



*Making Social Care  
Better for People*

# inspection report

## FOSTERING SERVICE

**Dorset County Council Fostering Team**

**Princes House  
Princes Road  
Dorchester  
Dorset  
DT1 1TP**

*Lead Inspector*

*Announced Inspection*  
14th August 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

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<b>Name of registered manager (if applicable)</b>	Mr Graham Jones
<b>Type of registration</b>	Local Auth Fostering Service

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection** 28<sup>th</sup> February 2006

## Brief Description of the Service:

Dorset County Council Fostering Service is managed within the overall placement resource service. The teams operate from two sites reflecting the wide geographical span of the Local Authority area. The manager of the Fostering team is responsible for the fostering work undertaken by two senior practitioners, ten fostering social workers, and two social work assistants. One of the senior practitioners is primarily responsible for the development of the Shared Care Service for children with a disability. Since 2004 the Adoption and Permanence Team with it's own manager has been established and this team works closely within the Resources Group to achieve permanent placement solutions.

The fostering service workers are organised to cover different geographical areas and have a link role with the Local Social Services Office in each area. In this link role they have the opportunity to develop relationships with the local childcare teams, to be aware of the children who might need placements, to identify local placements, and to supervise and support the carers in that locality. They also have the opportunity to use local knowledge and links in the recruitment of new carers. Support groups for carers are held locally. There is also a support group for the children of foster carers.

Three of the social workers have specific responsibility for assessments and training. There is a rolling programme of pre-approval training of foster carers organised in different localities. Two workers are responsible for the Project and Assessment foster care provision, a specific scheme offering increased support to carers who look after young people with complex needs and behaviours. These workers are supervised by a senior practitioner who also has responsible for monitoring agency placements. One other worker undertakes reviews of foster carers to provide some independence into the reviewing process.

The Turnaround fostering scheme is also located within the Dorset fostering service. It is a Treatment Foster Care programme. The scheme has its own manager and a multi-disciplinary team with separate administrative support. The Turnaround scheme was separately inspected in October 2004, but is now included in this inspection.

# 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 Dorset County Council.

The fostering managers were told in April 2006 that there will be an inspection on August 14<sup>th</sup> for two weeks. One inspector worked for eight days and was helped by another inspector on two of these days. The inspectors were made very welcome by all those at the fostering team, including foster carers and young people.

The inspectors visited seven foster homes, and spoke to the foster carers about how they look after the children living with them. As it was the school summer holidays most of the young people were busy. The inspector did manage to meet with five young people who were attending an activity session with NCH Children's Rights. Other people interviewed included:

- The managers of the fostering teams
- The fostering social workers
- A teacher for 'looked after children'
- 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.
- Two nurses who visit looked after children
- The worker of the local support group for foster carers.

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. He also wrote to the inspector and told her what he thought the service did well and what they could improve".

The inspector sent questionnaires to young people who are fostered by Dorset County Council and to Dorset foster carers before the inspection.

26 were returned from young people,

30 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 saw and the young people and staff told her about.

- The three managers are good at their jobs and make sure that the foster carers and fostering social workers are helped to look after children and young people properly.
- Most of the young people's questionnaires stated that they are "always" listened to by their carers. A child stated that his foster carers "always take care of me and listen to me".
- Foster carers and nurses are good at helping the young people with any health problems they have. This has included visits to doctors and making sure children and young people eat healthy foods. Children and young people are also helped to have special support from therapists or psychologists if they are having emotional difficulties.
- There are a group of teachers who work just with 'looked after children', and these teachers 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 fostering social workers visit the carers very regularly to make sure that they are caring for the children properly. The foster carers are very positive about the support they get from the Fostering team and made comments like "the support is excellent".
- 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 service has made many improvements over a very short space of time.

- The manager has made sure that complaints made about foster carers are looked into properly, so that children are kept safe.
- The fostering service has made better plans for children who are out of school to make sure they still get good education.
- Children who have disabilities may need to stay with foster carers for just one night a week or maybe a weekend once a month. The fostering service is trying to get more carers who could do this, and now have workers who help these carers care for the children properly.

- The fostering service has given money to a voluntary organisation called 'NCH' who are to help children's voices be heard and for young people to have a better say in how the service is run.

