



*Making Social Care
Better for People*

inspection report

FOSTERING SERVICE

Warrington Borough Council Fostering Service

**St Werburgh's
Boswell Avenue
Warrington
Cheshire
WA4 6BB**

Lead Inspector
Sharon Lloyd

Announced Inspection
10th January 2007 10:30

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

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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	Warrington Borough Council Fostering Service
Address	St Werburgh's Boswell Avenue Warrington Cheshire WA4 6BB
Telephone number	01925 444400
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Warrington Borough Council
Name of registered manager (if applicable)	
Type of registration	Local Authority Fostering Service

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 9th March 2005

Brief Description of the Service:

Warrington Borough Council (WBC) provides a fostering service to local children and families in accordance with the relevant regulations, standards and guidance.

At the time of the inspection 112 foster families including 28 family and friends carers provided a range of 183 placements. Between them, they were looking after 135 children, 36 of whom lived with family or friends carers. This amounts to 56% of looked after children (LAC) for whom WBC currently have responsibility.

The key aim of the service is to provide children in Warrington who need to be looked after by the local authority with suitable, caring families within Warrington. Wherever possible, children remain at their own schools, continue with specialist health or other services and maintain regular contact with their families.

The service aims to recruit staff and carers from all backgrounds in order to reflect the cultural and demographic makeup of the Borough and the needs of looked after children.

The main types of foster care placement are short term and emergency, long term and permanent, family and friends carers, respite (weekends/holidays) and short break placements for children with disabilities. There are also a small number of carers offering a specialist service to children with complex needs coming out of residential children's homes.

The Fostering and Adoption Team is based in the Children's Social Care Office at St. Werburghs, a former school on the south side of the town. The fostering team manager manages the work of the fostering service. Staff include senior practitioners, supervising social workers, community support workers, a recruitment and development officer and administrative staff. Social work staff are involved in the recruitment, assessment, supervision and support of foster carers and adopters. The adoption team manager manages adoption work, and although there are some specialist workers, some social workers are involved in both fostering and adoption work.

SUMMARY

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

The inspection took place over seven days. Pre-inspection questionnaires were received from the service manager, the health advisor, 21 foster carers, 2 birth parents, seven placing social workers and 24 children. Written information was provided including the Statement of purpose, updated policies and procedures and quality assurance reports and information gathered by WBC in relation to the service. Interviews were carried out with the service provider, the manager, social work staff, the Looked After Children nurse, the principal officer for the education of Looked After Children, the therapeutic social workers, the recruitment and development officer, staff members from the Performance and Business Unit, and from Central Personnel and administrative support staff. A sample of records was inspected and five children were case tracked. This involved visits to three foster families, where foster carers were interviewed, practice was observed and six children were spoken with.

What the service does well:

Children's health needs are identified and addressed through the careful and regular monitoring of their health and the commitment of foster carers to ensure appointments are kept and children's health is promoted. Systems and procedures are in place to promote children's safety and to respond to concerns or allegations quickly and appropriately and 45% of carers who participated in the inspection said they receive good advice from the fostering service.

An increasing number of children looked after by the fostering service are reaching their academic potential and achieving GCSEs. Many children recognise the importance of a good education and value the support they receive from the service.

75% of Looked After Children have lived in the same foster family for more than 2.5 years.

What has improved since the last inspection?

With the exception of requirement 1 in this report, all requirements made following the last inspection have been addressed. Seven of the eight recommendations made following the last inspection have been addressed and most of them are now implemented.

There has been an increase in the number of children looked after by the fostering service who have achieved GCSEs and other qualifications. More children are having annual health assessments so that their health needs can be identified, reviewed and addressed routinely.

Foster carer review documentation contains evidence that health and safety matters have been addressed annually.

What they could do better:

Only 1 foster carer out of 21 gave "because Warrington provides a good fostering service" as their reason for fostering with Warrington. 35% said it was because it was a local service and other comments centred around wanting to help children.

33% of carers would like to see an improvement in communication between the fostering service, the placing social workers and themselves.

75 % of carers would like better support from the service.

81 out of 110 families have not participated in any training during the last twelve months and only 15% of carers surveyed said they valued the training provided.

The fostering service should review the level and quality of support provided to foster carers and should ensure that each family receives the support required to meet the needs and challenges of the children they are looking after. This should be identified within the Foster care Agreement and should be reviewed at the start of each new placement and periodically thereafter.

