there were long-term request forms that indicated the needs and plan for the child, including detailed background and current information. For five children the information was limited and did not include up to date assessments, care plans, Form E's, or matching needs and none included views of the child themselves. Feedback from other professionals also indicated that the fostering team did not plan long term placements on up to date assessments of children but went on prior, possibly out of date, knowledge of the child's behaviours and needs. The fostering team members did confirm that for those children awaiting placements the placing social worker is invited to the 'Placement Team Meeting', which is a forum to allow sharing of information.

There has also recently been improved guidance, procedures and forms produced in relation to referrals for a fostering placement and matching considerations. This is evidenced based and is aimed at exceeding the minimum standards. The inspectors did not see evidence of this being put into practice yet, but was informed that the procedures are now 'working draft' and has been shared with all managers.

The inspectors did note that permanency planning meetings and arrangements have been delayed for three of the children case tracked. For two of these children it was stated that a permanency planning meeting needed to be convened in June 2006, but to date this has not happened yet. Foster carers also stated that they were not included in permanency planning meetings, although they had clear knowledge about the child.

One child seen was in an emergency short-term placement and was aware that an alternative long-term placement was being identified. This child's file did not evidence that the social worker had obtained the child's views about what type of family they would like to live with. The child also informed the inspector that they had not been asked. Reviews of foster carers were also not including the views of children currently in placement and those that had previously been living with the carers. The new guidance issued to workers however did include a proforma to record the child's views. Another area that needs to improve is the distribution of 'foster carer profiles'. These are not routinely being provided to young people or social workers when planning potential placements, whereas this is good practice and will also ensure better matching.

The manager and Principal Manager were monitoring placement stability, allegations and complaints against foster carers, and incidents of where children were restrained. Since the last inspection in February 2006 there have been four allegations/complaints made about foster carers. One was not substantiated and three others were investigated and considered to be quality of care/practice issues rather than any abusive actions from foster carers. Two were dealt with in a timely manner. One investigation involved a number of

concerns over a significant length of time. On examination of this file a number of minimum standards were not met. Concerns and complaints were not recorded/logged on the carer's file. The long-term placement request presented to panel did not include any of the concerns or allegations raised about this carer. The foster carer annual review was considerably out of date. The Borough's child protection procedures were not followed with the foster carer not being informed of the allegation/concerns at the earliest opportunity.

These shortfalls have been recognised by the service. Revised child protection procedures have been drafted in relation to allegations made against foster carers. These have been discussed with senior management and are now being implemented. However, there are no clear procedures in place for staff to follow in relation to concerns about 'quality or standard of care' shown by foster carers.

The foster carer handbook contains information about behaviour management and that corporal punishment is not acceptable. The need for positive reward is promoted and encouraged. Training is planned for foster carers in physical intervention and restraint. Three children have needed to be physically restrained in the last 12 months, and the records held detailed the need and appropriateness of these restraints. A note on a child's file did indicate that foster carers used a dead bolt lock on the outside of a child's bedroom. The accompanying risk assessment did not sufficiently identify why this was needed or that it had been reviewed.

Foster carers and staff have been provided with a range of courses on child protection, and child abuse and trauma. The foster carers case tracked had all attended this training. Foster carers are also given mandatory training in safe care, and new guidance has also been produced for foster carers and workers on safe care policies and assessments. The fostering services procedures are that each fostering household is to have a 'safe care family policy' which is reassessed at the start of each new placement. On five carers files examined, only two safe care family policies were seen. The inspector was concerned that there was no safe care policy for one family in particular, as there were potential risks associated with one of the young people in placement. There were also no risk assessments for this young person. As a result of this concern the inspector did request a copy of another families safe care plan and risk assessments where the inspectors were alerted to other potential risks. These were provided to the inspector and they were satisfactory to ensure that appropriate safeguards were put in place to reduce risk. However these documents had only recently been developed.

An inspector observed a fostering panel session and met with the fostering panel chairperson. Issues identified at the previous inspection had been addressed. The panel have been provided with policy and procedures, and the panel is receiving regular management information about the fostering service. The panel chairperson confirmed that the panel members are more aware of

their quality assurance role, in relation to monitoring the quality of foster carer assessments and reviews. Panel membership includes the required people, including a foster carer, education representative, medical adviser and a legal adviser. Panel minutes showed that the panel members are appropriately questioning and reflecting on the assessments presented to them. There continues however to be a delay in presenting cases to panel in relation to kinship placements, change of status, and for long term fostering requests (see also under management section).

