



*Making Social Care
Better for People*

inspection report

FOSTERING SERVICE

Wolverhampton City Council Fostering Service

**Beldray Building
66 Mount Pleasant
Wolverhampton
WV14 7PR**

Lead Inspector
Sarah
Moore

Announced
12th July 2005 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

Reader Information

Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	www.csci.org.uk

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

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

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

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

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

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

SERVICE INFORMATION

Name of service Wolverhampton City Council Fostering Service

Address Beldray Building
66 Mount Pleasant
Wolverhampton
WV14 7PR

Telephone number 01902 553130

Fax number

Email address

Name of registered provider(s)/company (if applicable) Childrens Services, Wolverhampton City Council

Name of registered manager (if applicable)

Type of registration Local Authority Fostering Service (LAF)

No. of places registered (if applicable)

Category(ies) of registration, with number of places

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 4th October 2004

Brief Description of the Service:

Wolverhampton City Council Fostering Service provides a range of foster care to children and young people aged 0-18 who are looked after by Wolverhampton City Council. The service provides short-term, intermediate, long-term, shared care (including children with disabilities) and kinship care placements. At the start of the Inspection the Service was providing full-time placements for 221 children, and a further 24 children with learning disabilities were linked with shared care placements. There were also 51 externally purchased placements.

The Service is responsible for the recruitment, assessment, training, support and development of all its foster carers. On 1 September 2004 the service had 168 registered foster carers. There is a single Fostering Panel.

The Service is led by the Family Placement Group Manager, with a Fostering Team Manager, an Assistant Team Manager and 8 social workers, and administrative support.

SUMMARY

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

The inspection was carried out over a total of nine working days by two inspectors. Five carers were chosen for case tracking and these included two recently approved carers, an experienced mainstream carer, a kinship carer and a shared carer for children with disabilities. The files for all these carers and the children placed with them were read. There was also a meeting with a group of foster carers held at the Foster Care Centre. There were interviews with key members of staff, including the managers, recruitment and marketing officers, training officer, duty worker, Reviewing Officer, the Chair of the Foster Care Association, and those responsible for the supervision of each foster carer case-tracked. A group meeting was held with social work staff. The records of the fostering service were examined, and personnel files were read.

32 foster carers and 28 young people completed questionnaires, often in considerable detail, and we would like to thank them, and all the staff and carers who participated in the inspection, for their help and support.

This was a very positive inspection which found that there had been many improvements, and no areas which had deteriorated from the last inspection.

What the service does well:

The Foster Care Centre is an excellent example of best practice and was recently quoted as such by the DfES. Additional funding had been provided to allow the centre to remain open during summer holidays and to stay open late two nights a week. The centre is independent, but is a partnership with the local authority and is supported by the fostering team. It continues to develop positively.

Staff morale is high and a large part of this is down to the management team who have moved the service forward in the last eight months and are seen as supportive by both staff and carers. We would be concerned if this team was broken up, as it is clear that they have made good progress at the start of quite a long road.

The quality and variety of training available to both carers and social workers is particularly impressive. Training is clearly viewed as part of personal and professional development and all aspects are well managed, including the provision of crèche facilities at the foster care centre during carer training. The scoring for this standard reflects the achievement of the service in this area.

The service also does well in the provision of an independent reviewing officer for foster home reviews, resulting in a consistency and thoroughness appreciated by carers.

What has improved since the last inspection?

There have been a number of notable improvements in the management and staffing of the service since the last inspection. This has included the confirmation in post of managers in 'acting up' positions and the recruitment of a number of new staff to the fostering service, such as the marketing officer and the fostering support and duty workers. Two new social work and one admin post had also been created and recruitment was underway. In addition, the office accommodation had been improved with new desks and carpets, and the provision of access to computers for each member of staff.

In the work of the fostering service the introduction of '72 hour meetings' was seen as very beneficial, and this had been established on a methodical and reliable basis as part of the role of the fostering support workers. These meetings provided the forum for Risk Assessments to be carried out, a number of examples of which were seen on files, although some extension is needed.

The level of support to carers had improved since the last inspection. The fostering support workers had made a huge difference to this, although they must not continue to carry out the formal supervision of the foster carers. In addition the Foster Care Centre now phones six carers each week in order ascertain any support needs the centre can help to meet. Carers are receiving copies of their supervision notes on a regular basis, and unannounced visits have commenced. More foster home reviews have taken place in the past six months, and a catch-up programme is in place.