The fostering service should consider how they can ensure that more carers engage in training and improve their knowledge and skills relating to the care of Looked After Children.

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

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

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Being Healthy

Staying Safe

Enjoying and Achieving

Making a Positive Contribution

Achieving Economic Wellbeing

Management

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Being Healthy

The intended outcome for this Standard is:

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

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

JUDGEMENT – we looked at the outcome for Standard:

12

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

Children's health needs are identified and addressed through the careful and regular monitoring of their health and the commitment of foster carers to ensure appointments are kept and children's health is promoted.

EVIDENCE:

78% of the sample carers said they are supported to help children lead healthy lives and 60% said this support is good or excellent.

66% of the sample children said they always or sometimes get support to help them lead healthy lives.

One social worker commented: *The Process for health reviews and assessments is excellent and thorough. All foster carers encourage healthy lifestyles and there is a great emphasis on health and activity.*

The Looked After Children nurse arranges comprehensive initial health assessments with the paediatric consultant within 4 weeks of a child being looked after and this includes obtaining the family's medical history, the child's immunisation history and parental consent to medication. A health plan is drawn up following this assessment and is forwarded to the child's social worker for inclusion in the care plan. Foster carers have a copy of the health plan for each child they look after. This may be basic details until the health assessment is completed. Where parental consent to medication cannot be obtained, this is provided by the WBC principal officer for children's services.

Annual health checks are carried out for children over five and 6-monthly checks are carried out on the under fives in foster care. In addition, the health visitor visits all pre-school looked after children on a monthly basis. At

01/04/06, 95% of children in foster care had received an annual health check during the preceding twelve months- that was all but two children.

Through these regular health checks, any health issues are soon identified and addressed, leading to improved health for children in foster care.

The Looked After Children nurse has provided sexual health and drugs awareness training for foster carers; however this training is not mandatory and the take-up of training amongst foster carers is generally low. Children have access to sexual health, drug awareness and misuse services and smoking cessation programmes within Warrington where the need is identified.

Children included in the case tracking exercise are registered with and attend the G.P., dentist, optician, speech therapist and other health professionals in accordance with their identified needs.

The fostering service has found that children's access to the Child and Adolescent Mental Health Service (CAMHS) in Warrington has proved difficult, due to the long waiting list. 25 children receive a therapeutic service from the WBC therapeutic social work team and 2 children have received an emergency mental health assessment in the last 12 months. A two-tier CAMHS service is being established to improve children's access to mental health and emotional wellbeing services. One child commented she had been waiting for 12 months to do life story work. The service manager is aware of these shortfalls and has arranged for a number of support workers to attend training by BAAF (British Agency for Adoption and Fostering) in supporting children through life story work.

Foster carers are aware of their duty to promote children's health and there were many examples of good health care being given to children and close liaison with doctors and other specialists to ensure the best outcomes for children's health and development. Several foster carers reported improved health, growth and development of children in their care. Foster carers are aware of the need for healthy eating and several children commented on how this is achieved. Supervising social workers check whether foster carers are meeting children's health needs as part of the annual review process. They may wish to consider formally discussing the child's health at the regular supervision meeting with foster carers.

Although foster carers are encouraged to keep medical and other records relating to a child's progress, some are not doing this. The fostering service, in conjunction with its health advisors is currently drawing up new guidance for foster carers around the administration of medication.

Children are encouraged to participate in physical activity and this is discussed in foster carer review as well as the child's own review. All Looked After Children in foster care receive a free leisure centre pass. Some social workers

commented that foster carers vary in their commitment to helping children to participate in physical and other activities. Supervising social workers should consider discussing how foster carers are meeting children's health needs as a regular agenda item during their supervision visits.

Staying Safe

The intended outcomes for these Standards are:

- Any persons carrying on or managing the service are suitable. (NMS 3)
- The fostering service provides suitable foster carers.(NMS 6)
- The service matches children to carers appropriately.(NMS 8)
- The fostering service protects each child or young person from abuse and neglect.(NMS 9)
- The people who work in or for the fostering service are suitable to work with children and young people.(NMS 15)
- Fostering panels are organised efficiently and effectively.(NMS 30)

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

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

3,6,8,9,15,30

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

Children are kept safe by the good systems in place; however, their safety could be compromised by insufficient support to and supervision of carers.

EVIDENCE:

Pre-approval training of foster carers includes health and safety issues, child protection and safe care. These are picked up again during induction training although not all foster carers have done induction training before starting to foster or within the first few months of fostering. One foster carer did not receive an induction pack until almost six months after starting to foster. Not all foster carers do not have written safe care policies in place but all supervising social workers plan to introduce these with foster carers this year.

A health and safety check is carried out prior to approval and annually thereafter. From those sampled, there was evidence that identified hazards had not been addressed prior to the placement of two young children and had not been followed up by the supervising social worker several months later.

There was evidence of a new foster carer using inappropriate sanctions. The supervising social worker had not been aware of this and had only visited three times even though two children had been in placement for six months. A regular respite placement had been provided for one of the children but this had not prompted additional visits from the supervising social worker. It was evident that the foster carers were finding the children's behaviour challenging and at the time of the site visit, this placement was close to breaking down. Closer supervision, support and guidance to new carers might prevent this situation from happening again. The service should consider determining the level of support and supervision needed at the start of the placement and including this in the foster placement agreement, with built in regular reviews.

More than 75% of children have been in the same foster or pre-adoptive placement for over 2.5 years. The performance indicators show that 12 looked after children have been in more than 3 placements since 01/04./06 . Social workers commented that the fostering service work hard to maintain stability of placements. However, a number of other foster carers said they would appreciate more support and more visits from their supervising social workers to help avoid placement crises. The team manager would like to see further recruitment of younger carers who can be trained and supported to care for adolescents as these are the children most likely to suffer placement breakdowns.

Most social workers who participated in the inspection commented that there is no choice of placement but that children's needs are taken into account when matching a family to a child. There was evidence of matching even with limited information, taking into account children's contact arrangements, health, education, linguistic, cultural and other diverse needs. However, the skills needed by the carer to meet the child's emotional or psychological needs were not identified and there was no indication of the carer's knowledge, experience or training that might be relevant to meeting the child's needs. Wherever possible, children have introductory visits to their new carers and the therapeutic social work team may be involved in supporting carers and children through a change of placement to ensure the best outcomes for the children.

There is a matching policy for long-term placements and these are taken to panel for approval. Any needs arising from the child's ethnicity, culture, sexuality or disability are taken into consideration and there was evidence of these matters being carefully addressed. Written foster placement agreements identify children's needs and how these are to be met within the placement.

A new Missing from Care policy addressing the safety needs of children who are genuinely missing from home has been introduced in conjunction with Cheshire police and this is now being rolled out to foster carers.

There have been two allegations against carers, both of which have been appropriately referred to the safeguarding team and have resulted in action

taken to protect the children. There was evidence of good practice regarding the provision of support and legal advice to foster carers whom the service intends to deregister.

Two children said they were being bullied in school and one had taken action with the support of the foster carer. The fostering service made arrangements to investigate the second child's allegation of bullying as soon as it came to their attention. During the last 12 months, 14 complaints have been made and investigated and action has been taken in 10 of them. One foster carer highlighted a complaint made about a support worker and there was evidence that this had been appropriately addressed.

Foster carers receive basic pre-approval training in child protection matters and further training is available but not mandatory. The service records show that many foster carers have not attended this training. One social worker commented that it would be useful for this and other important training events to be mandatory for all foster carers and the service should consider this. In describing his foster placement a young person, *"It's safe here. Nobody shouts. You get well treated"*. Other children also reported feeling safe in their foster families.

Effective and safe staff recruitment practices are in place and relevant information is recorded on staff personnel files. One agency worker is currently assigned to the team and confirmed that she had been asked to provide all pertinent details to ensure children's safety is not compromised. She has not been provided with any form of identity to show that she is temporarily working for WBC.

The fostering panel is effectively organised and managed and all panel members undergo a thorough recruitment and selection process and attend specific training days once or twice a year. The inspector observed a panel meeting and noted that all panel members contributed effectively and matters were appropriately discussed. The agency decision maker currently acts as panel chair. He is aware that this is not best practice and stated his intention to step down as panel chair. The independent reviewing officer has agreed to take over as chair in the immediate future as soon as she has completed panel training including two months observations of the current panel. More formalised procedures have been devised to ensure the quality assurance function of the panel continues and matters raised are fed back to the agency decision maker who is also the service manager.

Prior to and during each panel, members complete feedback forms with their comments about items for discussion. These are monitored by the panel advisor and used as a tool to aid appraisal of the panel member's contributions.

