



**Making Social Care
Better for People**

inspection report

FOSTERING SERVICE

Halton Borough Council Fostering Service

**Grosvenor House
Halton Lea
Runcorn
Cheshire
WA7 2ED**

Lead Inspector
Jeff Banham

Key Announced Inspection
26th July 2006 09:00

The Commission for Social Care Inspection aims to:

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

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

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

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

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

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

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SERVICE INFORMATION

Name of service	Halton Borough Council Fostering Service
Address	Grosvenor House Halton Lea Runcorn Cheshire WA7 2ED
Telephone number	01928 704393
Fax number	
Email address	
Provider Web address	www.haltoncares.org.uk
Name of registered provider(s)/company (if applicable)	Halton Borough Council
Name of registered manager (if applicable)	
Type of registration	Local Authority Fostering Service

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 13th February 2006

Brief Description of the Service:

Halton Borough is situated between Liverpool and Manchester. It contains the towns of Widnes and Runcorn, plus the villages of Hale, Moore, Daresbury and Preston Brook.

Halton Borough Council Fostering Service forms part of the Children's Services Division located within the Children and Young People Directorate. The fostering and adoption team holds responsibility for the recruitment, assessment, training, support and management of all people providing a fostering placement for children and young people who have been placed through the 'looked after' system.

The team is managed by a Principal Manager and a Practice Manager who acts as deputy. They have responsibility for the management of fostering social workers and administrative support. The fostering and adoption team is accountable to the Divisional Manager and is based in the main council offices in Runcorn.

Information provided for this site visit showed the service had 93 approved households providing 149 places, of which 119 were filled. The ages of children placed ranged from 0 to 18 years.

The team is also responsible for the provision of short and long term placements, short-term respite breaks and 22 kinship carers.

SUMMARY

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

The announced site visit was part of the service's annual key inspection. It took place over five days, including attendance at the fostering panel and discussion with the chair of the panel. The inspector spoke to the Divisional Manager for "Looked After" Children, the acting Principal Manager for the fostering team, four social workers from the fostering team, the Independent Reviewing Officer with responsibility for foster carer's review, one placing social worker and two foster carers in their homes.

Children's and carers' files were read, together with policies, records and procedures that were examined at the office. The new office premises of the fostering team were visited. Inspection survey questionnaires from two foster carers and twenty-three placing social workers were completed and returned.

The overall quality of the service provided is good. This judgement has been made using all the available evidence, including the site visit.

What the service does well:

The service had its previous site visit in February 2006. Significant changes had taken place since then, and were still in progress at the time of this visit. The Adoption and Fostering service has been split into two separate teams. The Fostering Team has had changes to its personnel, with an acting Principal Manager in post until November, and a vacancy for its Practice Manager. Two new agency staff have been recruited to fill existing vacancies.

The service has embarked not only on a structural reorganisation but also on the development of policies and practices. Previous good practice has become more systematic.

The service continues to provide effective foster carers for children. 75% of the placing social workers said that the foster carer met the child's needs "very well indeed", and 25% said the needs were met "quite well".

The Directorate was committed to ensuring systems were in place to provide effective support to meet children's health and educational needs. Outcomes for children and young people placed with foster carers were particularly good in these areas.

The use of an Independent Reviewing Officer for foster carers' annual reviews provided the service with a robust and comprehensive quality assurance and service development perspective.

Foster carers said they were well supported by the supervising social workers.

The post of marketing officer provided an effective resource to the recruitment of new foster carers.

The commissioning of placements with carers outside the Borough is subject to effective monitoring and is evidence of a child-centred, needs led approach to achieving good outcomes for children.

The Fostering team has a positive approach to all aspects of service development and an energetic and focused response to the development of the service it provides to achieve good outcomes for children.

What has improved since the last inspection?

The role of the supervising social worker has become more explicitly responsible for monitoring the performance of foster carers.

The service is moving to a "competency based" approach for the assessment and approval of carers, and the two staff involved in assessments are being supported by an external consultant to review and develop practice.

Improvements have been made to the arrangements for liaison between the social workers in the children's team and the fostering team to process, approve and support placements involving family and friends (*kinship care*). Agency workers with experience in foster care have been employed; one has a particular responsibility for supporting kinship carers.