There have also been some positive developments in the paperwork provided to carers. The revised Foster Care Agreement covers everything in schedule 5 and does so in a readable and informative manner. Carers are soon to receive the Fostering Network's recommended minimum allowances and the fee payment scheme has been revised, at a cost of £520,000. The Children's Guide had been finalized and distributed. The provision of LAC paperwork had improved and most children had most of this in place, but not all. For those approaching leaving care it was positive to note that 86% of Pathway Plans were in place and that training had been provided for carers.

What they could do better:

The key area for improvement is the matching of children and carers and the provision of information to carers. There is a need for improvements across Children's Services as a whole, as many issues are not specifically fostering issues but are the responsibility of fieldwork services, or a joint responsibility.

Four young people completing questionnaires made the point that they do not currently have a social worker and two that they need to see them more. One young person asked the inspectors to write in their report 'I don't think that Wolverhampton Service are very helpful because I have not got a social worker and I am supposed to have a social worker.'

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

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Being Healthy

Staying Safe

Enjoying and Achieving

Making a Positive Contribution

Achieving Economic Wellbeing

Management

Scoring of Standards

Statutory Requirements Identified During the Inspection

Being Healthy

The intended outcomes these Standards are:

- 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 outcomes for standard(s) 12

The health needs of young people were seen to be well met through their foster carers, but the provision of medical information at the point of placement should be full and consistent to ensure no health needs are overlooked, and permissions for treatment should be clarified.

EVIDENCE:

Foster carers were seen to be ensuring that young people's health needs were met through regular appointments as appropriate with GP, dentist, optician etc. In completed questionnaires, young people made clear links between good health, good food and exercise, typically saying 'I eat healthy food and I have a lot of exercise.'

However, foster carers stated that they did not always receive sufficient information from the placing social worker regarding a young person's health when they were first placed. This information is largely contained in Placement Plan part 2, and one carer was still waiting for this a year after placement. In general, the provision of Looked After Children paperwork had improved since the last inspection, but lack of full information could potentially place a child's health at risk.

The foster carer's handbook provides some confusing advice on the arrangements for consent to medical treatment, and this has not been revised since the previous inspection. One carer reported that consent for an anaesthetic was not obtained from the child's mother until the day of the child's operation.

The placing social work teams must work closely with the fostering service to ensure that the ability to consent to medical treatment is delegated to foster carers in a suitable format wherever this is appropriate, and that permissions are provided for specific treatments in good time.

The carer of a child who stayed off school for a day because of slight vomiting was told she must always take the child to the GP if they were ill at all, and not exercise her own judgement in such matters. If this is the authority's policy this should be made clear in the foster carers handbook.

Staying Safe

The intended outcomes 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, and 15 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 3, 6, 8, 9, 15 and 30

While staff and carers are all appropriately checked for suitability, shortcomings in the process of making placements have the potential to place children and carers at risk.

EVIDENCE:

All managers responsible for the fostering service were suitably qualified and experienced, and appropriate checks had been carried out to establish this.

A health and safety checklist is completed as part of the assessment of prospective foster carers and this is renewed at each annual review, when the reviewing officer also looks around the home and checks the details of any vehicles used.

Two young people were sharing a double bed in one foster home visited, although it has to be acknowledged that new single beds had just been delivered. This resulted from the authority placing more children than the carer was approved to take. A similar situation had been noted during the previous inspection. Each young person must have their own bed.

It is positive to note that a risk assessment has been introduced which is completed at a meeting held within 72 hours after a placement has been made. This includes child protection issues, and any known sexualised, aggressive or violent behaviour. However, the sharing of bedrooms is not

specifically mentioned, and it is recommended that this be added as a prompt. In addition, it is recommended that the risk assessment should include factors which will be in place to reduce any risk identified.

The fostering service still has insufficient carers for the numbers of children needing to be placed and, although some external placements are used, this results in considerable pressure on the service's own carers. This continues to lead to children being placed outside the carer's terms of approval in both age ranges and overall numbers. For example, a carer newly approved to take one child or two siblings aged 10-14 years, with one 14 year old already in placement, had two siblings aged 10 and 4 years old placed. Another carer had six foster children for a week, plus her two birth children. All carers agreed they had been asked to take more children than they were approved to take.