First foster carer reviews are taken to panel. From the panel papers inspected, it was evident that reviews do not always take place within the timescale and one was 6 months overdue. Reviews highlight dates of all statutory and personal checks on the foster carers and any matters arising since then. The date and contents of the annual health and safety checks on the foster carers home is also recorded. Consideration is given to any allegations or complaints made against the carer since the last review.

The Looked After Children nurse is on the fostering panel and works closely with the consultant paediatrician in assessing the health reports for foster carers, provided by their G.P.s. As she is familiar with the health needs of looked after children, she has a good insight into the needs of the children being matched to long term or alternative carers.

Enjoying and Achieving

The intended outcomes for these Standards are:

- The fostering service values diversity.(NMS 7)
- The fostering service promotes educational achievement.(NMS 13)
- When foster care is provided as a short-term break for a child, the arrangements recognise that the parents remain the main carers for the child.(NMS 31)

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

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

7,13,31

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

An increasing number of children looked after by the fostering service are reaching their academic potential and achieving GCSEs. Many children recognise the importance of a good education and value the support they receive from the service.

EVIDENCE:

60% of sampled carers rated the fostering service as good or excellent at meeting children's diverse needs, with a further 30% rating the service as adequate. Social workers' comments include: "*Workers match children with placements to meet their cultural needs and work with foster carers so their heritage and identity is promoted and developed within placement*"

There is evidence of children being placed with independent fostering agencies or with carers from neighbouring authorities where the local authority do not have carers to meet the child's ethnic, cultural or disability needs. Various recruitment strategies are in place including a Black Awareness Event aimed at increasing the number of black and ethnic minority carers in the area. The service manager is aware that this is an area for development within the service.

Equality and diversity issues are discussed with foster carers in the pre-approval training and further training is available to foster carers although not many have attended.

There was evidence that the fostering service recognises children's diverse needs and provides support through the therapeutic team where necessary. For example, a child with identity problems has been given support to increase her self-worth and to understand and accept her background and life events. There was evidence of a child with disabilities receiving specialist support to address his needs and making progress beyond all expectations as a result of this and the good quality care provided in the foster home.

The number of Looked After Children achieving GCSEs is well above the national average. GCSE results for looked after children have improved this year: 14 Looked After Children entered GCSE examinations in 2006. Of these, 100% achieved at least 1 GCSE grade A*-G and 35% achieved at least 1 grade A*-C, with 4 children achieving 5 or more grade A*-C GCSE's.

The children's directorate monitors the educational performance and achievement of Looked After Children compared to all Warrington children. This has highlighted the fact that Looked After Children who are already underachieving in junior school go on to underachieve at GCSE level and plans are in place to address this through providing extra help to those key stage 1 and 2 children in foster care who are assessed by their class teacher as falling behind. Personal Education Plans are held on file, identifying children's individual education needs.

A Principal officer promotes the education of Looked After Children, working closely with the fostering service to identify those children who may need special help and to ensure this is delivered.

Transport is provided where necessary to enable children to stay at their own school. A 7-seater people carrier is available for loan to foster carers for outings, transporting children to and from school or contact. A Welfare call service has been established to monitor school attendance for Looked After Children every day. There are currently no children looked after by the fostering service excluded for school.

90% of foster carers sampled said children receive adequate or good support with their education from the fostering service; however 20% gave examples of poor practice. One carer gave the example of a child who had been absent from school for 19 weeks due to ill health and during this time no tuition had been provided by the school or the children's services directorate.

80% of children sampled said they receive the help they need with their education. one child explained "when I was naughty in school, they helped me be good." This was a reference to the additional support put in to help him in school by the support team.

Four out of seven social workers saw no role for the fostering service in supporting the educational needs of the children and saw this as their own

role. Foster carers highlighted lack of communication between social workers and supervising social workers as an area of concern and this was evident in the responses social workers gave to the questionnaires: it was clear that their knowledge of the work of the fostering service is very limited.

The fostering service has begun to establish links with the new children's centres to promote attendance at out of school activities for children in foster care, thus encouraging them to take an active part in their community and to mix with peers. Foster carers are provided with additional funding specifically to allow children to follow their particular interests through clubs, tuition and social events.

An Annual Awards ceremony is held where the special achievements of Looked After Children are recognised and there was evidence of children taking great pride in their achievements. Awards also extend to the birth children of foster carers children and to Looked After Children living in WBC's children's homes. Regular football tournaments for Looked After Children are also enthusiastically attended by some children.

There is a short break service provided to families of children with disabilities. Each child is linked to particular carers. There was an example of a disabled child in a pre-adoptive foster placement receiving this service and both sets of carers working well together to support the child. The main carers clearly value the support they receive from the respite carer. The inspector saw evidence of a parent and carer working closely together to ensure the child was happy, settled and well cared for. All relevant background and health information had been provided to the short break carer, including training in the meeting child's particular health needs.

Respite carers are also used to provide support to maintain a placement where the children have complex needs and the main carers need a regular break.

Making a Positive Contribution

The intended outcomes for these Standards are:

- The fostering service promotes contact arrangements for the child or young person. (NMS 10)
- The fostering service promotes consultation.(NMS 11)

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

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

10,11

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

Children’s emotional wellbeing and sense of identity is nurtured through a clear emphasis on maintaining contact with their birth families wherever this is in their interests. Children have the opportunity to contribute to their own plans but would benefit from having a greater input into influencing the further development of the fostering service.

EVIDENCE:

75% of children sampled said their carers always listen to them and take notice of their opinions. 29% said their social workers always listen to them and a further 66% said they are usually or sometimes listened to. Children’s files contain child friendly completed questionnaires that show that children have taken the opportunity to contribute to their Looked After Children reviews.

65% of sampled foster carers said that consultation with children about their lives is good or excellent and the remainder thought it was adequate.

Consultation about the fostering service is less good and survey results reflected this with 25% of carers rating the service as poor in terms of consulting children about the fostering service. Six out of eight social workers did not know how the children were consulted about their day-to-day care or the fostering service as a whole.

There are currently no forums for children to meet to discuss the service and few opportunities for them to comment on the service, other than at the foster carer's review. Plans are in place to reintroduce a consultation group for Looked After Children over the age of 15 now that staffing levels have improved. Supervising social workers were enthusiastic about their plans to develop a support group for the children of foster carers.

24 children completed questionnaires and of these 95% knew they could tell someone if they were unhappy but 24% were not sure who this would be. There was evidence of good use of the support workers to provide additional support for children where there were concerns about the placement, enabling a child to disclose her feelings to a trusted adult. 44% of children sampled said they did not know how to make a complaint.

Two foster carers expressed dissatisfaction with the way they felt they were excluded from decision-making and their views were discounted regarding disabled children they were caring for.

Over 90% of carers sampled rated arrangements for contact with families and friends as adequate or good. Clear contact arrangements are held on file and known to carers. Children confirmed that they can see their families in accordance with their wishes. There was evidence of some very good practice where foster carers have supported contact with birth family over long distances for a prolonged period of time and this has contributed to the stability of the placement and the child's emotional wellbeing. The service has supported this financially. A 7-seater car, insured by the fostering service is available for foster carers to borrow to facilitate contact with family groups. Children in kinship placements are encouraged and enabled to maintain frequent contact with birth parents wherever possible. Support workers at a children's centre sometimes supervise this. Two foster carers said that supervised contact was not as frequent as it could be because of the restrictions of the service including the unavailability of supervising support workers or a suitable room at the children's centre.

Two birth parents contributed to the inspection and both felt that the service was poor at keeping them informed about their children's education and other important issues. They also said that whilst they were invited to Looked After Children reviews, their views and wishes were not given proper consideration by the local authority, even though they share parental responsibility. Some foster carers also felt this way: one foster carer of a disabled child commented, "Our opinions were completely ignored and dismissed. We were kept out of decisions re what school to go to and were not invited to see the school before the choice was made." Many foster carers highlighted a three-way lack of communication between the placing social workers, the supervising social workers and themselves as a problem.

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):

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

Children are able to participate in social events and activities aimed at promoting their development and nurturing their skills because the fostering allowances provide sufficient funding. They are able to move into adulthood from a supportive family base where they can expect to stay until they are 18 or beyond.

EVIDENCE:

Foster carers are paid an allowance above the recommended national minimum allowance. This includes an element specifically for children's activities aimed at promoting their health and social development and nurturing their talents. Not all carers provide these activities, finding it difficult to persuade children to participate in some instances. Some carers said that little information is provided by the fostering service about activities and groups available in the area and they would appreciate more support from supervising social workers in accessing appropriate activities for children.