Reviews of foster carers are being presented to panel after the first year and then three yearly. The service is currently addressing the need to improve the quality of review reports.

# 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, 13, 31

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 addressing issues of equality and diversity well, and is sensitive to and values children’s culture, ethnicity and disability.**

**Good educational outcomes for children are achieved, with the service encouraging children to reach their full potential.**

**Children in the shared care scheme benefit from experienced and well supported carers, providing a flexible service to children and their families.**

## **EVIDENCE:**

The revised matching procedures for children take into account the child’s needs in terms of gender, religion, ethnic origin, language, culture, disability and sexuality. The inspector saw evidence in case files and from speaking to carers that the service provides interpreters where necessary and the Spirituality Worker links with foster carers and workers on providing information about religions, festivals and cultural diets etc. The inspectors were also provided with a Diversity Directory which gives detailed information about Black and Ethnic Minority Groups and Resources in the local area, local faith

Groups, Places of Worship etc. There are currently no young people from black or ethnic minority young people waiting for suitably matched placements.

The service provides equipment and adaptations for foster carers to help them care for a child with disabilities. Foster carers receive an 'Access to Leisure' card which gives reduced price for leisure centres, swimming etc. The children 'case tracked' attended numerous clubs and leisure activities including trampolining, swimming, dance and drama. Foster carers' questionnaires did give mixed responses to the help they are given by the service in supporting children to undertake activities in the community. Of the seventeen that answered this question, ten replied they are given excellent or good support and seven replied they are given adequate or poor support. Comments included "funding has been given to access activity clubs", "I've had to find them out for myself".

Foster carer responses to the support given in helping the children achieve educationally was much more positive. Fifteen stated the support was excellent / good, three stated it was adequate and one said it was poor. One foster carer stated "have had support with revision books and offers of extra support of lessons if needed." Another stated "Fully supported in finding the right senior school, this was very important." The majority of children who sent in questionnaires were also positive about the help they get to be successful in their education. Eight confirmed that they always get the support, seven said usually and three said sometimes.

The inspectors spoke to the designated teacher, Education Welfare Officer and Educational Psychologist for 'looked after children'. The Educational Psychologist is also funded one day a week to work specifically with foster carers and adoptive parents in supporting children in school. This team work very closely with Children and Families, attending weekly resource panel and the 'multi-disciplinary complex needs' panel. They have also attended childcare team meetings to discuss 'Personal Education Plans' and the Statementing Officer is also planning to meet with the childcare teams.

Foster carers have attended training on 'Education and the Looked After Child', which included information on Connexions, Behaviour Support, and Statements of Special Educational Needs. All but two of the children of school age have a Personal Education Plan (PEP) and there are systems in place to monitor PEP's and reviews. The Education Welfare Officer attends the reviews of PEP's, and it is reported that attainment levels are monitored through these reviews. The inspector met with a group of foster carers and there was mixed responses about the awareness of the designated teachers / education welfare officer for 'looked after children'. Some reported that the EWO had not attended any PEP meetings, or that they were aware of this team. So although the systems are in place the family placement team need to continue to promote this with foster carers. The inspectors were informed that for young people placed in Out of Borough placements there is no capacity for the Poole designated

education team to support and monitor the child's educational needs, but to rely instead on the area Local Education Authority to do this.

Three out of five school leavers this year achieved at least one GCSE, with two achieving 5 or more A-C grades. As a percentage this is higher than the national average for children looked after. The fostering team gave the inspector many examples of how they support carers who are looking after children who are out of school. The inspectors were also informed of good practice where carers have been working with teachers in school to help the young person.

Poole has a Shared Care Scheme providing short term stays (respite care) for children who have a disability or significant health need. A senior practitioner and full time social worker work in this team, which is based within the Child Health and Disability Team. They recruit and support their own carers, currently having twenty-five children linked with 31 shared carers (with 9 children having overnight care). The inspector met with the Shared Care Senior Practitioner, and was provided with a range of policies and procedures. A number of these are currently being reviewed and updated in line with good practice. Of most importance is the need for the Shared Carer Agreement to be in line with regulations. A Shared Carer's file was examined in detail. This included detailed and thorough information regarding the child's needs, risk and family safe care policy. Unfortunately only one questionnaire was received from a shared carer so it was difficult to assess the level of support they felt they received.