## **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:

- When social workers say that children can live with a grandparent, aunt or friend they must do better checks on whether it is safe for the child to live there.
- Just before the child moves in with foster carers the carers must be given better information from the social worker. This must include the carers having medical consent – which means that parents or social workers need to agree that carers can give emergency treatment if the child hurts themselves.
- Foster carers must 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. Dorset fostering service was not very good at getting the views of children so must get better at this.
- Some children need a foster home for a long time, that is that they live there until they are adults, and these are called long-term foster carers. Dorset fostering service does not have enough of these long-term carers which means 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.
- 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.
- Some fostering workers were very busy, and had too many carers that they needed to see each month. Their workload should be made smaller so that they can make sure that foster carers are doing a good job.

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.



# **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 at least once during a 12 month period.**

## 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 and specialist services provided where necessary.

## EVIDENCE:

Out of the twenty-six questionnaires received from children and young people the large majority of responses were positive in relation to how they are supported to be healthy. Thirteen stated that they "always" get support and advice about being healthy, six stated that they "usually" do, five stated "sometimes" and two stated they "never" get the support.

When a child first moves to a foster placement, GP's and Health Visitors complete a health assessment for the child. The Community Paediatrician completes a health plan on receipt of this assessment and this is forwarded to the placing social worker. There are three designated nurses for 'looked after children' and their role is to undertake annual health reviews and action parts of the health plan where necessary (i.e. to see a young person about sexual health). Two of these nurses were interviewed and they reported that annual health reviews have been undertaken with approximately 90% of children/young people. Some young people have not given their consent to medicals. This system is satisfactory but it would be beneficial for tighter monitoring of the health plan. At present the Independent Reviewing Officers are not forwarded a copy of the plan to review alongside the statutory placement review. There can also be a substantial delay in the completed initial health assessments and plans reaching the foster carers due to the number of processes and people involved. The designated nurses have not yet made strong links with the fostering team in the west, and have not yet given specific training to foster carers (either pre or post approval training) on health

issues. The fostering manager is however aware of the need to link more closely with the nurses.

The inspector examined a number of children's case files, and these evidenced that in the majority of cases a health plan had been completed. However, for young people in the Turnaround Scheme evidence of a health plan could not be seen on both of the files examined. In relation to the mainstream fostering, the manager has redeveloped the case file checklist to include the health assessment and plan, again ensuring good practice in that the supervising social worker has sight of this and monitors any action needed. The information carers receive about the health of children prior to placement (or shortly afterwards if placed in an emergency) was variable. Nineteen questionnaires received from foster carers stated that they received "excellent" or "good" information about the child, six stated that they received "adequate" information and five stated the information was "poor". The service needs to recognise that over 30% of carers considered the information only adequate or poor. One carer quoted "I wasn't aware that one of the children was epileptic until I was given the bottle of medicine!". There was no evidence of medical consent being obtained for five out of the ten young people case tracked (three mainstream fostering, two Turnaround service). The fostering service rely on the 'looked after children' documentation (Essential Information Record I & II, Placement Plan I & II and Care Plan) to meet regulation 34 of the Fostering Regulations 2002. However this documentation is not always completed fully or signed by the foster carer. The full 'looked after children' documentation was not seen on any child's file, except for the children receiving shared care. There is evidence however that the fostering team have requested the documents from the placing social workers.

Dorset County Council has arrangements with specialist health services to ensure that the needs of 'looked after children' are prioritised. There is however different accessibility to specialist services depending on whether the child is living in the East or West of the county. In the West, there is the "Connections" service offering intensive emotional and psychological support to children and young people (including outreach work). Case files examined clearly evidenced that supervising social workers and foster carers were aware of this service and that children were being referred appropriately. In the East of the county there is not an equivalent service, and some concern was expressed about the mental health needs of older teenagers not being met. However the Head of Children's and Families service informed the inspector that from next year an equivalent service will be provided to all looked after children in Dorset, due to the recognition that the looked after children require a responsive service. The fostering service also has close links with a Clinical Psychologist, but again the service provided by the psychologist is only within the east of the county. However the limited service provided (half a day a week) is highly regarded by foster carers, supervising social workers, independent reviewing officers. Foster carers are given time with the

psychologist to look at managing and understanding the child's behaviour, with the aim of maintaining the placement and promoting better attachments. "I have had help accessing the child psychologist and other health professionals from the fostering service".