The foster carer's allowance is reviewed annually. Allowances are paid fortnightly and where a foster carer begins to look after a child before the next payment date, an emergency payment is made. Enhanced payments are made in line with the special needs of certain children. These could be needs arising from health, behaviour or disability. Eight specialist foster families who look after children who have spent at least one year in residential care receive an additional payment in recognition of the complexity and challenges of their task. They are expected to ensure that one carer is available at all times and does not work outside the home.

Foster carers are issued with an expenses claim form in their induction pack and there was evidence that payments are met within reasonable timescales.

Some staff team members would like to see the introduction of payments to foster carers and consider that this would enable a more professional relationship between foster carers and the service. They also suggested that mandatory training could be introduced where carers are receiving payments and this would provide a higher calibre of carers with a greater understanding of Looked After Children's needs.

Pathway plans are in place for all children over 16 and for more than 80% of children over 15. A specialist leaving care social work team has been set up by the local authority to focus on the needs of the older children. The team works closely with the fostering service.

80% of the sample children said they always feel well cared for in their current placements. The remainder said they are usually or sometimes well cared for. The fostering service is committed to providing homes for children beyond their 18th birthdays and they remain with their foster carers unless they particularly want to leave. Currently, fifteen of the sixteen children over the age of sixteen have chosen to remain with their foster carers. A number of foster carers have been re-approved as adult placement carers to enable placements to continue.

The service works closely with Connexions to ensure that young people leaving school get help to engage in further education or employment. Those who wish to move on to independence more quickly are helped to prepare for independent living by spending some time in a designated supervised practice flat where they learn to look after themselves with minimum supervision. The young person involved in the case tracking confirmed that he is happy in his placement and wishes to remain there for the foreseeable future. The foster carers are committed to the young person and are supporting him to attend college and to grow up in his own time. They are encouraging him to save and to plan for the future.

Management

The intended outcomes for these Standards are:

- There is a clear statement of the aims and objectives of the fostering service and the fostering service ensures that they meet those aims and objectives.(NMS 1)
- The fostering service is managed by those with the appropriate skills and experience. (NMS 2)
- The fostering service is monitored and controlled as specified. (NMS 4)
- The fostering service is managed effectively and efficiently.(NMS 5)
- Staff are organised and managed effectively.(NMS 16)
- The fostering service has an adequate number of sufficiently experienced and qualified staff.(NMS 17)
- The fostering service is a fair and competent employer.(NMS 18)
- There is a good quality training programme. (NMS 19)
- All staff are properly accountable and supported.(NMS 20)
- The fostering service has a clear strategy for working with and supporting carers.(NMS 21)
- Foster carers are provided with supervision and support.(NMS 22)
- Foster carers are appropriately trained.(NMS 23)
- Case records for children are comprehensive.(NMS 24)
- The administrative records are maintained as required.(NMS 25)
- The premises used as offices by the fostering service are suitable for the purpose.(NMS 26)
- The fostering service is financially viable. (NMS 27)
- The fostering service has robust financial processes. (NMS 28)
- Local Authority fostering services recognise the contribution made by family and friends as carers.(NMS 32)

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

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

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

There are good management systems in place providing a firm basis for children to experience overall positive outcomes.

EVIDENCE:

The fostering service is led by a qualified, experienced and knowledgeable team manager who has responsibility for the social care of Looked After Children in Warrington. This includes the commissioning of foster and residential placements from other local authorities and the private sector where necessary. Clear procedures and arrangements are in place to ensure that children placed out of authority receive good quality care and that wherever possible, children do not live more than 20 miles from Warrington.

A new fostering service manager has been appointed and is responsible for the day to day running and management of the service. She is appropriately qualified and experienced and effective arrangements are in place to support her in taking over her new responsibilities.

Good quality assurance procedures are in place for the monitoring of the service and there was evidence of shortfalls being identified and improvements being made.

There are clear lines of accountability within the service that are known to staff. Supervising social workers said they receive regular 1:1 supervision and attend regular team meetings. They feel they receive a good level of effective support and management.

High levels of staff sickness and long-term absences throughout have had an impact on the team. An agency member of staff has been taken on temporarily and the inspector was informed two staff returned from long term sickness just after the inspection with a further two due to return in the near future. The levels of sickness could have impeded the delivery of the service and although one agency staff member provided some additional resources future consideration should be given to ensuring adequate staff numbers are in place to ensure the standard of service delivery is not compromised. Of 19 carers asked about how the service has changed in the last 12 months 10 said there has been no change, 4 said the service had got better and 5 felt the service had got worse. Of 21 carers surveyed 2 said the support provided is excellent, 12 said it is good, 6 adequate and 1 said the support provided is poor.

There is a rolling programme of staff training and all staff are encouraged to attend some training in accordance with their own professional development needs, which are identified during 1:1 supervision and annual appraisal sessions. These training events are also open to foster carers. The staff training record shows that most members of the team have attended some training this year, including: understanding attachment, supervising foster carers, kinship assessments, communicating with children with communication disabilities, sensory awareness, the ethics of touch and working with sex offenders.

Training is available to foster carers but is not mandatory and some choose not to access it. Supervising social workers encourage foster carers to take up training opportunities, especially around children's identified needs and at the annual foster carer review any training needs are identified. Training for carers is provided during office hours, rarely during the evenings. Some carers are unable to attend daytime sessions because of work, childcare and other commitments. The training record shows that at least one carer from 34 foster families have attended some form of training during 2006. The inspector was informed that a further five family units also attended. This means that over 70 foster families did not attend any form of training in the past 12 months. One social worker highlighted this as an impediment to providing good quality care to all children and suggested that some core training should be made mandatory.

There have been a high number of changes in procedures during the past 12 months, resulting from the amalgamation of the education and social services for children into the children's directorate. In addition, the fostering and adoption panel has split into two separate panels. There is a fostering service manager and an adoption service manager, however individual social workers continue to carry out the full range of adoption and fostering work at the present time. The fostering service manager recognised that this arrangement might not be in the best interests of children and that it may be better to separate the adoption family finding work from the supervision of foster placements.

It was clear from their responses to a variety of questions that most placing social workers have a poor understanding of the role of the supervising social workers. Foster carers highlighted the lack of communication between placing social workers and supervising social workers as an area needing improvement. Since the last CSCI inspection, the role of the supervising social worker has been clarified within the team. It is now important that other professionals and foster carers have a clear understanding of what these roles and responsibilities are.

The following quotes are from 19 of the 21 foster carer questionnaires returned as part of this inspection. Of the remaining two, one felt that as a new carer she were not qualified to comment, and the other was a kinship carer who said the service was excellent and nothing could be better. The quotes are made in response to the question: What could the fostering service do better?

- Have enough supervising social workers;
- Give us a fostering officer that will visit and be there if we have any problems;
- Ring you back when you ring them and leave a message **x5**

- Be more readily available
- Give more support and more frequent visits **x2**
- Contact us more
- Keep promises
- Communicate with us and with social workers better **X7**

Supervising social workers aim to visit carers once every six weeks and to carry out supervision visits and support visits alternately. A pro-forma is available for the recording of the supervision visit to ensure all pertinent topics are covered, however, there was evidence that this is not always used or not fully completed. There was also evidence that visits are not taking place every six weeks in some cases. For example, a new foster family received a visit within a week of the first placement followed by one visit a month later and another three months after that.

The same carers did not receive an induction pack until they had been fostering for almost five months. They said the supervising social worker had delivered the pack but had not gone through the contents with them and they had not looked at it. They had received some written information about attachment and child development from the therapeutic support team but said they had not read it. They were finding the children's behaviour very challenging and the fostering service had responded to this by arranging respite care for one child. The placing social worker had contacted the fostering service and asked for a visit to be made after the foster carer had said she needed more support. Given that this new carer was looking after two children, the level of support and supervision provided by the fostering service should have been better. This placement was terminated soon after the inspection site visit when it became evident that the children's wellbeing was being compromised.

The fostering service should consider agreeing the level of supervision and support needed at the start of each placement based on the needs of the children and the experience of the carers. Regular review of these arrangements would enable the foster carers to ask for more or less support in accordance with the challenges they face. This recommendation was also made at the time of the last inspection. Children would benefit from being looked after by carers who were themselves supported to understand and manage children's complex behaviours and emotions.

Foster carers are provided with a lockable metal box for safe storage of confidential information; however, one foster carer did not receive it for 4 months; she also did not receive a diary, induction pack or recording sheets until 4 months after the placement began and said she had not recorded anything about the children. Until this point she had not had access to procedural guidance such as what to do if a child goes missing from home.

Several foster carers were not recording information about children in accordance with the fostering service's own guidelines.

The quality of the information provided to foster carers before or at the point of placement varies, with 10% of the sample saying they received excellent information and 25 % saying the standard of information was poor or non-existent. It is difficult for carers to ensure they are meeting the child's needs without this information and children's safety and wellbeing could be put at risk as a result. One carer said she had to wait "months" before relevant and important information was provided. Another said she knew that social workers did their best and appreciated they were busy and therefore understood that they did not always have the time to provide the necessary information.

Specialist foster carers have been approved to take children with complex needs coming from the residential children's centre. These carers receive payment in recognition of the difficult task they face. They spoke positively about the support they had received from staff at the children's centre and clearly there has been good liaison between the fostering and residential services.

The fostering service values the contribution of families and friends to the care of children and seeks to place children with them wherever possible. Approximately 35% of foster carers are family and friends. They are assessed and matched to the particular child and receive support and training from the service in the same way as other carers. The assessment process and report has been further developed in the last 12 months to provide a comprehensive and useful tool. Family and friends carers are invited to attend all events organised by the fostering service and many do.

The local authority is in the process of transferring from a paper to an electronic records system and all staff are undergoing training in electronic records management. Confidentiality is a high priority and safe systems have been built in. There are clear benefits to be seen from storing records electronically, not least of which is the access that the out of hours team will have to foster carer vacancies and this will enable better matching of children to carers in an emergency situation.

The fostering service operates from a disused school alongside a number of other social work team for children. The premises are a little cramped and rooms for small meetings and private consultations are very limited. There is no public access so foster carers cannot visit, except for formal meetings. The inspector was informed there are future plans of utilising additional space in the adjoining building to accommodate related professionals in order to develop a multi-agency approach to fostering and Looked After Children service.

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	2
8	3
9	2
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	2

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	3
4	3
5	3
16	3
17	2
18	3
19	3
20	3
21	3
22	2
23	2
24	2
25	3
26	3
27	3
28	3
32	3

Yes:1

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.	FS10	17(3)	The manager must ensure that foster carers are given copies of written information relating to the legal status and contact arrangements of children placed with them. This requirement is outstanding from the last inspection report.	30/07/07
2.	FS22	17 (1)	The fostering service must provide foster parents with such training, advice, information and support as is necessary in the interests of children placed with them.	30/07/07
3.	FS21	29 (2)	Foster carer reviews must take place at least every 12 months.	30/07/07

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1.	FS23	The manager should ensure that each foster carer record

		contains a list of all the training they have undertaken.
2.	FS8	Foster placement agreements should show more details of the matching criteria for individual children and carers. For example, consideration should be given to the foster carers' ability to meet the emotional, psychological and behaviour management needs of the child based on their experience, training, knowledge and known skills.
3	FS6	The fostering service should quickly and effectively implements its plans to ensure that all Foster carers have written safe care policies in place that are updated whenever a new child joins the foster family.
4	FS12	Supervising social workers should consider how foster carers are meeting children's health needs as a regular agenda item during their supervision visits. This should include children's participation in physical activity and the recording of any illnesses or health appointments.
5	FS22	The service should consider determining the level of support and supervision needed at the start of a placement and should include agreed details as an addendum to the foster care agreement, with built in regular reviews.
6	FS9	The service should consider making attendance at child protection and other core training mandatory for all foster carers.
7	FS23	Foster carers should receive induction training before starting to foster or within the first 10 weeks of fostering. They should receive a handbook and induction pack before they start fostering and the importance of familiarising themselves with the contents should be stressed to them.
8	FS11	The fostering service should ensure that all children know how to make a complaint.
9	FS16	The fostering service should ensure that placing social workers understand the role and responsibilities of the fostering service in relation to ensuring positive outcomes for children in foster care.
10	FS11	Consultation with children about the fostering service should be improved.
11	FS23	The fostering service should review the arrangements for foster carer training with a view to increasing attendance.
12	FS24	Foster carers should be provided with a lockable metal box for safe storage of confidential information before the first child is placed with them. They should receive a diary, and recording sheets at the same time and should be reminded of the importance of keeping accurate records of significant and memorable events at the start of a new placement.
13	FS6	Where the Health and safety check identifies particular hazards, these should be followed up by the supervising

		social worker during supervision visits.
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