The team has developed a number of monitoring systems that provide a more systematic oversight of all aspects of foster carers' support and development.

Team members have responded to the last inspection report by involvement in an "Inspection Action Group". This has enabled staff to become involved in the development of particular aspects of the service.

The Fostering team has moved to new, more spacious and better-equipped premises that have made the team feel more valued and better resourced in undertaking their work.

The Fostering Panel has continued to develop its practices and provides a valuable quality assurance and monitoring service to the Fostering team.

What they could do better:

The Fostering Service recognises that it has more work to do in improving the take-up of training for foster carers. At the moment training is accessed by certain people and not by others. The appointment of a training officer will enable a review of training needs and methods to take place. A particular training need has been recognised as supporting carers to assist young people into independence, and it is intended that this be one of the main areas for development.

There are still examples of foster carers taking children without being provided with all the available information on them, or without individual placement agreements being completed. Monitoring systems and the development of the supervising social worker role should help the team to address this area.

The changes to the team structure have been, and to some extent still are, unsettling. The team is looking for a period of consolidation when the new Principal Manager and Practice Manager are recruited.

The team has recognised it needs to do more to promote the involvement of foster carers' own children through expanding the "Children who foster" group, and through review of the foster carers' support groups to continue to offer support to carers.

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.

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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

The service provided in this outcome area is excellent. This judgement is based on all available evidence including the site visit. Health is seen as an integral part of caring for a child, so carers are aware of their responsibilities and are supported by staff to ensure effective health care is provided for all children. The service evaluates itself and has developed a clear and timely development plan to ensure that it achieves best practice.

EVIDENCE:

The 2005/6 Statement of Purpose and Function described the key objectives of the fostering services. One was *"To recruit carers who will provide an environment for Looked After Children which will meet their health and education needs and give them the same life chances as other children."*

Promoting the health of Looked After Children has been given special scrutiny by councillors and was the subject of ongoing development. A Protocol for Joint Working between the Halton Children and Young Person's Directorate and the Halton Primary Care Trust has been written and has been launched at a conference entitled *"Promoting the health of Looked After Children"*. The joint working arrangements between the Directorate and the Trust are based on the DoH publication *"Promoting the Health of Looked After Children."* There is also a written protocol for referring children to Children and Adolescent mental Health Services (CAMHS).

The specialist post of nurse for "Looked After Children" has been created and is based in the Permanence Team. It is the responsibility of the nurse to promote the health of children in the "Looked After" system. Case records contain evidence of the involvement of the nurse in the health care of individual children.

The Foster Care agreement, signed by all carers, set out their responsibilities in ensuring children were healthy.

Children have an individual Health Plan; information about health needs and treatments is contained in the assessment and care planning documentation. The statutory reviews of children discuss health care, set objectives and monitor progress of individual children.

Foster carers are advised through the Foster Carer Handbook that Looked After Children should have regular medical examinations, and that they must ensure that children are registered with a GP and dentist, and have regular sight and hearing tests.

Children's files contain information about health issues, including contact with GPs and other specialist health care provision, and issues to do with diet, weight, and drug and alcohol use where these were recognised as an issue.

Foster carers were able to describe the steps that they had taken to ensure children received the treatment and care they needed, and that they were supported by the fostering team in promoting children's health care needs. Carers receive regular supervisory visits from social workers. Written records of these supervision sessions demonstrate that health issues are a regular topic of discussion.

Foster carers are advised that they are not authorised to sign consent for treatment, vaccinations and anaesthetics and that either parents or an identified manager within the Children's Directorate must sign consent.

The foster carer training programme is based on the "five outcomes" from the "Every Child Matters" framework and it includes the promotion of health care issues. Training on drug awareness, sexual health and children's medicals had been delivered, as well as training on nutrition and healthy eating.

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

The service provided in this outcome area is good. This judgement has been made using all available evidence including the site visit. The fostering panel is continuing to develop its role as an effective monitor of practice. The service is aware of the need to ensure a more comprehensive attendance of carers on training. The commissioning process for external placements ensures placements are made in order to meet the needs of children.

EVIDENCE:

The fostering service has a temporary Principal Manager in post until November 2006. The Divisional Manager said that a permanent appointment would be made soon.