# 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 at least once during a 12 month period.**

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

3, 6, 8, 9, 15 and 30

*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, ensuring children are initially placed in well-suited and positive placements.

Carers and staff follow robust child protection procedures, receive training in child abuse and physical restraint, which protects and safeguards children's welfare.

The fostering assessment panel is well managed with an effective membership who understands the needs of children.

## **EVIDENCE:**

The recruitment files of the manager and staff were not examined at this inspection. An inspector examined them in February this year and they were considered satisfactory, with appropriate checks and verification of references obtained. The fostering service has recently introduced a new system of obtaining CRB information on the files, ensuring that the disclosure number, date and POCA/POVA information is also recorded on staff and foster carers files. There have been no new staff recruited to the service since the last inspection.

Seven fostering households were visited as part of this inspection. This included one shared carer and two Turnaround carers. All houses were very comfortable, clean and adequately furnished. Health and safety assessments of the foster homes are undertaken yearly and include fire safety, and identification of any hazards in the surrounding areas of the home. The inspector noted however that where smoke detectors and fire blankets were not present or where medicines or knives were accessible it was not always clear whether the foster carers had been asked to rectify this. Files did evidence that appropriate insurance and mot certificates were checked by supervising social workers.

Of considerable importance is that out of the 26 questionnaires received from children and young people 21 stated that they "always" feel well cared for in relation to where they are currently living. This is extremely positive. The files read of the five children case tracked in mainstream fostering also evidenced that they were settled in their foster placements. Their carers reported good matching and all were committed to providing a home for the children until adulthood (although they were originally placed with the carers for short term only).

When referrals are sought for a foster placement a referral form is completed which includes matching information. The fostering manager and staff stated that matching is considered well, and that the % of placement breakdowns is relatively low (in 2005 13.5% of young people had experienced three or more placement moves with the service aiming to reduce this percentage to below 10%). The inspector is aware of the lack of long-term foster carers for teenagers (especially for teenagers who may present with some difficult behaviour). One young person had been waiting a year for a long-term placement and in that time moved to three short-term carers, which is undesirable. The fostering service acknowledges this, and has secured funding for an extra worker in the adoption and permanence team to assist with recruitment of more long-term carers.

For children where long-term care is planned, the inspectors noted that Form E assessments were undertaken, looking at the long-term needs of the children in relation to the type of home and carers required. These varied in how detailed they were and whether they included the views of the children themselves. The inspectors noted that a number of children placed with carers

approved for short-term care were in fact staying with the carers on a more long-term basis. In the majority of cases this 'matched' their needs. Care plans were not fully recognising this and carers had not returned to panel for consideration of their change to long-term carer status. Again, however, the fostering manager is currently auditing cases to ensure that placements and care plans are consistent with carer's approval status, and to gather more accurate information about how many children are waiting for a long-term carer (see also 'management' section).

In relation to good outcomes for placement stability the inspectors were informed of a number of placements where intensive work had been undertaken by the ASSIST team (multi-disciplinary team to work with preventing family breakdown) and this had improved placement stability. As stated above the majority of carers considered that they had received "excellent" or "good" information about the child prior to placement, and again this is a factor that can increase placement stability. The service does need to acknowledge however that a significant minority (30%) had considered the information only "adequate" or "poor".

In relation to safeguarding children from abuse and harm the fostering manager has again made improvements to how complaints and allegations are monitored and recorded. Since the previous inspection in February 2006 there have been no complaints about foster carers. There have been three child protection allegations, but none of these have resulted in a section 47 investigation and no further action has been taken. A file examined of one of these allegations evidenced correspondence between the fostering team manager and the childcare team investigating the concerns. The fostering manager keeps accessible information on any allegations and complaints, the action taken and the outcome. On carers files there is a section detailing any complaints or allegations and these would also be recorded on an incident reporting sheet that is signed and action agreed by the fostering manager.

The training department has a rolling programme of child protection training for staff and for carers. The training programme for autumn 2006 includes an evening course on 'responding to disclosures', and 'team teach' which is an approved training course on physical intervention and restraint of young people. Since the last inspection, no children or young people have been restrained.

