

# inspection report

# FOSTERING SERVICE

**Bournemouth Family Placement Team** 

North Bournemouth Local Office 27 Slades Farm Road Ensbury Park Bournemouth BH10 4ES

Lead Inspector
Sophie Barton

Announced Inspection 31st July 2006 10:00

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

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

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

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

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

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

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

# **SERVICE INFORMATION**

Name of service Bournemouth Family Placement Team

**Address** North Bournemouth Local Office

27 Slades Farm Road

Ensbury Park Bournemouth BH10 4ES

**Telephone number** 01202 458700

**Fax number** 01202 456719

**Email address** 

**Provider Web address** 

Name of registered provider(s)/company (if applicable)

Bournemouth Borough Council

Name of registered manager (if applicable)

Christine Shepherd

**Type of registration** Local Auth Fostering Service

## SERVICE INFORMATION

#### **Conditions of registration:**

**Date of last inspection** 16<sup>th</sup> January 2006

#### **Brief Description of the Service:**

Bournemouth Borough Council's Fostering and Placements Team is managed within the Borough's Childcare and Family Support Services structure. A Children's Services Manager and a Team Manager are responsible for the management of the fostering team. The team have responsibility for the recruitment, assessment, training and support to all of the borough's foster carers and the shared care scheme which provides short breaks for children with a disability.

The service has a Statement of Purpose which states:

The placement service aims to meet a diverse range of need by providing: Regular short break care to support families and prevent family breakdown e.g. when a child or parent has a disability or long-term illness; Short-term foster care to support families through crises or in an emergency to protect a child from harm;

Permanent substitute family care by way of long term foster care, for children who cannot return to their birth family.

At the time of the inspection the fostering service had eighty-four approved foster carers and thirteen carers are salaried, long-term or provide shared care for children with disabilities. Carers are assessed as Level 1, 2 or 3 carers with level 3 being carers with specific skills and qualifications in managing remand placements or for children who present significant challenges. The fee paid for Level 1 carers is £60.00 per child per week, rising to £170.00 per child per week for level 3 carers. Carers are further paid a fostering allowance ranging from £119.29 to £207.65 depending on the age of the child.

Eighty-three children were placed with foster carers for short or long-term placements as of 31<sup>st</sup> March 2006. Thirty children were placed with independent agencies and approximately sixteen children receive shared care. Bournemouth Family Placement Team has its own fostering panel which is responsible for recommending the approval of all carers and any changes to their approval status.

Linked to the family placement team are a clinical psychologist, nurses, teachers and an educational psychologist. The team consists of a senior

Bournemouth Family Placement Team	DS0000042327.V307566 R01 S doc	Version 5.2	Page 6
·	·		
practitioner, seven qualified socia worker and a recruitment and pla	al workers (two part time), a acement development worke	family supp r.	ort

## **SUMMARY**

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

This summary is written for the children and young people who are looked after by Bournemouth Borough Council.

The manager of the fostering team was sent a letter in June 2006 telling her that we would be starting the inspection on the  $31^{\text{st}}$  July 2006. Two inspectors did the inspection over four days. The inspectors were made very welcome by all those at the fostering team, including foster carers and young people.

The inspectors visited four foster homes and met four young people and two babies. Other people interviewed included:

- The foster carers social workers
- The manager of the fostering team
- A teacher for 'looked after children'
- A reviewing officer (a person who isn't your social worker, who makes sure that the plan for your care is checked regularly).
- The person who runs the 'fostering panel', which is a group of people that decides if carers are good enough.
- A nurse for looked after children

The inspectors also looked through lots of paperwork, including information on foster carers and records of when people had made complaints against foster carers.

The inspector sent questionnaires to young people who are fostered by Bournemouth and to Bournemouth foster carers before the inspection. Eleven have been returned to the inspector from foster carers and six from young people.

#### What the service does well:

These are some of the good things that the inspector saw and the young people and staff told her about.