The approval of carers includes assessments of the health and safety aspects of their homes. Records of these checks are contained on carers' files. The matter is raised through the regular supervision sessions between social workers and carers, and is a standing item on the annual foster carer review.

One young person had been placed with a private fostering agency. The private provider is on an "Approved List" validated by the Contracts Section of the Directorate. The placement was subject to an individual and specific placement agreement that detailed the needs of the young person and the responsibilities of the foster carer. The placement was monitored by the young person's social worker who said she was very satisfied that the placement had been arranged to meet the young person's needs after work within the Directorate indicated that there were no "in house" placements available. The Divisional Manager said she felt it important that children and foster carers should be effectively matched, or the chances of placement breakdown and potential damage to children were increased. She said she believed that the commissioning policy of the Directorate was based on developing a range of services within the Borough to place children, but that other placements would be sought where, in special or difficult cases, this was not possible.

The Adoption and Fostering Team have employed three new staff since the last inspection in February 2006. The Acting Principal Manager was on a temporary contract and two supervising social workers had been provided by a social work employment agency. A new panel member had started in February. The agency staff had been employed subject to checks and references supplied by the employment agency. The Divisional Manager of Halton Borough Council had formally confirmed the validity of these checks. The personnel files also contained evidence of qualifications and registration with the General Social Care Council.

The new panel member was an employee of Halton Borough Council and had previously been a member of the adoption panel. Her file contained evidence of the all the required checks and references, evidence of identity and qualifications, and a full employment history. Employment references had been confirmed by telephone.

Training for carers included courses on recognising and dealing with suspected abuse and child protection issues. The Foster Carer agreement said "*We expect carers to attend training courses arranged by us to develop their fostering skills when these are considered necessary and appropriate. Some training courses are deemed as mandatory and will be a condition of your continued approval, i.e. Safe Care and Child Protection.*"

The Directorate has compiled a record of training attended by foster carers in relation to child protection courses on Child Protection Process and Procedures, Sexual Abuse/Mental Health/Neglect – Safeguarding Children, Safeguarding Children in Need, and Professionals Who Abuse had been provided. The numbers who had attended were low in relation to the numbers of carers who could potentially attend.

The acting Principal Manager said that foster carer training has been recognised as one of the areas to address and a Carer Training Officer has been recruited to develop the service. The acting Principal Manager said that the service was continually thinking about how carers could be encouraged to attend more training in all relevant subjects. It was recognised that the role of the Supervising Social Worker was crucial in this area.

The roles and responsibilities of foster carers in relation to child protection are made clear in the carers' handbook, through the recruitment and approval process, and through subsequent visits by both supervising and placing social workers.

The fostering panel has recruited new members since the last site visit. The panel chair said that the panel was continuing to develop confidence in its role, and was seen as an independent resource for quality assurance and monitoring of practice. The panel received a presentation on the educational aspects of placing children, and was given a "quality monitoring" checklist for each member to record each individual discussion and the educational aspects that had been taken into consideration in the placement.

The discussion at the panel was organised and robust. The panel felt able to request changes to the minutes of the previous meeting so that the comments of members were accurately recorded. The panel chair said she presented any practice issues arising to the Divisional Management team, of which she was a member.

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

The service provided in this outcome area is excellent. This judgment has been made using all available evidence including the site visit. The service has given a high priority to the provision of education for all “looked after” children and has developed a range of policies, practices and monitoring arrangements so that this commitment is translated into practical support for children’s educational achievement.

EVIDENCE:

The foster care recruitment, approval and training process emphasises and reinforces the need to treat every child as an individual and to provide care and support to meet their identified needs. The Statement of Purpose said that *“We aim to provide children and young people who are looked after with the same quality of care that any good parent would want to provide for their own child. This includes...ensuring children have the same opportunities for life experiences that are available to any child.”*

Assessments, care plans and reviews describe the individual needs of children and the actions taken to ensure care is provided to promote all aspects of a child’s development.

The Children and Young Person's Directorate (CYPD) has an Education Support Team whose primary function is to promote the educational achievement of children and young people who were "looked after". The team consists of educational psychologists and support workers. Children's educational needs are identified in initial assessments and the support they require is identified through care plans and subsequent reviews. The statutory review system monitors the progress of children in receiving education, and foster carers are given support if it felt to be necessary.