At approval, carers complete 'safer caring guidelines' which describe how children are to be safeguarded within the home, in relation to personal space, appropriate clothing, boundaries around bedtimes, and sex education. These guidelines were seen on each carer's file examined. These should be updated when a new placement is planned due to the different needs of children. The safer caring guidelines and the referral information should also highlight whether a risk assessment is needed. The inspector noted that these procedures are not always followed, as up to date safer caring guidelines and

risk assessments were not seen in the files of mainstream fostering. Risk assessments were seen however for the young people placed with Turnaround carers. The Shared Care service has also developed a comprehensive risk assessment form.

The inspector observed a fostering panel session and examined documents presented to panel. The panel chairperson was also interviewed. The fostering panel has a range of members, including the required social workers. There is currently a vacancy for an independent person who has experience of being fostered. The chairperson is actively recruiting for this vacant position, and this vacancy has resulted in difficulties with quoracy at times. There is not a member who has expertise in education. There is a medical adviser that regularly sits on the panel.

The fostering panel receives regular data and information about the activities of the mainstream fostering service. Management information relating to the Turnaround Scheme and the Permanence Team has not been regular however. Any concerns noted by the panel relating to the quality of assessments and/or issues around competence of carers are fed back to the Head of Children's Services and the fostering team manager. In discussion with managers and the panel chair it was evidenced that the panel is able to maintain independent scrutiny of the service and to challenge the service where appropriate. An example includes the panel requesting an investigation into the concerns about a kinship carer's approval and this was initiated by the Head of Children's Services.

The inspector noted that assessments of kinship carers are delayed in being taken to panel and approved. Kinship carers are assessed by placing social workers. The procedures are for these assessments to be seen by the fostering manager prior to them going to panel but in practice this is said to not be happening. Two assessments seen were limited in detail and did not address specific safety issues. For example one child was placed with his grandmother, but the assessment did not address previous child protection concerns relating to the grandmothers partner. The fostering panel also did not address these concerns further with the assessing social worker. This child moved to his grandmothers in February 2006, but statutory checks were not sent for until May 2006. The inspector was informed that the service has recognised that practice needs to improve in relation to kinship care. They are currently planning to audit kinship carer assessments and files and funding has been allocated to providing a designated worker to undertake kinship carer assessments to ensure that quality and safety is maintained.



# 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 at least once during a 12 month period.**

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

7, 13 and 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 carers and children's files seen evidenced that the matching considerations for placements includes information on the ethnicity, gender and culture of the children. Foster carer assessments also detail areas of diversity and how carers will respond to children from different ethnic groups or cultural backgrounds. The pre-approval training for carers includes anti-discriminatory practice. Post approval training also includes a one-day course on valuing diversity.

At the previous inspection in February 2006 there were no concerns highlighted about suitable placements for children from ethnic minority groups. The fostering team has recognised however the different ethnic groups living in Dorset and completed a recruitment poster in different languages (Spanish, Polish and Bangladesh). This is good practice, but as yet no potential carers

have come forward from ethnic minority groups. The recent recruitment of a Diversity Officer is helping the service in its recruitment of carers from significant minority groups. Dorset County Council are also conducting a 'Diversity Impact Assessment' on all new and existing policies and as a result the new policy on asylum seekers was amended.

Three questionnaires from carers stated that the service is "excellent" at addressing issues of equality and diversity, sixteen stated the service is "good" and four stated they were "adequate". Unfortunately seven either did not answer this question or stated that they did not know. This should be examined further by the service as it may be that carers do not fully realise or understand the issues around diversity.

In relation to assessing the educational outcomes for children, the inspector spoke to the Education Co-ordinator for Looked After Children, as well as discussed the strategic developments being implemented with the Service Manager (Resources). Data was also provided on the educational achievements of children. The inspector was informed that in 2005 65.4% of looked after children aged 16 achieved at least 1 GCSE at grade A\* – G (the national average being 43%) In 2004 27.3%, and in 2005 15.4% of young people looked after achieved 5 or more GCSE at grade A\* - C (the national average being 6%). The inspector recognises therefore that the educational achievements of children in Dorset foster homes is better than average but that continued improvement is needed.

The majority of questionnaires received from young people confirmed that they "always" or "usually" receive the right help with education and the large majority of carers stated the support children get with education is "excellent" or "good". Three children (out of 24) and three carers (out of 30) stated the support with education was poor.