- Many people told the inspector about the advocacy service available for children. The young people's questionnaires stated that they are listened to by their carers and social workers. A child stated that his foster carers "look after me, and they always care".
- Foster carers and nurses also help the young people with any health problems they have. This has included visits to doctors and making sure children and young people eat healthy foods. There is a clinical psychologist within the team who works with foster carers. This person helps foster carers understand the problems some young people are having which should make it better for the children living with these foster carers.

- Bournemouth Borough Council has teachers who work just with 'looked after children'. These teachers contact schools regularly to find out how the young people are doing at school. If there are problems the teachers and fostering social workers talk to the foster carers about ways they could help the children with school work.
- Foster carers have received training in child protection (learning skills in how to support children who have been abused or harmed). They have also received training in treating people fairly and equally.
- The fostering social workers visit the carers very regularly to make sure that they are caring for the fostered young person. The foster carers are very positive about the support they get from the Fostering team and made comments like: "we have an excellent social worker", "always being there with help and support".
- Many very positive comments were received about Bournemouth foster carers. A child's social worker said that a foster carer she works with is "brilliant, the carer is there for the child on every level". The foster carers the inspectors met were very friendly and cared about the young people very much.

## What has improved since the last inspection?

The service has made many improvements over a very short space of time. Of most importance is that there are more staff in the team so they are now able to start getting more foster carers.

Other areas of improvement have been:

- Complaints made against foster carers are better recorded. The manager can now check that they are being looked into properly and that children are kept safe.
- The fostering panel, which is a group of people that check that the foster carers are suitable to look after children, is now better organised with more experienced people.
- The fostering team has a worker who is responsible for finding accommodation for young people leaving their foster homes when they are over 16.
- The fostering team are now helping foster carers write down some rules and guidelines on how they will make sure children are safe. For example whether children can go into other people's bedrooms, or how anything dangerous in the house is kept out of the way of young children.

## What they could do better:

Although the fostering service has made many improvements it still needs to do better in a number of areas. Three of these areas can affect how well the children are being looked after and therefore the manager must make sure she deals with these.

- 1) children and young people must only live with foster carers that are best suited to them, and not just go and live with carers because they have a spare bed. Children should not move from one carer to another too many times.
- 2) Foster carers must have a 'review' each year. A review involves social workers, young people and other professionals making comments about whether the foster carer is good at looking after the children, and whether they need any extra help. This will make sure that foster carers get the help they need and to check that children are safe living with them.
- 3) Foster carers must have information about the health of children before the child moves in with them. A parent or social worker must also sign a letter to say that the foster carers can arrange emergency medical treatment. This is so that children can have quick medical care if they need it.

For the service to be "good" and to give children the best possible chances to succeed they should do the following:

- Fostering workers and foster carers should have training on safe caring.
   They need more skills in knowing how to keep children safe within the home.
- There should be more opportunity for children and young people to be able to have some out-of-school lessons, play sport or have a hobby which social services help pay for.
- The way that foster families are checked to see if they will become good carers needs to be a bit more detailed, and for staff doing the checks to receive more training and advice.
- The fostering team should get better at speaking to children about how they feel about their foster carers and about children's views on what carers they would like to live with.
- Finally the manager needs to make sure that she speaks openly with the fostering workers. The fostering workers wanted to be included more in decisions, so that they could give carers the right advice about how to care for children.

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

inspection.

The report of this inspection is available from <a href="mailto:enquiries@csci.gsi.gov.uk">enquiries@csci.gsi.gov.uk</a> or by contacting your local CSCI office.

## **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Being Healthy

Staying Safe

Enjoying and Achieving

Making a Positive Contribution

Achieving Economic Wellbeing

Management

Scoring of 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 at least once during a 12 month period.

#### JUDGEMENT - we looked at the outcome for Standard:

#### 12

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

The service is very good at promoting the health of children, liaising with a range of health professionals to ensure health needs are recognised and met promptly.