These extensions to carer's approved range of placements were not always being taken to Fostering Panel for agreement. It is also of concern to note in the minutes of the Panel held on 4 July 2005, that when the first annual review of foster carers who were approved for one child was brought to panel, it was noted that two children were actually in placement and that it was expected to be some time until they were placed for adoption, yet it was recommended that their approval be renewed for just one child. Carers must be approved for the number and ages of children actually in placement, otherwise they are not caring for them on a legal basis.

In addition, carers were often not receiving full information about the children placed. Six days after the placement of two children during the inspection, their carer only had the placement plan part 1 and the essential information record part 1.

The placement agreement does not yet cover the areas identified in this and other standards, as required by the previous inspection, and this requirement is therefore repeated.

Safe caring forms a part of the preparation training, and other courses on caring for children who have been sexually abused are part of the continued training programme for carers. Each household has been sent a copy of the Fostering Network's booklet on Safe Care, but individual guidelines based on a written policy have yet to be introduced. There is insufficient understanding by social workers of the fact that carers need detailed information of the nature and circumstances of any known abuse suffered by children, in order to meet the protection needs of foster children and their own family members, and it is recommended that this element is included in the risk assessment and the 72 hour meeting format.

The service has clear policies on physical punishment and bullying. Young people reported appropriate sanctions being employed by their carers when they misbehaved, such as being 'grounded', losing pocket money, or, understandably perhaps, shouting. One young person reported having 'ten

minutes on the sofa and no treats.' No young person reported considering a sanction inappropriate.

In the young person's questionnaire, a fourteen year old wrote that the best thing about fostering was that it 'makes me feel safer.'

The evidence of the review of personnel files on staff appointed to the service since the last inspection showed sound recruitment practices which served to ensure that those appointed were safe people to work with vulnerable children. Some, but not all of the written references had been followed up by phone and it is strongly recommended that this practice is adopted in every case.

It was also noted that the Criminal Records Bureau checks should not be kept on the main file, but securely stored in a separate file and destroyed once the Commission for Social Care Inspection has had a chance to view them. A memo confirming the date and status of the check should be placed on file. The files themselves would benefit from being placed in better order, and avoiding the storing of duplicate or even triplicate copies of letters.

It was not practicable for the Fostering Panel to be observed as part of this inspection as the panel planned for August was cancelled due to lack of business, but the minutes of the last three meetings were read and it was apparent that the panel continued to operate well, with the exception of the issues of amendments of approval mentioned above. The panel had also correctly asked for it to be drawn to the attention of senior management within the department that children must not be placed with fostering applicants who had not yet been approved, and that the regulations did not allow for such a placement to be agreed by a senior manager, as had happened in recent months.

Enjoying and Achieving

The intended outcomes 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 standard(s) 7, 13 and 31

Fostered young people generally receive good support from their carers in their educational and identity needs. The Shared Care Scheme is well constructed and is developing in a very positive direction, with parents at the core of planning.

EVIDENCE:

The authority has a proportion of carers from minority ethnic communities, which often enables young people to be placed in racially matched placements. A young person of black heritage had been well placed with a black carer in one of the foster homes visited. However, the shortage of placements overall also leads to situations in which children are transracially placed. Where this has occurred support for black young people is available from an organisation within the social work department called the Black Identity Project, which had been recently publicised in the foster carer's newsletter. However, completed Placement Plans part 2 rarely showed awareness of racial identity issues or any plans for meeting any gaps, and this is an education issue for both placing social workers and the fostering service.

Where young people having a disability need equipment, the fostering service has adopted a policy of ensuring the child's need is met first, while negotiations about the funding of the item take a lower priority. Feedback from carers indicated that this is beginning to take effect: 'There has been an improvement recently in equipment funding being available but only because I went to the top guys.'

In both the fostering service and the children services, the policies and procedures must reflect government guidance on over-night stays.

Foster carers clearly promoted the education of young people placed with them and demonstrated excellent liaison with schools. Young people widely reported 'help doing my lessons', 'help reading', 'help with my homework when I get it and sees my teachers'. Carer were also helping young people to understand the value of education; 'Tell me how important education is to me.'

Personal education plans were seen on the files of just half the young people in full time foster care. One child who had been fostered for two years still did not have one. This is another matter for liaison with the placing social worker who should initiate this planning. The placement plan needs to include clarification of the responsibilities for educational matters.