The service is prioritising the needs of looked after children with education and the service manager quoted "we acknowledge that we have done well but that we could do even better". The Service Manager (Resources) is a member of the Children Out of Schools Service Management Committee, where a priority has been given to Looked After Children in its service plans. The service is committed to meeting the 25 hour minimum target for children receiving education who are out of school. There is also a Raising Achievement Group which monitors the attainment of looked after children and links closely to the dedicated teachers in schools.

The fostering service is reported to have close links with the Education Team for looked after children (which includes a full time co-ordinator/manager and four part time specialist workers). There are plans underway to work closer with dedicated teachers in relation to year 6 and 9 pupils to ensure more support with SATS. The education team are also providing training to carers

shortly on educational needs and improving attainments to foster carers and social workers.

The seven files of children examined as part of this inspection included variable information regarding the educational needs of children. Only three included a Personal Educational Plan and one included a Statement of Special Educational needs. There was evidence however that PEP's had been requested by the fostering service but that these had not been provided by the placing social worker. Statutory review documentation did show evidence that the child's educational needs were discussed and reviewed, and made comments about the Personal Education Plan (PEP). The inspector was informed that only 69% of looked after children of school age have PEP, but that this is actively being addressed by the Education Co-ordinator.

The carers visited confirmed that they attend school meetings and liaise with the school where necessary. All children case tracked were in full time education, and files evidenced that for two of these children in particular, considerable progress had been made since they had been with the foster carers. Foster carers are provided with a computer for use by children looked after by Dorset. Each child who is looked after and in a Dorset school is eligible for a £574.00 annual grant, administered by the school after consultation with the young person, carer and social worker. One young person had bought herself a laptop with this money. Others use it for educational trips, extra tuition and out of school activities. The Council have also appointed a 'Reader in Residence' worker whose role is to promote reading of looked after children. This worker works with foster carers, and the young people get a free magazine subscription and invited to book signings.

Again the young people case tracked attended a number of out of school clubs and engaged in leisure activities (swimming, cubs, trampolining, youth clubs, aerobics). Some comments were made by foster carers and supervising social workers that the availability for funding for extra-curricular activities depends on the area team. Carers stated "I feel I do need to nag if I want extra i.e. hobbies", "we are encouraged to send kids to clubs, swimming lessons but it is often difficult to get payment back".

The fostering service has a designated team for 'shared care'. There is a full time assistant team manager and three part time shared care development workers. They support 62 carers who provide either full time fostering to children with severe disabilities, overnight respite care or day care. 68 children are currently receiving a shared care service. Eight children are currently waiting for an overnight link with carers. The team have recently devised a range of publicity materials, including leaflets aimed at recruiting the specialist shared care foster carers. The inspectors were informed that the service has improved considerably due to the recruitment of experienced workers to the team, especially in the east of the county. New developments have also included referral information being improved to include 'All About Me'

documentation that covers more detailed information about the child's needs, likes and dislikes. Three files were examined of shared care foster carers. One shared carer was also visited as part of the case tacking.

Reviews and visits were up to date. Information on files evidenced that the shared care workers and the foster carers had detailed information about the children, including care plans and consent to medical treatment. There are clear procedures in place detailing how shared care placements are to be planned and monitored. Where specific training is needed in relation to medical interventions (gastrostomy feeding, administering of rectal valium), the training is provided by community paediatric nurses and evidence of the competence of carers was evidenced on the files. Files further evidenced that parents remain central to the planning of the shared care link, with parents meeting carers, and completing the necessary paperwork. Workers stated that they have close links with the Children with Disabilities social work team.

The shared carer visited informed the inspector that an Occupational Therapist had been and assessed her home and that she had met with a physiotherapist about how to meet the physical needs of the child she cares for.

# 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 at least once during a 12 month period.**

## 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.

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

## EVIDENCE:

The responses from young people in relation to being listened to were very positive. Nineteen responded that their carers “always” listen and take notice of their opinions, three stated that the carers “usually” do and four stated that they “sometimes” do. None stated that they are “never” listened to. Twenty-one out of twenty-six young people stated that they know how to make a complaint.