#### **EVIDENCE:**

The Commission sent questionnaires to foster carers, young people and placing social workers. A set question on all these questionnaires relates to how the fostering service promotes the children to be healthy and have healthy lifestyles. Out of the eleven replies from foster carers, two rated the service as "excellent" in promoting children's health, seven rated it as "good", one as "adequate" and one did not answer this question. From the six replies from young people, five stated that they "always" get support and advice about being healthy and one said "sometimes".

The inspectors met with a range of professionals during the inspection, including a clinical psychologist and a designated nurse for 'looked after children' who both work alongside the Family Placement Team. These interviews highlighted that there is close liaison between the fostering workers (supervising social workers), the management of the service and with the health professionals. Systems are set up to ensure that children receive initial and annual health checks (97% of children having annual health assessments), and have individual health plans that are reviewed regularly. The nurses have bi-monthly sessions with the clinical psychologist to update and discuss any particular concerns regarding the emotional and psychological well being of children. GPs and Health Visitors are contacted for their input into the health

plans for children. Health Plans were seen on the majority of children's files that were examined.

The health workers are informed of any disruption meetings, and the fostering team and other professionals reported that there have been good outcomes for children in maintaining the stability of placements due to the input from the clinical psychologist. The psychologist works directly with carers, in developing strategies in supporting children who are presenting with challenging behaviour. The Family Placement Team arranges for carers to see the clinical psychologist at a weekly drop in session, and training is also provided by the health workers (e.g. on attachment and child development).

Links with the CAMHS is also said to be good, with the clinical psychologist being able to fast track a looked after child where necessary.

Bournemouth Borough Council have employed a Sports and Development Worker for looked after and vulnerable children. The nurse reported that she has referred to this worker for after school and leisure clubs for one child. The Family Placement Team is also a member of the Healthy Care Partnership, which looks at the emotional well being of children in relation to stability of placements. This has a proactive strategic focus aimed at learning and developing better practice.

On three of the children's files examined there was no medical consent signed, and medical information was missing from the Placement Plan (Looked After Children) documentation. Comments from a carer who had recently resigned from the service also stated that health information was not known for one child at the beginning of the placement. This highlights that although health planning is good, the initial health information passed to carers can be limited.

## **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 & 30

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

The management and staff are suitable and qualified, which safeguards and promotes the welfare of children. Recruitment procedures for staff working in the fostering service have been strengthened and this ensures better protection of children.

Young people may experience a higher number of placements and unsettled placements as the matching of children needs to carers remains inconsistent, and there is an insufficient amount of carers recruited.

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

The fostering panel makes good recommendations and has an effective quality assurance role.

#### **EVIDENCE:**

Since the last inspection only five months ago there has been considerable improvement in the monitoring and management of complaints and allegations

made against foster carers. These are now recorded and filed in a way that allows easy inspection and monitoring. Since June 2005 there have been six complaints made. All were responded to efficiently. Two of these complaints were upheld and related to the lack of training and support for a foster carer who was looking after a child with complex behaviour, and another related to a delay in approving some respite carers that had a detrimental impact on a young person. With a full staff team now in place these issues should be fully addressed. There have been five child protection allegations against foster carers in the last year. Two of these are on going. The other three were addressed promptly through the childcare team. Two were unsubstantiated and one was partly substantiated. However, the information held by the fostering team for two of these did not include a record of the full investigation and decision-making and one did not go back to panel which would have been good practice.

Safeguarding children is promoted however by a range of consistent systems in place within the Borough. For instance all staff and foster carers have undertaken training in child protection procedures and child abuse. Carers have also undertaken Team Teach training, which involves de-escalation and restraint techniques. The carers have received a 'Handbook' which outlines the expectations of carers in relation to sanctions and restraints.