At the same time foster carers are made aware, through the foster carer handbook, the approval process, training and supervision that they have the primary responsibility for supporting the young person in their education. This can involve transport to and from school, assisting with education at home, working with other professionals and liaising directly with schools.

Children's case files provide information about the needs of a young person and the support they receive. The "Intensive Support" team could be involved; children and young people have statements of Special Educational Need where appropriate and Personal Educational Plans (PEP). The authority was introducing an electronic version of the PEP in order to increase the involvement of young people and make the process more "user friendly".

The case record for one young person said her rate of non-attendance was increasing and an Integration Programme was being developed to attempt to remedy the situation. The information supplied by the Directorate indicated that ninety children were in mainstream school, one was in a special school and six were in other local authority specialist provision. Ten children did not attend school. Their education was assisted by the support workers who provided structured educational programmes. No children were subject to fixed term exclusions.

The fostering panel has introduced a "monitoring checklist" that enables panel members to monitor the needs of children presented to them and the activities of staff in meeting a child's identified educational needs.

The fostering service provides a range of short-term placements for children. These include respite placements for existing foster care placements, short term placements undertaking specific assessment work and "Home from Home" placements for children with physical and learning disabilities. This scheme offers flexible support for parents and includes regular short breaks for children for holidays, weekends, day care and baby-sitting. These placements are designed to support parents and primary carers, and explicitly recognise the limits of the responsibilities held by the substitute carers.

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

The service in this outcome area is good. This judgement has been made using all available evidence including the site visit.

Foster carers are clear about their responsibilities to promote and support the contact of children with families, and contact arrangements are identified and regularly reviewed as part of the care plan to ensure they meet the needs of the child.

There are a number of ways in which children are encouraged to become effectively involved in decisions affecting their lives. The Fostering Team is looking at ways of improving the involvement of foster carers' own children to ensure that every family member who is part of the process of fostering is fully involved.

EVIDENCE:

Carers are informed in the foster carers' handbook and through training that children have the right to see parents and other relatives unless the Court has decided that this is unsafe. Carers are also advised that they should respect the feelings that children may have to their parents, even in the most difficult situations. Carers are supported in maintaining and promoting contact. Contact can take place at the carer's own home, or the carers can take the child for contact somewhere else, or a social worker or support can be involved. The frequency, nature and practical arrangements for each individual child's needs for contact are identified in the care planning process, and monitored through the statutory reviews.

Foster carers are told of the need for them to be aware of and record any details, positive or negative, that the impact of contact can have on a child. Any details with regard to contact are identified and social workers informed.

Carers have children's "Documentation Files". Accompanying these files are a Specific Incident Record Book, and a Contact Record Book.

Contact issues are raised by supervising social workers at their visits and through supervision. Contact is also raised at the carer's annual review. One review said, "*J. and D. are a couple who continue to demonstrate a willingness to actively seek and promote contact for S and her grandparents. S currently has weekly contact with grandparents and her birth mother if she visits while S is on a contact. The arrangement works well with the carers and grandparents undertaking the transport. They work it between themselves. J and D are extremely positive about contact and see this is a very important part of their role as foster carers.*"

In another case the two children placed with one carer were out at contact with parents when the inspector visited the home, and both returned as planned during the visit. The carer had produced a "contact diary" in which she and the children's parents could and did write about significant events for the child. One carer said she had recently started to record contact issues as she had just been on an "Effective Recording" course. Her last annual review said that she was recording appropriately, although she herself said that this was not the case at the time.

Children are given their own written guide to the fostering service. This describes the importance given to listening to children and promoting their involvement in the decision making process concerning their care. Information is provided about the complaints procedure.

Consultation with children and the promotion of their involvement in the review process is part of standard practice, and records demonstrated that children's views are obtained and that they are involved in meetings about their care.

A children's advocacy service for all looked after children is provided by Barnardo's. The Children's Right's Service facilitates "Rant and Rave" groups which encourage consultation and participation. The Statement of Purpose said there are two age-related groups for children and young people, and a third group for over-17's was being developed.

Members of the Fostering team said that further development in the area of support to and involvement of foster carers' own children was needed, and the team wanted to explore more creative ways of involving these children in the consultation and assessment process.

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

The service provided in this area is adequate. This judgment has been made using all available evidence, including the site visit. There was a recognition that training and support for foster carers needed to be improved so that they could provide effective help to young people moving into adulthood. The system for payment of some allowances to carers needed review in order for money to be paid promptly.

EVIDENCE:

The Foster Carer manual provides information about the "Leaving Care Team." It says *"The Team usually becomes involved with a young person at approximately 15 years and 6 months to assess their individual needs in the transition to young adult and leaving care at 18."*

As part of this process a "Pathway assessment and Pathway plan" is completed to identify any practical and emotional support and training that a young person may need to make the move into independence. The information supplied by the Directorate said that 98% of young people of 15 years and over had a Pathway plan.

Records of statutory reviews showed that the issue was raised and monitored as part of the care planning process. Foster carer supervision records show that the issue is discussed with carers in relation to individual young people in the appropriate age bracket. The record of one visit to a carer, written by a supervising social worker, said, *"Spent some time talking about S. transferring to the Young People's Team. Carers are preparing her to be aware of the Pathway Plan and future re employment/college opportunities and sw support for the future."*

Support from the "Connexions" service is available to assist young people over the age of 13, and records show that Connexions staff are involved with young people in supporting their overall development into adulthood.

One placing social worker commented, *"I feel that carers require more guidance and support from the Fostering Service regarding adolescence/moving on/semi-independence."* The social worker believed that the carers, who had the children in placement for seven years, were finding it hard to "let go."

The Acting Principal Manager said it was recognised that there needed to be more training for carers to enable them to assist young people into independence and that the fostering service needed to be more effective in this area. This was something that the new Training Coordinator would be developing.

The Acting Principal Manager had written a draft "Preparing for Adulthood" paper. It set out the key issues in preparing young people for leaving care and set out the role of the foster carer formal and informal roles in preparing young people for independence and semi-independent living. The paper emphasised the fact that carers approved to foster teenagers would be required to complete training, and highlighted the role of supervising social workers in paying attention to the training needs of carers.

Foster care allowances and payments are updated annually and information given to carers in the "Allowances Guide." The current Allowances Guide runs from April 2006 to March 2007. This sets out in detail the allowances paid in all circumstances relating to carers looking after children. It includes allowances for children of working age, holiday allowances, clothing allowances and discretionary payments. There is also an appendix showing the rates and criteria for enhanced allowances. Foster carers say they are aware of the allowances due to them and are supported in matters relating to finance by supervising social workers if needed.

One foster carer said her boarding out payments were accurate and on time, but she said there could be problems with monthly payments for her out-of-hours work, and the day care that she regularly provided. She said she had not been paid for June, even though it was now the last day in July.

See recommendation 1

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):

2, 4, 5, 16, 17, 19, 20, 21, 22, 23, 24, 25, 26 and 32.

The service provided in this outcome area is good. This judgment has been made using all the available evidence including the site visit. The Directorate has started to introduce significant changes to the structure and practices of the team. The changes are positive and valued by staff. Once these have been fully implemented they will support the team in providing an even more effective service to children and carers. The acting manager is monitoring the quality and nature of information provided to carers and is aware that further improvements still need to be made to the systems by which it is made available to ensure that carers are provided with all the relevant information to enable them to care for a child as effectively as possible.

EVIDENCE:

The Adoption and Fostering Team has undergone a re-organisation since the last inspection. The functions of adoption and fostering are now separate, and the Directorate's development plan envisages a Principal Manager supported by a Practice Manager for Fostering, and a Practice manager for Adoption. This re-organisation was still in progress at the time of the site visit.

An Acting Principal Manager had been appointed until November 2006, and the post of the Practice Manager for the Fostering team was to be advertised. The acting Principal Manager was experienced in local authority foster care services and was working to a clear development plan. A number of changes to processes and systems were being put into effect, or were planned.

Members of the team said that initially morale had dropped as some people who had been with the service for a number of years had left. They went on to say that now they felt more positive about the changes, that they were fully involved, and that the new systems would build on and enhance the good practice that they believed had been the foundation of the team's work up to now. Nevertheless members of the said they would not feel properly settled until all the current vacancies had been permanently filled and the new Principal Manager was in place.