The fostering manager has recently developed a more user friendly guide for children “Alfie’s Children’s Guide to Fostering”, which is given to children when they are first accommodated. This is an innovative piece of work and evidences the commitment for supporting children to understand the fostering service. The guide includes the contact details of relevant agencies (Children’s Rights Officer, Commission for Social Care Inspection and the Complaints Officer), and gives a narrative of what foster carers should do for children and young people.

Dorset County Council has recently appointed a new Children's Rights Service contract with NCH who will have a greater emphasis on increasing and strengthening the consultation and participation of children and young people. An example of the planned work for NCH is to train and support young people to be members of the Corporate Parenting Panel. They are also to give training to young people to be involved in the recruiting of staff to the service.

Foster carers and elected members have received 'Total Respect' training from young people on how to better listen to young people 'looked after' and a new round of this training is being planned, particularly for the corporate parenting panel members. Young people looked after have been given Viewpoint software, which aims at gaining their views around their placement via computer software. The use of this is currently under review as it has not been used that successfully.

There is an established team of Independent Reviewing Officers (IRO's) within the county, who are improving the participation of children in their reviews and ensuring the children's views are sought. The inspector was informed that the percentage of children participating in their reviews has increased to 85.4%. The inspector met with the group of IRO's and they were able to articulate the importance of children's views, and how these are sought in a way that is suitable to the children (i.e. through separate meetings with the children, asking their opinions on who should attend reviews etc). Statutory review documentation seen on children's files evidenced that children's views are recorded and taken into account when making decisions about their lives. At reviews records are made of the contact arrangements and these are reviewed to ensure they remain appropriate. The Turnaround Scheme works very closely with birth families, with a family therapist employed by the scheme having regular sessions with the young people and family to support contact and the plan to rehabilitate the child/young person home. Even if the child is not rehabilitated home the therapist continues to engage with the family to improve relationships between the child and birth parents, as these are important emotional ties for the children.

The children's files examined showed clear decision making about contact arrangements, and foster carers spoken with had an understanding of how they were to support this contact. There were clear plans about how often contact was to take place. Where a young person needed support with understanding or accepting issues around contact, there was evidence on file that CAMHS and "Connections" were offering support with this through therapists. The referral and matching form includes the needs arising from contact (i.e. commitment needed from foster carer, transport arrangements) and carers are required to make diary entries relating to the impact of contact on the children cared for.

# 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):

14 and 29

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

Young people leaving care are given good support, and helped to prepare for independence.

Allowances and expenses are sufficient and ensure that carers can provide adequate transport and material goods for the child.

## EVIDENCE:

The fostering service has developed stronger links with the Leaving Care Team, with this team manager recently attending a fostering team meeting and providing information to carers on preparing young people for adulthood. There has recently been appointed two further workers to the Leaving Care Team, and pathway planning is being implemented for more young people. A file of a young person aged 16 evidenced that a Pathway Plan had been developed and a worker allocated to support this plan. There is a worker in the west and east of the county who have designated roles to recruit and work with 'supported lodgings' for young people leaving care. The Leaving Care Team have presented a report to the Corporate Parenting Group to highlight the needs of young people and the resources they require.

The inspector was informed of very good practice undertaken by the ASSIST team in working with a young person leaving care. Workers supported her transition from foster care to more independent living and this resulted in a good outcome where the young person had the support and skills necessary to live independently successfully.

A foster carer visited informed the inspector that the young people he is caring for (aged 15 and 16) are supported to cook and budget appropriately in order to develop these necessary skills.

The mainstream foster carers are paid an allowance and fee (depending on level of need and age of child). These payments are above the minimum level recommended by Fostering Network, with Dorset paying a minimum £140.25, average £186.90 and maximum £216.70. The Turnaround Scheme carers are salaried carers and are paid at a more enhanced level than the maximum fee above. The fostering service has introduced a number of rewards to show value and to encourage retention of carers. Carers are provided with a loyalty bonus, £25.00 for attending training and child care costs, and a holiday grant.

Young people spoken with stated that they are provided with money to buy clothes and given pocket money each week, and they all commented that this was at an appropriate level. As stated above some carers considered that it was difficult to get funding for some activities for the young people.



# 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 17, 21, 24 and 32 the key standards to be inspected at least once during a 12 month period.**

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

1, 16, 17, 21, 24 and 25

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

The service meets the aims and objectives of the Statement of Purpose and they provide good information to carers, children and other interested parties.

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, giving an understanding of the child's life events and ensuring the appropriate information for carers is held.

## **EVIDENCE:**

The fostering service has a Statement of Purpose and two different Welcome Guides for young people. As stated previously in this report a new Welcome Guide has been produced aimed at younger children and is considerably more child-friendly. The Statement of Purpose has recently been updated and reviewed and is made available to carers and placing authorities. It clearly sets out what services are provided for children and carers, and details the aims and objectives of the service i.e. "endeavour to increase the number of carers to a rate that is 10% higher than the number of de-registrations".

The fostering service has three components (mainstream fostering, permanence and the Turnaround Scheme) which have their own managers with a service manager having the overall responsibility of the fostering services. The three managers are qualified and experienced, having many years in child care social work. The inspector was informed that they are supervised regularly by the service manager, and that they have monthly meetings to discuss and review the joint service. The service acknowledges that each service has been short staffed. A vacant post and sick leave in the mainstream fostering team has been promptly addressed by the manager with two temporary staff covering the absences. Positive comments from the manager and from foster carers were received about these workers. There are to be two new posts in the adoption and permanence team, with one of these workers having designated responsibility for recruiting and supporting long term carers. The Turnaround Scheme has a vacant Programme Supervisor but again this post is shortly to be filled via secondment while a permanent post holder is to be appointed. The services will face further challenges as both the manager of the mainstream fostering and Turnaround are shortly to retire. The service manager evidenced that this impact is being well considered.

Caseloads remain high for a number of supervising social workers in the mainstream fostering team (one worker has 39 carers to supervise and another one has 30). In discussions with workers and by examining carers case files, this high work load has a negative impact on the quality of case recording, the availability of the worker, and only being able to provide adequate levels of support rather than 'good' levels. On the whole however, carers were generally satisfied with the support and continued to think highly of their link workers. Carers stated "the support is excellent", "give plenty of support", "never any bother to come and visit us", "we receive all the help that we ask for". However there were also negative reports from carers "very little [help] – you have to chase them for anything extra", "you are left to managing on own", "not a lot of help", "there if needed but we don't often get visited", "would like greater contact – it's a bit sporadic". A third of questionnaires from foster carers stated that the fostering service was only "adequate" or "poor" in supporting them in maintaining placements. The fostering manager and service manager are currently reviewing the workload pressures on staff in the fostering team and have stated that they will take appropriate action where shortfalls are identified.

There are a number of support groups run throughout the county for foster carers. Where numbers are considered low this is being addressed by the link worker. The Turnaround carers stated that the support they get from other carers is invaluable, and that the weekly support sessions are very useful. There are clear working strategies for the reviews of foster carers. There is a worker identified to carry out foster carer annual reviews. There continue to be a small slippage in reviews being carried out within a year. The last reviews for three of the four mainstream carers visited were overdue. Foster carers reviews should include the comments from placing social workers and children/young people. Unfortunately many reviews lacked this, and therefore reviews were limited in their depth. Files showed evidence that the reviewing officer and supervising social worker had requested this information from the placing social worker. It is the services procedures that it is the placing social worker who gets the views from the young people and parents, but it is clearly not working in practice. This is a failure to meet regulations and is therefore an area in practice that needs reviewing and action taken.

The workers in the mainstream fostering team met with an inspector as a group and confirmed that they are well managed and that there are clear lines of accountability within the service. The manager stated that he addressed the previous concerns of his availability to workers in the west and east of the county and this was not raised as an issue at this inspection. Administrative support was reported as adequate, with workers now having easier access to computers.

Assessments of carers were on the whole of good quality, containing sufficient detail on the competence and aptitudes of the carers. Discussions with the Turnaround Scheme social worker further clarified that clear assessment

processes are undertaken with high standards being applied to the quality of carers being assessed.

Of main concern to the inspector was the quality of assessments on 'kinship carers' (see comments under 'staying safe' section). The two assessments seen lacked sufficient detail and scrutiny of how the carers were to safeguard the children (in relation to previous criminal offences or child protection concerns). These assessments were completed by placing social workers and not by the fostering social workers. The Head of Children's Services confirmed that an audit is to be undertaken on 'kinship care' assessments and this is certainly recommended by the inspector. The fostering service needs to take more ownership of these assessments and monitor quality.