During the inspection the inspectors visited 4 foster households. All were adequately furnished, comfortable and with a good standard of cleanliness. The foster carers were welcoming, friendly and spoke of interest and commitment to the young people they were caring for. Foster carers and supervising social workers confirmed that the fostering service provides carers with the necessary equipment to meet the needs of babies, toddlers and for children who have particular disabilities. Health and safety assessments are carried out annually as part of foster carers reviews and initially during their assessment. These were seen recorded on the foster carer files examined. From visiting carers and examining health and safety assessments the inspectors noted that foster carers have not been required to obtain fire safety equipment (smoke alarms in children's bedrooms and fire blankets). The manager stated that it is a requirement of fostering households and therefore recommend that the supervising social workers and panel members consider the need for more thorough health and safety assessments. Carers' files evidenced that the supervising social workers obtained proof of foster carers' car insurance, tax and MOT certificates.

There has been improvement in the safe care plans developed for each fostering household, and a copy of these were seen on each carer's file that the inspectors examined. However the inspectors considered that these need to cover more areas, to include for example storage and use of alcohol, rules about bedtimes, where friends can visit, supervision of computer and videos. There has currently been no training for carers or workers on safe care. The supervising social workers are now requesting risk assessments from the

placing social workers prior to placement and this is good practice. There needs to be evidence shown that the young people have been made familiar with the safe care guidelines and risk assessments.

The inspectors observed a placements meeting, where the supervising social workers go through the list of current placements and discuss any vacancies and referrals. The inspectors noted that the discussions did not consider matching in any real sense, as placements were considered more on where there was a vacancy rather than the needs and wishes of the child. The inspectors are aware that this is due to lack of available carers rather than competence of the workers. On one occasion a fostering worker did question a proposed placement on the grounds of the long term needs of a child, however the inspector later noted that this placement continued to be pursued although the match would not be in the best interests of the child. This young person had already had two placements in the last 18 months. There were six young people needing a placement at the time of the inspection. Very little information on the matching needs of these young people was held on duty. The inspectors were also informed of one young person who was moved as an emergency by the out of hours team to an area where there was no school that could meet the requirements of the child's Statement of Special Educational Needs. The inspectors also noted that the needs of the other children in placement are not always considered when proposing to place a child with the family e.g. when other children are doing exams. Matching for respite was also seen to be arranged by focusing on vacancies rather than obtaining the views of children and sharing information about potential carers to children. The inspectors did observe a worker challenging one respite arrangement due to the needs of the child being compromised.

In general, the lack of a comprehensive 'foster placement agreement' (Schedule 6) means that some essential information is not passed to the foster carer or obtained to assist with matching.

The recruitment files were not examined at this inspection, but the previous inspection five months ago confirmed that for the majority of appointments appropriate recruitment checks and vetting procedures had been followed when recruiting staff. As a response to a requirement at the last inspection the manager and workers confirmed that CRB checks have now been carried out for all staff from overseas after they had been resident in this country for three months. A further gap related to the service not obtaining full employment history, and as there have been no new appointments this was unable to be reviewed.

Due to significant problems in recruiting in this country the fostering service recruited workers from Germany. The service arranged a number of training events for these workers in order to teach them the English legislation and procedures. Mixed views were received on whether this training was sufficient, but overall the workers have shown competence in childcare, fostering, and

promoting equality (see also Standard 19 under 'management'). The team has a range of experience and knowledge, although new staff that are appointed to the team that do not have previous family placement experience should undertake training in the 'form f assessment and competence' tool used as soon as possible during their induction.

The fostering panel was assessed at the last inspection in January 2006. Recent panel minutes were reviewed and this evidenced that there is an established membership, and a vice chair has been appointed following a previous requirement made. The minutes also evidenced that protocols for the fostering panel have been developed. The panel chair confirmed that she is in discussions with the fostering manager about further training for panel members. The minutes evidenced that the panel consider the approval assessments of carers thoroughly, and ask relevant questions to the supervising social worker and to the potential foster carers.

Workers, carers, other professionals and children spoken with all confirmed that they were aware of the local advocacy service. There has been close liaison with the advocacy service and the Borough to ensure that young people have a say in decisions that affect them.

## **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 & 31

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

The fostering service recognises and values diversity, with children's individual ethnic, religious and cultural backgrounds being well respected.