See recommendation 2

An "Inspection action group" had been formed to look at and take forward issues that had arisen at the last inspection. Different team members took responsibility for various areas for development.

The team was well supported by the administrative staff, who contributed their own ideas to improvements.

Two agency workers had been appointed to fill existing vacancies, and these workers had been recruited as they had specific experience in fostering practice.

Two workers were responsible for assessments, and the others for supervision. A consultant had been brought in for one day a week to assist the assessing social workers in developing their practice in "competency based" assessments. The social workers said they felt this to be beneficial and supportive to them. They said they had completed the specialist training on "competency-based" assessments some time ago and would benefit from a refresher, now they were actually doing the work.

See recommendation 3

The Fostering team had a Marketing Officer. She had produced a recruitment strategy and monitored the impact of the strategy and the number of carers coming forward to approval. The Fostering team had clear targets for foster carer recruitment and retention. The Marketing Officer was also involved in the publicity strategy for private fostering arrangements.

During the site visit the team responded to a discussion with the inspector and prepared a written inventory of what they believed the team did well, and what they were working on to improve or change. The atmosphere within the team felt positive, relaxed and yet energised.

As a part of the site visit social workers who used the team to place children were asked to complete survey questionnaires. Twenty-three were completed. This represents an 80% return. Of these nineteen said that foster carers looked after the child "*very well indeed*", and five said "*quite well*". The other categories of "*OK most of the time*", "*quite badly*" and "*very badly indeed*" were not completed in any case.

The Foster Carer handbook sets out the expectation that foster carers need training and that they are expected to access training made available to them. Pre-approval training is provided as part of the initial recruitment process. Once approved, foster carers are provided with a continuous training programme on core and specialist subjects relevant to their work. Foster carers' supervision records contain reference to the training they have undertaken, and any training needs that are identified. The attendance at training is discussed at the foster carers annual review, records of which are kept on their files.

In addition, foster carers have a written "Personal Development Plan" which looks at a range of their development needs and ways in which they can be met.

The Acting Manager said the team had been concerned about the take-up of foster carer training, and that despite the best efforts of supervising social workers training was not as widely accessed by carers as was hoped. The team said it recognised that work needs to be undertaken to ensure carers are trained and skilled to undertake their role in supporting children. A new Training Co-ordinator had been appointed and was due to start in September, and it was expected that new approaches to training, offering more flexible training appropriate for a wide range of learning needs, would be developed. These would include "networking days", consultation and "learning lunches" and "taster" courses for carers and staff to promote enthusiasm for training.

The Children and Young Person's Directorate had a staff supervision policy. Staff said they were supervised both formally and informally, and felt well supported by managers. At the time of the site visit a new Acting Principal manager had been in post for just over eight weeks and had started to implement the supervision of all staff within the required frequency.

The supervision of foster carers is assigned to specific supervising social workers within the team. Each worker has a caseload. Work has been undertaken in clarifying the role of the supervising social worker, to make it more systematic and to develop an increased emphasis on ensuring carers' accountability for their practice.

A written protocol has been produced detailing the role of the supervising social worker. It spells out the responsibilities of the supervising social worker, which will be approved seven days after approval, and thereafter throughout a placement. The visiting frequency is made clear, together with those tasks that need to be done annually and general duties. The protocol ends with the statement that "*Supervising social workers share with the child's social worker the responsibilities for safeguarding the young person in foster care.*" Staff have had specific training on understanding and developing the role of the supervising social worker.

A new matrix has been developed to record and monitor the frequency and purpose of visits, including the unannounced visits. Records of supervision are written by social workers and held on their file. Monitoring systems for complaints, allegations, training attended and checks and medicals were also being revised.

Carers say that they feel well supported by the supervising social workers. One carer said her previous supervising social worker had provided a service that was "*hit and miss.*" The carer did not have all of the documentation needed for the two children placed with her, did not have a copy of the care order in place for one of the children, and had only just started to record significant events on the documents provided. The monitoring of these issues is clearly now the responsibility of the supervising social worker.

The information provided for the inspection said that three allegations had been made against carers in the last twelve months. One was ongoing. Notifications about these incidents has been made to CSCI and the issues have been dealt with according to the policy of the Directorate. No complaints had been made by foster carers.

Foster carers had a review at least every year. An Independent Reviewing Officer based in the Directorate's Quality Assurance Unit undertook the review. He met regularly with the managers of the fostering team and produced a quarterly report on issues arising and action to be taken as a result of his monitoring of the service through the review system.

One carer said she had raised an issue at her last review about the Directorate's handling of children placed with her before being moved to adopters. The review report identified the issue, but the carer said she had never received a response to the matter, although the review report said the carers had "got over" the matter. The carer said felt that she had identified a practice matter to which she would have liked a response from the relevant part of the service.

The same report said the carers were recording appropriately, although the carer said that at the time she was not, and had only just started to record properly having been on a course for "effective recording."

See recommendation 4

One carer had two children placed with her. One had been with her for eleven months, virtually since birth. The carer had only one of the five key documents in the "Looking After Children" (LAC) system. This was the *Placement Plan Part One* that the Directorate used as the placement agreement. It was not properly completed nor signed. The carer had copies of review reports relating to brothers and sisters of one of the children placed with her, even though they are placed with other carers. Another carer said she had been given information about a young person who may be placed with her before she was approved as a foster carer.

See requirement 1

The foster carer's file did not have signed copies of the Placement Agreement for both children. The carer was not sure if one had ever been drawn up. In another case, a number of *Placement Plan Part One* documents were held on a child's file. These were for previous placements. In one of them the name of one carer had been crossed out to be replaced with the new carer, even though the signature on the document remained as that of the first carer.

See requirement 2

Since the last inspection the Fostering team has moved to different premises, the previous location being recognised as unsuitable. The new office is spacious and well equipped with computers and telephones for all staff.

Records are accessible and stored securely. All staff feel that the new premises are much better, and support them in carrying out the job.

At the time of the last inspection in February 2006, the Adoption and Fostering team had a worker for assessment and support of kinship carers. The worker has since left, and an agency worker was appointed at the beginning of July to provide support and supervision of the twenty identified kinship carers. The Directorate has produced procedural guidelines for working with kinship carers. Some systems have been changed, particularly the process for children's team notifying the fostering team of the existence of kinship care placements. The social workers responsible for assessments and approvals said the numbers of assessments they have subsequently been asked to undertake has increased. Links between the fostering team and the children's team have improved and workers from both settings undertake joint "preliminary" assessments of carers before they go to the fostering panel for temporary approval. A new assessment format has been produced.

The social worker responsible for kinship care said she was gradually getting to meet all the carers by trying to be as "informal" as possible. She felt that this approach would work better as some kinship carers did not see themselves as "foster carers" and were not anxious to become involved with the "authorities." As a result the social worker said she was working on introducing a greater emphasis on family group meetings, and had spoken with the Independent Reviewing Officer about re-drafting the language of the documentation for foster carer's review to make it more relevant accessible to kinship carers. The social worker said she felt that a foster carer manual, specific to kinship care, would be beneficial, and would look to establishing kinship care support groups, particularly in areas where there were a number of carers living in the same area of the Borough.

She also said it was important to establish links with the children's teams, and was undertaking joint visits with social workers. She said that although she had had only worked for the Directorate for three weeks she had already been on a one-day training course on kinship care and felt the fostering team to be supportive and welcoming.

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	4

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

ENJOYING AND ACHIEVING	
<i>Standard No</i>	<i>Score</i>
7	3
13	4
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	2
29	2

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

Are there any outstanding requirements from the last inspection? no

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1.	FS24	17(3)	The manager must ensure that foster carers have all relevant information on children placed with them.	31/10/06
2.	FS8	34(3) Schedule 6	The manager must ensure that a foster placement agreement is drawn up for each placement.	31/10/06

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1.	FS29	The manager should review the systems for payment of foster carer allowances to ensure they provide prompt payment.
2.	FS5	The manager should ensure that the transition to the permanent arrangements for managing the team ensure consistency and consolidation of developments in practice and procedure.
3.	FS19	The manager should ensure that all staff undertaking foster carer assessments are adequately trained.
4.	FS21	The manager should ensure that foster carer reviews accurately reflect carers' practice.

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