There is a special fostering scheme to provide short breaks for children with disabilities, which is known as shared care. There is a dedicated worker for this scheme who had been in post some twelve months. In this time, her hours had been extended in recognition of the needs of the scheme, following a survey of neighbouring schemes by the shared care worker. In addition, payment is now provided for a number of tasks which carers previously undertook in their own time, such as attendance at reviews and the process of introducing a new young person to the placement. The scheme is closely integrated with the fostering service as a whole, but appropriate arrangements are made to cover some specialist areas. Carers attend the Skills To Foster training, and have a specially structured final session. The scheme has a 'respite care agreement' and information is provided to carers by parents in a respite care scheme booklet. The service had also been provided with written assessments of the child's needs in the form of initial and core assessments, which had enabled good matching to take place.

Making a Positive Contribution

The intended outcomes 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 standard(s) 10 and 11

Young people are enabled to maintain contact with their family and friends, and also to express their views about their future and their quality of care, but this could be pursued more imaginatively to increase young people's participation.

EVIDENCE:

Support for young people's contact with their families is provided directly by foster carers and also by the fostering service through the Foster Carer Centre. The funding of the Foster Carer Centre had been recently increased to provide for the centre to stay open late on two evenings a week and throughout the summer holidays, partly to enable contact to take place at these times.

There was still no evidence of written risk assessments being completed before contact takes place, and it has been suggested this is added to the risk assessment format completed at the 72 hour meeting. The views of the young people should also be recorded. In a majority of cases, arrangements for contact to take place on a supervised basis at a neutral venue suggests that such assessments are taking place in practice.

As noted at the last inspection, the format which invites feedback to the annual foster home review by young people fostered is very formal and inaccessible to children and young people. This has not yet been revised but a review of the whole format was underway.

Young people in foster care have now been issued with a Guide to Fostering, which provides an explanation how to make a complaint. This includes the option of approaching the Commission for Social Care Inspection and has the address and phone numbers of both local offices.

Twenty eight young people had completed questionnaires for the inspection and made some interesting and illuminating comments. Seventeen reported that their carers often asked for their opinion and ideas, and another eight that they sometimes did so. Only two young people said they were never or rarely asked. Young people were being consulted by their carers about a wide range of 'family decisions' and also reported being asked about 'how I am feeling', 'my future' and 'if I am alright and if I feel good where I am living.'

Although four young people thanked the Commission for asking their views, young people do not always appreciate all forms of consultation; one young person said that the worst thing about being in foster care was 'Having to fill in lots of forms' and another young person asked not to be sent another questionnaire as 'I don't like it. It makes me angry and upset.'

Movingly, one sixteen year old summed up the benefits of fostering as 'I have been supported very much by my [foster] mum and dad and most of all been shown love 24/7, all day, every day.'

Achieving Economic Wellbeing

The intended outcomes 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)

The Commission considers Standards 29 the key standard to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 14 and 29

There had been some positive improvements in the support for young people preparing to move into independence, and also in the levels of allowances paid to carers to provide for young people's needs. Both of these will assist young people to achieve economic wellbeing.

EVIDENCE:

The service reports that only two Pathway Plans were outstanding at the date of the inspection, which equals a completion rate of 86%. In addition, carers had access to training in preparing children for independence developed by the Fostering Network. The progress in this important area of young people's lives is very positive.

The service was about to make changes in the payments of fees and allowances for carers. This included raising the levels of allowances to the minimum rate recommended by the Fostering Network and increasing the allowances paid to family and friends carers accordingly. There were a small number of foster carers who would be worse off under the new scheme and these carers were understandably not happy with the changes. It would be helpful if there was some room for compromise or for protection of their position for a while. Overall, however, there was much that was positive about the new arrangements, and carers generally reported that payments were made promptly and accurately.

Management

The intended outcomes 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 cares 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, and 24 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for standard(s) 1, 17, 18, 19, 20, 21, 22, 23, 24, 25 and 32

The management and operation of the fostering service showed many positive developments since the last inspection, and outcomes were improving for staff and carers and also, therefore, for the children living in foster homes.

EVIDENCE:

The young people's guide to the fostering service has been revised to include more information about complaints procedures and the potential to contact the Commission about a complaint. More information about the way a complaint would be handled including reassurance to a child that they will be consulted and informed about the process and that no child will be the subject of any reprisal for making a complaint, would be helpful for young people. Copies had been distributed to each young person.