Children benefit from good monitoring of their educational needs, however children need further support and encouragement from the fostering service in order to meet their full potential.

Children in the shared care scheme benefit from good, experienced and supported carers who meet their needs well.

#### **EVIDENCE:**

The manager has recently arranged for all foster carers to be given a copy of Bournemouth's Equality and Diversity Policy. This has also been shared with panel members. Training has also been made available to carers and supervising social workers on Equality and Diversity. Potential foster carers have a training session with the 'Total Respect' group, which raises awareness of young people's rights. Although the service has not recently recruited foster carers from black or ethnic minority groups, the service has proactively been targeting recruitment drives at this audience. Adverts have been put in the local 'Pulse' magazine and workers have made links with local community management groups and an Islamic centre. Out of the eleven questionnaires received from foster carers, six stated that they think the fostering service is

"excellent" at addressing equality and diversity issues, four said the service is "good" and one said they were "adequate".

The inspector met with the Designated Teacher for 'Looked After Children'. The inspector was shown the systems, recording and monitoring information of the educational attainment and needs of the looked after children. Monthly and end of term reports are requested from schools on each looked after child. This informs the service of any particular needs or difficulties a child may be having in school. The designated teachers have good knowledge of all the children and work closely with foster carers to help children with attendance at school. A representative from education, health and the fostering service attend a monthly meeting to discuss children of concern, in order to ensure the right services are provided for these children. Of importance is that the education team have good insight into the foster carers' abilities and commitment to education and this information should be sought from the fostering team for the carers' annual reviews. The matching of children would be better served by a more multi-agency working with the fostering service however, with a recommendation that the education service is more involved in planning and reviewing of placements.

Further services provided for looked after children include a dedicated dyslexia worker, an educational psychologist post for looked after children, the implementation of 'Kumon' (extra curricular maths tuition), and opportunities for looked after children to have work experience within the Council. From examination of case files and following discussions with carers, staff and other professionals the inspectors noted that funding for extra-curricular and leisure facilities is often unclear, and depends on the child care team managers discretion, resulting in a lack of these activities being promoted for the children.

Statistics provided showed that 55% of Bournemouth's looked after children aged 16+ received at least 1 GCSE this year. No young people achieved five or more GCSE's. This is lower than previous years, but there is also a higher number of children looked after who have a statement of special educational needs. However, it reflects that continued strategic input is needed.

Out of the seven questionnaires received from young people they all stated that they "always" receive the right help so they can be successful in their education.

The children's files examined did not include a copy of the children's Personal Educational Plan. The inspector was informed that recent improvements have been undertaken in ensuring PEPs are to be completed for each child. Training is being provided to foster carers, social workers and schools.

The fostering service employs a worker whose designated role is to work with carers providing shared care for children with disabilities. There are currently

fourteen carers providing shared care placements. The waiting list for placements has reduced but there remains 8 children who require shared care but have yet to be linked to a carer. New recruitment leaflets have recently been developed to try and recruit more shared carers. Information provided to shared carers about children is comprehensive and has been developed to ensure the range of the children's needs are assessed and recorded. The parents are responsible for completing the information and the link worker ensures that parents are fully involved in liaising closely with the shared carers. A development planned is for a welcome booklet to be designed specifically for children receiving shared care, using more appropriate pictures and symbols. There continues to be a need for more specific training and policies for shared care in relation to medication and restraint.

## **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 & 11

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

Contact with family and friends is well promoted ensuring young people maintain these links where appropriate.

Children and young people are listened to and their views respected.

#### **EVIDENCE:**

Of the children and carers visited as part of this inspection none had any concerns about the support the children received to have contact with family and friends. Foster carers provided contact in their home when it was deemed the most suitable for the child. Carers provided transport for contact visits. The case records of the supervision visits to carers also highlighted that contact arrangements are discussed and there is close liaison with the child's social worker on any issues that are raised. Contact with family is taken into account when planning placements and is included on the referral/matching proforma. If there is an issue with transport this is arranged prior to the placement. Carers' diaries seen evidenced that carers make a note of the outcomes of contact visits and the perceived impact on the child. The paperwork held on carers and children's files has improved considerably, with clearer details recorded of contact arrangements and if there are any restrictions.