There is a specific post approval training programme for carers, with training provided on a range of issues including drug awareness, responding to disclosures of abuse and life story work. Prior to approval foster carers undertake a "Skills to Foster" training course. Carers visited all stated that training opportunities are available. The Turnaround carers had been provided with very good training, including Team Teach and sessions with psychologist.

From examination of case files and from discussion with workers it was evidenced that there is a clear lack of long-term carers for children (in particular teenagers). This is an on going area where improvement is needed. In particular the inspector was informed of one young person who had been waiting over a year for a long-term placement and in this time had three placement moves which was undesirable. A sibling group had also been waiting for a long-term placement and had remained with carers who were not an ideal match due to the size of the house. They have again had to move to other short-term carers. Consideration must be given to the service in making more prompt enquiries with independent agencies to ensure better matching/permanence for children when their resources are exhausted.

Where carers are looking after a child on a more long-term basis this must be reflected in their approval status. Of particular note is the need for these cases to be reviewed and referred back to panel promptly. The cases 'case tracked' by the inspector noted that for two of these carers their situation did not reflect their originally approval and on one instance was in contrast to the medical advisors original recommendation. As stated above the fostering manager is however undertaking an audit of these cases. Medical reviews for foster carers are also not carried out at appropriate intervals, especially for when carers are providing more long-term care than originally planned.

The recruitment of carers is being prioritised by the service. Recruitment leaflets and adverts have continued throughout the year with very household in Dorset been sent a leaflet. The Project team are advertising for carers who are home based so that they are better positioned to meet the challenging needs of young people. This year has seen 32 new fostering households

approved. However this does not quite meet the target of approving 10% more carers than are de-registered.

Children's and carers case files have improved considerably over the past year. The manager has devised a checklist to prompt workers to obtain all the necessary documentation. The files are organised well, and include designated areas for checks, assessments, reviews and significant events. The supervising social workers are obtaining more detailed information on the children, ensuring that carers can have sufficient information.

# 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>	2

<b>STAYING SAFE</b>	
<i>Standard No</i>	<i>Score</i>
<b>3</b>	3
<b>6</b>	2
<b>8</b>	2
<b>9</b>	3
<b>15</b>	3
<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>	3
<b>29</b>	3

<b>MANAGEMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<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>	X
<b>20</b>	X
<b>21</b>	2
<b>22</b>	3
<b>23</b>	X
<b>24</b>	3
<b>25</b>	3
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>32</b>	X

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	FS6	38	When a child is placed with family or friends in an emergency, and who are not foster parents, this must not exceed 6 weeks and the authority must: be satisfied that it is the most suitable placement, enter into a written agreement and obtain information about other people living in the household.	01/10/06
2	FS12	34(3)	Before making a placement the responsible authority must enter into a written agreement "foster placement agreement" with the foster parent relating to the child, which covers the matters in Schedule 6.  Medical consent must be obtained for the child	01/12/06
3	FS17	33	Children must be placed with the most suitable carers having regard to all the circumstances.	01/12/06
4	FS21	29	A review of foster carers must take place at intervals of not more than a year.	01/12/06

			When undertaking a review, the fostering service provider must seek and take into account the views of any child placed with the foster carer.	
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## 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 assessments of fostering households should indicate where action has been taken to ensure suitable fire precautions and safety of hazardous substances/objects.
2	FS8	The fostering service should ensure that where a child is living with carers on a more long-term basis, a review is undertaken promptly and presented to panel as a change in approval status.
3	FS9	Safe care policies for fostering households should be updated for each new placement.  Risk assessments should be completed for each child where there have been identified risks in relation to their background, behaviour, vulnerability and health.
4	FS12	Foster carers should be provided training on the health needs of 'looked after children'. There should be closer links between the fostering team and the 'looked after nurses'.
5	FS13	There should be clearer guidance on the funding of extra-curricular activities and hobbies for children.
6	FS17	Caseloads for fostering officers should allow for statutory visits to be undertaken, appropriate records to be kept, and for regular and available support to carers.
7	FS24	The fostering service needs to address the concern that not all carers have been provided with sufficient information about the child.



8	FS30	<p>The independent members of the panel should include someone with expertise in education.</p> <p>The panel should receive more regular management information from the Turnaround Scheme and the permanence team.</p>

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