The service has appointed a number of new staff since the last inspection, including fostering support workers and the marketing officer. Two additional social work posts and an admin post had been recently created but not yet filled. Parity of employment conditions with the rest of the children's social work department had been achieved. The marketing officer is providing a series of campaigns which had doubled the numbers of potential carers applying to the authority. A general campaign had been promoted in the early part of the year and a campaign aimed to attract shared carers for children with disabilities was to commence the week following the inspection. The aim was to recruit 25 additional carers over a twelve month period. Although there were still insufficient staff and carers for the needs of the local authority, the service was seen to be actively addressing this, and positive outcomes were being seen.

There are good employment practices in the service and a comprehensive Health & Safety policy is now in place.

Staff unanimously reported being well supported, both by their colleagues in the team and by all levels of management with the service. They reported that all managers were approachable and helpful, and that colleagues put themselves out to assist: 'Anybody who is around at the time will support you, even if you don't ask for help, if they can see that you are struggling.' Staff all reported receiving regular, planned and valuable supervision, and participating in regular team meetings, some of which had a training content. They felt well informed through these meetings. They reported ample access to a good training programme within the department, and to the Post Qualifying Award in Child Care. All newly appointed staff, including agency staff, reported receiving a good and planned induction programme. All staff had a recently completed appraisal. However, the fostering support workers recently appointed had not yet had any training in fostering regulations, standards and practice, and the department should ensure that these needs are assessed and met as soon as possible. Carer commented that not all support workers were following the same format in supervision session, for example, not all workers were checking the child's finances, so consistency within the team also requires some attention.

The fostering service had established the excellent practice of providing an independent chair for foster home reviews. Unfortunately, due to illness, and unsuccessful attempts to fill the post through secondment, this process had been stalled for six months and a significant proportion of foster home reviews were not completed. However, the chair's return to work had been followed by the appointment of an agency worker to support her in the catch-up programme, and this was planned to result in all reviews being brought up to date by December. A permanent appointment to the post of review chair had also just been made at the time of the inspection. In the light of the determined steps taken by the authority to address the matter, it is not considered necessary to make any requirement regarding foster home reviews.

It is a matter of concern that the fostering service had implemented a system whereby all foster carer supervision was being undertaken by the unqualified Fostering Support Workers, when the standard states that each foster carer must be 'supervised by a named, appropriately qualified social worker.' The manager states that the intention is to provide formal supervision every three months by a named qualified social worker, with the support worker providing the ongoing support to the carers, but the existence of social work vacancies has not allowed for the introduction of this system as yet. This must be implemented as soon as possible.

Within the present system, carers were seen to be receiving regular supervision where a support worker had been allocated, although no new carers were yet seen to have received weekly supervision as stated in the policy. The supervision notes were countersigned by the assistant team manager, and copies were being consistently and promptly returned to the carers. Carers expressed high levels of satisfaction at the support received from their workers. One carer wrote 'Did not think an 'unqualified' worker would work as support for carers but it has and my support has been excellent.' Many carers also cited the Foster Care Centre as a vital source of support, and several mentioned their appreciation of the regular phone calls the centre had started to make to carers to ensure that they are being supported as they need.

All carers had received a copy of the foster carers handbook shortly before the inspection. The Foster Care Agreement had been revised since the last inspection and a comprehensive, yet succinct document had been produced which was in the process of being distributed to all carers. This is now an excellent and useful document. The service is reminded that both approved carers must sign the agreement.

Preparation training for prospective carers was provided using the Skills to Foster course. A number of staff and carers had participated in the Training For Trainers programme provided by Fostering Network for this course. From February 2005 the fostering service had entered into partnership with three other Black Country authorities in providing this training, so that a course was available each month, at varying times and in different locations, to increase choice for prospective carers.

There was a very dedicated staff development officer for fostering, who had been stretched by covering other work for the past two years, but was committed to providing training for carers. It was possible for training to be commissioned on request but the staff development officer was also looking at the most effective methods of delivering specific training.

It was very positive to note that 50% of foster carers had completed training in Care & Control, which was based on the Therapeutic Crisis Intervention approach. Feedback from carers had been very good and the course was highly recommended by carers in discussions. The course concluded with a test which some carers found daunting, but having passed, in many cases with very high marks, this was contributing to carers confidence and assertiveness. Joint training is planned for all teams and carers on Healthy living & Promoting Education. There are also plans to involve support workers in all foster carers training, including that on diary keeping and accounts. Carer's considered the training provided to be good and useful.