The children's questionnaires indicated that they are aware of how to complain. All of them stated that their carers "always" listen to them and take notice of their opinions. Five stated that their social worker "always" listens and two said they "sometimes" do. All children seen were aware of the local advocacy

service, as were foster carers, supervising social workers and other professionals. The children's reviewing officers confirmed that all children are seen by a reviewing officer prior to their statutory reviews. The fostering service has also recently developed an additional form for the foster carer's annual review, asking social workers to get direct feedback from the young people in relation to the care provided by the foster carers. It is further recommended that young people that leave foster care be asked for their views and comments.

The fostering service had organised for the local advocacy service to complete a consultation exercise with children placed with Bournemouth's foster carers. Unfortunately as only one young person responded, the event did not go ahead. The service has now proactively liaised with a 'Theatre in Education' group where five young people who are living with Bournemouth foster carers are producing and going to perform a piece of work around anti-social behaviour and placement breakdown. A written consultation exercise has also recently taken place with the children in foster placements and a report on the outcome is due shortly.

## **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 & 29

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

The planning and support for young people leaving care needs to improve so that young people get consistent support.

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

#### **EVIDENCE:**

The fostering service is promoting the recruitment of supported lodgings carers, having a dedicated worker involved with this and approving carers through the fostering panel. This is good practice as there was a lack of appropriate semi-independent accommodation for young people leaving care.

Pathway planning for young people is often delayed, however two young people case tracked did have a Pathway Plan. Some concerns were raised however about the actioning of Pathway Plans by supervising social workers, carers and young people. As stated above (in relation to funding for leisure and extra-curricular activities) there seemed to be differences and struggles for some young people to receive financial support for attending college (books and transport).

The Fostering Service has recently introduced 'Payment for Skills'. All foster carers have had the weekly fee increased, and are each assessed as Level 1, 2 or 3 carers. These levels will be assessed every 2 years and the payments carers will receive will depend on their level of skill, training and experience. Carers did raise issue about the holiday payment for children being paid

weekly rather than in an annual lump sum, as this has meant that some carers have not had the opportunity to save for a holiday this year.

The fee paid for Level 1 carers is £60.00 per child per week, rising to £170.00 per child per week for level 3 carers. Carers are further paid a fostering allowance ranging from £119.29 to £207.65 depending on the age of the child. These are sufficient and meet the minimum amount that the Fostering network recommends. Carers did comment that allowances barely cover the cost of looking after the children, especially teenagers, but none raised significant concerns about the allowances paid.

## **Management**

#### The intended outcomes for these Standards are:

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

The Commission considers Standards 17, 21, 24 and 32 the key standards to be inspected at least once during a 12 month period.

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

#### 1, 16, 17, 19, 21, 22, 23, 24, 25 & 32

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

Bournemouth Family Placement Service meets the aims and objectives of the Statement of Purpose and they provide good information to carers, children and other interested parties.

The fostering team is not cohesive and lacks management direction, which overall impacts on the efficiency of the team to provide a quality service. Carers are however receiving good support and supervision, with the workers helping carers to meet the needs of children.

Training opportunities for foster carers has been improved, so that carers develop better skills and understanding of meeting children's needs.

The administration of information has much improved with carers and children's files containing a comprehensive record of events, which are accurate, clear and safely secured. However, carers have not been receiving the necessary information about children to enable them to provide safe and effective care.

#### **EVIDENCE:**

The Statement of Purpose is up to date and very informative. It clearly sets out the aims and objectives of the service, any underpinning principles, organisational structure and details of services available to children including complaints. There is also a children's guide, that is adequate, although the manager is considering developing this further to be more child friendly.

The manager has been in post for 12 months. She is social work qualified and has done some management training. The manager's work experience is in child care and family placement. During the time the manager has been in post four new supervising social workers have also been appointed. Due to initial difficulties recruiting staff the service have appointed two members of staff from overseas. These staff have had a protected caseload and a long induction to ensure that they are aware of the procedures and policies applicable to the fostering service. Foster carer questionnaires and carers visited responded positively to the support they receive from the supervising social workers: "we have an excellent social worker", "always being there with help and support", "there is always someone available if I need them", "[supervising social worker] is very, very good and thorough". Out of the eleven questionnaires from carers five stated that they receive "excellent" support, five said "good" support and one stated "adequate".

The inspectors were informed of communication difficulties within the team, with some concern noted about being kept up to date with service developments, being involved in decisions about placements and carers developments and when complaints are made about carers. A number of people interviewed within and outside the fostering team raised a similar concern, and some confirmed that they had raised this with the team manager. The inspectors were confident that this issue is being addressed by management, but do consider more pro-active delegation and decision making

is needed to ensure staff are organised in a way which delivers an effective service.

The induction of the new staff has been evaluated and generally the service considers it to have been successful. The inspectors were informed by team members that the induction was lengthy and that a mentor for each new worker would have been beneficial, again to improve communication and for clearer responsibilities for team members.

Some staff undertaking assessments have yet to undertake training specific to foster carer assessments and assessing competencies. There were some concerns noted about staff awareness of the standards to be applied in foster carer assessments and the tasks to be undertaken. Again, more pro-active training, advice and mentoring could improve this. Mixed responses were received about the management supporting staff with professional development. Staff having internet availability and the ability to research latest good practice is recommended. The manager's supervision sessions with workers was said to be regular, with the manager tracking case work. Appraisals and probation reviews were also up to date. The senior practitioner was reported to provide comprehensive and regular supervision to the unqualified workers.

Caseloads of staff are reasonable (full time staff having approximately 9 - 15 carers) and this allow for carers to be closely supervised and well supported. There is a family support worker who assists carers with child-care and contact arrangements. The inspector was informed that this worker was undertaking foster carer supervision, however the standards are clear that unqualified workers should not supervise carers. Supervision visits to carers are recorded clearly and in full, and files evidenced that visits are regular including annual unannounced visits.

The service is due to recruit a social work assistant to set up and monitor carer training and focus on placement development. This is much needed as foster carer training has been limited. Carers commented that the training that has been provided has been generic courses, open to a range of Borough workers. The timing and notice for training courses has not always been suitable for carers. Files did not evidence that a range of training had been provided to carers. A designated training officer is not identified for the service. The service has however recently arranged for three carers to undertake AKAMAS training (a level 3 BTEC certificate in Advanced Skills in Foster Care). This will allow carers to develop skills and knowledge in promoting development, managing behaviour and understanding the roles of different teams and agencies. The manager also stated that there is now a post-approval training package for carers. As stated above (under 'Staying Safe') staff and carers have not received training on safe caring.

Supervising social workers commented that post qualifying training is available, as well as training on child abuse, and Fostering Network training on "supervising foster carers". Of most value to the supervising social workers was the recent training course they attended on Solution Focused Brief Therapy.

Good practice recommendations in relation to foster carer assessments include the need for supervising social workers to make checks with schools in relation to carers own children, and those of any children placed with them prior to approval with this service. As stated previously reviews of carers should include views from education service, and where possible previously placed young people. For instance one recent assessment seen included no interview with the daughter, or the child currently placed, or the social worker and no reference made to previous negative comments made by a social worker.

The inspectors noticed much improvement in the case files maintained for children and carers. Case notes were up to date, and visits and phone calls clearly and factually recorded. List of placements and significant events were accurately recorded on carers' files.

The information kept in the children's files had improved however there were still some gaps. Of the files seen; 1) and 2) the Placement Plan documentation did not reflect the current placement but the previous placement; 3) no LAC documentation obtained at all for the files but the carers did have copies; 4) one did not include an up to date care plan but did have all the other relevant documentation; 5) and 6) contained all necessary paperwork. For all children information on education was missing.

There remains some foster carer reviews that remain outstanding, with three out of the four foster carer files examined having overdue reviews (one was two months overdue, one was over a year overdue, and one was five months overdue).

Information was examined in relation to young people placed with family and friends, and a child who is living with carers approved by an independent agency. These records evidenced that minimum standards are met well. Friends and family carers are assessed rigorously, while acknowledging that these assessments need to be fast tracked to ensure regulations are met. The inspectors were concerned to hear however that one child paced with family had not been notified to the fostering service for an approval assessment. Friends and family are receiving regular support visits by supervising social workers and offered training. In relation to the IFA placements, form f assessments are obtained, Individual Placement Contract agreed and signed and statutory reviews attended and paperwork kept for reference.

## **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		
Standard No	Score	
12	3	

STAYING SAFE		
Standard No	Score	
3	3	
6	3	
8	2	
9	2	
15	3	
30	3	

<b>ENJOYING AND ACHIEVING</b>		
Standard No Score		
7	3	
13	2	
31	3	

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

ACHIEVING ECONOMIC		
WELLBEING		
Standard No Score		
14	2	
<b>29</b> 3		

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

Are there any outstanding requirements from the last inspection?

YES
(one requirement outstanding and one requirement not reviewed at this inspection)

## STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1.	FS8	34	Before making a placement there must be a 'foster placement agreement' with the foster parent covering all matters in schedule 6 (which includes medical consent)	30/11/06
2.	FS8	33	A child must not be placed with the particular foster parent unless it is the most suitable placement having regard to all the circumstances.	30/11/06
3.	FS15	20	The fostering service must ensure that the required recruitment and vetting procedures are followed when recruiting staff. A full employment history should be obtained with a written explanation of any gaps.	30/10/06
			(This was not reviewed at this inspection so has been carried forward – previous timescale 30/06/06).	

	intervals of not more than a year.  Previous timescale of	
	approval of each foster carer at intervals of not more than a	

## **RECOMMENDATIONS**

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

No.	Refer to Standard	Good Practice Recommendations
1.	FS6	More consideration should be given to the fire precautions in fostering households during assessments.  Carers should attend training on health and safety.
2.	FS8	There should be clear evidence recorded on carer's files regarding why a particular child was placed with them, including the decision making process and any considerations.  Matching considerations should incorporate appropriate information sharing, and include the child's views and opinions regarding the placement.  These recommendations are repeated from the previous inspection dated February 2005.
		providus inspection dutou residuity 2005.
3.	FS9	Safe care plans need to cover a wider range of areas to include all rules and responsibilities in the house (such as free-time, access to computer, videos, alcohol, smoking, access to bedrooms).  Risk assessments and safe care guidelines for individual young people should be shared and agreed by the young people.  Staff and carers should receive training on safe caring.
		There should be a full record kept of the investigation,

		outcome and decision making of complaints.
4.	FS11	Foster carer reviews should include the views of the children placed, or previously placed, with the carers.
5.	FS13	Designated teachers for children placed with Bournemouth foster carers should give feedback on foster carer annual reviews.
		There should be better financial agreements arranged for children attending extra-curricular and leisure activities.
6.	FS14	The outcomes of pathway planning should be better monitored by the fostering service to ensure young people's needs relating to moving to adulthood are met.
7.	FS16	There should be clearer and more open communication by the management of the service to ensure that the team is cohesive and working effectively.
		Staff should receive opportunities for professional development through mentoring, or internet research.
8.	FS17	Staff need more guidance, training and mentoring to ensure that the standard of assessments remain high.
		Assessments of potential foster carers should include views from birth children's schools and of any young people already placed with the carers.
9.	FS24	Children's files should contain all the necessary 'looked after children' documentation.
10.	FS31	Policies should be developed for shared carers administering medication and in relation to physical intervention.

# **Commission for Social Care Inspection**

Poole Office
Unit 4
New Fields Business Park
Stinsford Road
Poole
BH17 0NF

National Enquiry Line: 0845 015 0120

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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