A list of training that has been provided to shared carers was shown to the inspector. This covered a range of topics, including administering medication, child protection, autism, and behaviour management. The senior practitioner informed the inspector that all foster carer reviews are up to date, as are safe care plans.

Shared Carers receive regular newsletters from the scheme, informing them of good practice, local activities and services. The senior practitioner liaises closely with the Principal Manager for Fostering and Adoption. The inspector was informed that the Shared Care Scheme and Child Health and Disability Team are moving under another Service Unit, with direct line management separate from the mainstream fostering service. It will be important that close links are maintained.

## **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 well promoted by the fostering service, ensuring young people maintain these links where appropriate.**

**Young people are listened to well by their carers and included in decisions about their care.**

### **EVIDENCE:**

The inspector met with a group of 3 young people who are, or were, living with Poole foster carers, and also met with two other young people as part of case tracking.

All spoke positively about being listened to and about being given choices. The main issue raised by young people, and foster carers, was the frequent change in social workers, and how this had a negative impact on achieving things they wanted. Foster carers reported that children were not seen regularly by social workers, and therefore things that the children wanted were not always actioned. One foster carer reported that her 4 month old foster child had already had four different social workers, and another carer stated that in eight months their foster child had five different social workers. A file of a young person examined showed no case notes of statutory visits for over six months.

The questionnaires from young people were very positive however about how well they are listened to by carers. Out of eighteen replies, thirteen responded that they are "always" listened to by their carers and five stated they are "usually" listened to. None said they were "sometimes" or "never" listened to which is very encouraging. Two young people who had recently left foster care stated that they were fully involved in their Pathway Plan.

Carers and children's files examined did not document children's views well. Reviews of carers did not always include the views of children/ young people currently in placement or those that had recently left. The forms for social workers to complete for foster carer reviews have recently been amended to better include the need to record the child's views. Two young people visited in different placements stated that they had not been asked what type of family they would like to live with. The Shared Care Scheme have developed consultation forms for children with difficulties in communication.

Poole Children and Families have got some consultation processes established. The Independent Reviewing Officers have been proactive in obtaining children's views about their care plans. The statutory review discussions are written in child friendly summaries and given to each child.

Poole funds an advocacy service with the National Youth Advisory Service for young people aged 10 and over. There is a low uptake of this service, with fifteen young people in foster care receiving a service in 2005/6. There are currently no regular support groups run by the authority, but the Consumer Relations Officer is currently planning workshops with young people looked after, identifying ideas, views and solutions to issues arising from being in care. A 'Charter' has been prepared by young people and was presented to the council by the young people. Young people have also been involved in the process of selection to senior management positions in Children and Families.

A number of foster carers were interviewed as part of the inspection (15 at a support group, two 'Foster Carer Support/Voice' representatives, and four as part of the case tracking). The inspectors noted that all were committed to the children they were looking after, and were clearly advocating on the child/young person's behalf.

Case files evidenced plans for the young person/child to have contact with family and friends. Foster carers visited were also very clear about contact arrangements and how these are to be promoted in the best interests of the child. There was clear evidence provided of the fostering team finding sibling placements for children, and the importance placed on keeping siblings together where this was 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 and 32.  
Quality in this outcome area is **good**.

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

**The service has a written Statement of Purpose and provides sufficient information to carers, children and other interested parties. However**

**the placement choices for children are limited, with insufficient carers recruited to meet the service's aims and objectives.**

**The fostering staff undertake good quality assessments of carers that can meet a range of children's needs. The staff's supervision and support to carers is good, with effective systems and procedures put into practice to ensure that carers are competent at their role.**

**The service is well managed and organised effectively, providing a clear and consistent service to carers and children.**

**Foster carers training is prioritised, with good quality and varied training providing carers with skills to meet the needs of children.**

**Case records for children and carers are comprehensive, ensuring the appropriate information for carers is held.**

#### **EVIDENCE:**

The Statement of Purpose has been updated for 2006–2007. The service has set clear aims and objectives, in relation to the numbers and skills of carers to be recruited, placement stability for children, increasing choice for young people and providing training and support to carers. Information provided at the time of the inspection indicates that the service is committed to meeting these aims and putting systems in place to meet their proposed targets. Carers have been provided with up to date information about the service, through newsletters and a redrafted handbook. The Children's Guide has also been given to all children fostered by Poole. It is written for teenagers and guides children through what they can expect when living with foster carers. The Guide does not include details of the Commission for Social Care Inspection. It is recommended that this is addressed with the new contact details from April 2007.

Poole Children and Families have recently undergone a staffing restructure. This has resulted in low morale of staff throughout the unit, with changes of managers, job descriptions and new procedures. Staff reported a lack of communication about some of the changes. A new IT system has also been introduced, resulting in time out for training sessions and new procedures to be learnt. The fostering team however has remained fully staffed, and it was confirmed that the team are cohesive and supportive. The restructuring has also included better pay for staff which should help the retention of staff to Poole Children and Families. Although the fostering team has remained stable, the childcare teams have been very understaffed with agency staff being used.

Caseloads for Family Placement Social Workers are appropriate and allow for supervision visits and statutory reviews to be undertaken within required

timescales. The inspector noted however that the senior practitioner within the team had a number of varied roles and responsibilities that challenged her availability to offer regular support to the carers on her caseload. There is shortly to be a review of the administrative hours provided to the fostering team. The administrative team reported being very busy and having numerous extra responsibilities over the past couple of years with no extra resources.

Questionnaires from foster carers were positive about the support they receive from the fostering service. Out of twenty who replied to the question 80% stated that the support was excellent or good. The more negative comments referred to lack or changes in the children's social workers, and not the support from the fostering workers. Carers' files examined evidenced that supervision visits to three out of the four carers case tracked were regular. There were gaps in visits to one carer due to a social work vacancy in the team which has now been filled. Supervision records included comments about the child's education, social, and health needs and identified any development, training or support needs for the carer.

Negative comments were received about the Out of Hours support provided to foster carers. Carers stated that it was not responsive to their needs, and that the help provided at weekends or evenings was not sufficient.

Family Placement social workers have been given the opportunity to undertake post qualifying training and specialist training provided by Fostering Network and British Association of Adoption and Fostering. Comments were received from other professionals about whether the family placement officers give enough professional advice to carers about managing children's behaviours, and in challenging carer's attitudes and practice. There was evidence seen of concerns with foster carers practice not being addressed thoroughly or promptly. The service however has recognised this and support and training is being given to fostering workers to increase competence in this area.

A new assessment (chosen at random by the inspector) was examined in full. This assessment was of a good quality, thorough, detailed and reflective of the carer's capacity to meet a child's needs. Two annual reviews of carers were also examined and these were of lesser quality (errors in written report, no up to date medical report, lack of children's views). Again the service is aware of the need to improve the quality of reviews and is advertising for an independent reviewing officer. There has been an improvement in annual reviews of carers being undertaken within the required timescale. By examination of the last 3 months of panel papers the inspector also noted that changes to long-term status, kinship placements and exemptions were not being presented to panel promptly. Again however the Principal Manager has recently undertaken an audit on this to ensure that all children placed with carers are consistent with the carer's terms of approval.

There is a significant lack of long-term carers for children. As stated previously there are a number of children awaiting long term placements. Independent agencies are currently not being commissioned for long-term placements. The fostering team are attempting to fast track new enquiries where there is a possibility of providing long-term care to children. However this process has only recently started. There has been no recent recruitment drive or strategies in place yet to address this shortfall.

There is a worker in the team co-ordinating the foster carer training. A training programme has been devised for the year which includes a range of training, from first aid, baby massage, substance misuse and attachment. Foster carers were all consulted with (via a working party and questionnaires) about the type of training opportunities wanted.

Case records for children and carers were in good order, although hand written case notes were difficult to read. Carers' files contained evidence that they had the required 'looked after children' documentation for the children placed with them. Carer's files did not contain a clear and up to date record of each child placed with the carers (which includes age, sex, dates when the placement began and terminated and circumstances of the termination). For two of the carers case tracked they did not have an accurate/updated foster care agreement. Records did not indicate how foster carers were supporting children with understanding her/his history, in relation to keeping appropriate memorabilia, and collating information for life story work.

The majority of carers considered that the information they received about a child before they were placed with them was excellent or good (approx 75%). Five out of 21 responses rated the information as adequate and one as poor, which evidences that improvement is needed to ensure the level of information remains good for all.

A file of a kinship carer was examined. As stated above there was a delay in this case being taken to panel for interim approval and the Criminal Record Bureau checks were significantly delayed. The carer however was being given a good level of support, and the children were being visited and listened to.

# 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

<b>BEING HEALTHY</b>	
<i>Standard No</i>	<i>Score</i>
<b>12</b>	3

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

<b>ENJOYING AND ACHIEVING</b>	
<i>Standard No</i>	<i>Score</i>
<b>7</b>	3
<b>13</b>	3
<b>31</b>	3

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

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

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

Are there any outstanding requirements from the last inspection? YES

**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.	FS15	20	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 must be obtained.	10/01/07
2	FS17	33	Children must be placed with the most suitable carers having regard to all the circumstances.  (This relates to the need for children to be placed more promptly with long-term carers)	10/01/07
3	FS9	17	The Fostering Service Provider must ensure that, in relation to any child placed or to be placed, the foster carer is given such information as to enable them to provide appropriate care.  (This relates to the need to provide carers with risk management assessments where a child is a potential risk to themselves or others)	10/12/06

4	FS9	13(2)(b)	Foster carers must not use any measure of control, restraint or discipline which is excessive or unreasonable.  (If environmental restraints are used this must be clearly risk assessed and reviewed regularly to ensure it is reasonable to prevent injury)	10/12/06
5	FS25	30	The case record for each foster parent must include a record of each placement with the foster parent, including the name, age and sex of each child placed, the dates on which the placement began and terminated and the circumstances of the termination.	10/01/07
6	FS25	34	A child may only be placed with a foster parent if the terms of approval are consistent with the proposed placement. <b>Previous timescale of 30/06/06 not met.</b>	10/12/06

## 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	FS6	Health and safety checks need to be routinely carried out annually at reviews and recorded.
2	FS8	When considering a long-term placement there should be a detailed assessment of the child's needs, including matching considerations, and views of the child.  Permanency planning meetings should be held promptly to share information in relation to the type of placement



		<p>needed to meet the child's needs.</p> <p>Foster carer profiles should be made available to children, parents and social workers.</p>
3	FS9	<p>The child protection procedures should be finalised.</p> <p>There should be clearer records kept of any investigations into complaints or allegations against foster carers.</p> <p>Each fostering household should have a 'family safe care plan', which is updated at the time of each new placement.</p>
4	FS11	<p>The service needs to improve its practice in obtaining the views of children, in relation to planning placements, approving long term placements and reviews of foster carers.</p> <p><b>This recommendation was first made at the inspection February 2006)</b></p>
5	FS12	<p>Each carer should be provided with a written health record for each child placed in their care, which is updated during the placement and moves with the child.</p> <p>Young People's specialist health needs (mental/emotional health) need to be better addressed with a more prompt referral to health services.</p>
6	FS13	<p>The fostering team need to ensure that foster carers are having more contact with the 'looked after children' education team in relation to school difficulties, attendance and attainment.</p> <p>The fostering team need to provide more support to carers in promoting leisure activities and hobbies for children.</p>
7	FS15	<p>The telephone enquiries to references need to be better recorded and held on the persons personnel file.</p>
8	FS17	<p>The service needs to recruit a range of carers to meet the needs of children and young people for whom it aims to provide a service. In particular a focus needs to be given to recruiting more long-term carers.</p>
9	FS22	<p>There should be clearer procedures for staff and carers in relation to concerns about quality of care by foster carers.</p>

		<p>Foster carers should be informed promptly of any allegations or concerns raised about them.</p> <p>There needs to be a more responsive out of hours support for foster carers.</p>
10	FS24	<p>Foster carers should be encouraged and supported by the fostering service to ensure information and memorabilia is kept to assist in life story work.</p>
11	FS25	<p>Details of complaints, allegations and serious incidents should be clearly recorded in files - including details of the investigation, conclusion reached and action taken.</p> <p><b>(This recommendation was first made at the inspection dated February 2006)</b></p> <p>Following change of approval status, the service needs to ensure that foster care agreements are updated and kept on file.</p>

## **Commission for Social Care Inspection**

Poole Office

Unit 4

New Fields Business Park

Stinsford Road

Poole

BH17 0NF

National Enquiry Line

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

Web: [www.csci.org.uk](http://www.csci.org.uk)

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