The records for children are maintained by the placing social workers and the fostering service holds a small folder of key information. The children's files seen were up-to-date and well maintained, although not all contained all the Looked After Children paperwork required. The records kept by the fostering service demonstrated that the service does not always receive copies of relevant paperwork, and this is another area requiring improved working between the two parts of the local authority.

Two training courses in Life Story Work had been provided for carers in the past months. One foster carer visited had produced an excellent record of the child's stay in foster care with tickets, programmes, birthday cards and other momentos, as well as carefully labelled photos. Carers are provided with financial support in undertaking this type of exercise.

Foster carer files were in very good order and consistently arranged in labelled sections. There was evidence of regular audits of foster carer files, completed about every six months by the deputy team manager. The front of the carers files had placement lists but these were not always complete or accurate, so this must be checked and corrected as necessary. The files also have a 'multi-agency incident chart' with a log and summary chart of any complaints or allegations involving carers, with information as to where full details may be found on the file. It was noted that case notes do not always give name of supervising social worker and were not always signed. In addition, none of the prospective carers files had any feedback from training even though there is a section for this in the file; every one seen was empty.

The service maintains other required records appropriately, including an informative record of children placed in foster care, however, the register of foster carers is required to include the dates of all reviews of their approval, and this should be backdated to the implementation of the Fostering Regulations in April 2002.

The process of taking responsibility for family and friends carers into the fostering service continues and will be completed when the team is fully staffed. All existing carers now have an allocated support worker from within the team. Allowances for these carers are to be increased in October 2005.

SCORING OF OUTCOMES

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

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

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

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

STAYING SAFE	
<i>Standard No</i>	<i>Score</i>
3	3
6	3
8	1
9	2
15	3
30	3

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

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

ACHIEVING ECONOMIC WELLBEING	
<i>Standard No</i>	<i>Score</i>
14	3
29	3

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

Yes

Are there any outstanding requirements from the last inspection?

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.	FS8	34(1)(b)	Great caution must be exercised in placing any child outside the carer's terms of approval and any such placement must be presented without delay to the fostering panel for consideration, and formal written confirmation of the revised approval sent to the carer.	18/8/05
2.	FS8	34(2)(b)	The responsible person must ensure that social workers with child(ren) already in a placement are consulted when another child is being matched for that placement . (Timescale of 13 January 2005 not met)	18/8/05
3.	FS8	33(b)	The responsible person must ensure that the Service has complete LAC documentation, including Care Plan, for each child placed. (Timescale of 13 January 2005 not met.)	18/8/05
4.	FS8	34(3) & Schedule 6	The foster placement agreement must include all matters listed in this schedule, including the arrangements for giving consent to the medical or dental examination or treatment of the child, and permissions for school trips and overnight stays. (Timescale of 13 January 2005	6/10/05

			not met.)	
5.	FS9	12(1)(a)	The responsible person must ensure that information is provided on LAC forms and other documents supplied to carers to adequately meet each child's protection needs. (Timescale of 13 January 2005 not met.)	8/9/05
6.	FS22	20(3)(b)	The supervision of carers must be undertaken on a regular basis by an appropriately qualified social worker.	26/1/06
7.	FS25	31(2)(b)	The register of foster carers must include the dates of all reviews of approval since April 2002.	3/11/05

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	Each child should have their own bed.
2.	FS6	The Risk Assessment should be revised to include specific reference to the sharing of bedrooms and any risks to child or carers from contact with the child's family, and should include factors to be put into place to reduce any risk identified.
3.	FS9	A policy should be written, and safe caring guidelines drawn up for each foster home, agreed with the placing social worker and explained appropriately to the child.
4.	FS15	Written references should be followed up by telephone.
5.	FS15	CRB checks should be files separately and securely, and destroyed once viewed by CSCI.
6.	FS19	Fostering Support Workers should receive training in legislation and practice in relation to fostering.
7.	FS25	Foster carer files should be checked as soon as possible, and any inaccuracies and omissions corrected.

Commission for Social Care Inspection

1st Floor, Chapter House South

Abbey Lawn

SHREWSBURY

SY2 5DE

National Enquiry Line: 0845 015 0120

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI