

Luton Borough Council Fostering Service

Inspection report for LA Fostering Agency

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About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcomes for children set out in the Children Act 2004 and the relevant National Minimum Standards for the service.

The inspection judgements and what they mean

Outstanding: this aspect of the provision is of exceptionally high quality
Good: this aspect of the provision is strong
Satisfactory: this aspect of the provision is sound
Inadequate: this aspect of the provision is not good enough

Service information

Brief description of the service

Luton became a unitary authority in 1977 and has an extremely diverse population. Since 1998 there has been a huge increase in the number of looked after children, presenting serious challenges to the fostering service to meet placement demands.

The fostering service is part of the Children and Families Division and is based at Unity House in central Luton. Over a period of five years there have been a number of management changes within the fostering service and staff turnover has been high. There are currently two fostering service team managers, one managing pre-panel assessment and approval of carers and the other managing post panel supervision and support of carers and, from January 2008, the service is fully staffed. The service recruits, approves, trains and supports foster carers and, when submitting statistics for this inspection, had 184 approved fostering households providing placements to 235 young people. A range of placement types are provided including emergency placements, long and short term placements, kinship placements, shared care and short breaks for disabled children and contract care.

Summary

The overall quality rating is satisfactory.

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

A number of shortfalls have been identified during this inspection. Foster care agreements do not contain all the necessary information to clarify, for foster carers, the fostering service's strategies for working with them. Some carers are unclear about the respective roles of their own and the children's social workers, the carer annual review process, how to access advice or input with young people in relation to health and education and how the skills level payment system operates. Some carers are currently not being supervised by qualified social workers.

Some young people, placed with Luton carers and with carers in independent fostering agencies used by the authority, are left feeling vulnerable and unsupported because they are not receiving appropriate visits from their social workers or because they do not always have an allocated social worker. Looked after children paperwork is sometimes non-existent or incomplete and carers are not always being provided with essential information about young people being placed, especially health information and often no consent to medical treatment has been signed. Carer recording of young people's placements is inconsistent and sometimes inadequate, especially relating to young people's health needs.

Appropriately signed foster placement agreements are not always in place and, despite the fostering service having a range of pro-forma to detail young people's identified needs, there is no clear record of the matching of young people's identified

needs with demonstrated carer skills or indication of how any potential shortfalls in matching will be addressed.

The inspectors note that there has been a period of management and staff instability within the fostering service and that, during the last 10 months, some stability has been achieved with two team managers sharing the responsibility of day-to-day management of the fostering service. These managers are appropriately qualified and experienced and demonstrate a commitment to developing positive practices. The fostering service is now fully staffed from January 2008. The managers are well aware of the current shortfalls and work to address them is, in many cases, already in progress. Staff, carers and associated professionals speak of improvements that have already taken place and express confidence in the knowledge and leadership skills of the managers. Any issues raised during this inspection were responded to positively and proposals to address them were quickly fed back to the inspectors.

Improvements since the last inspection

The service was last inspected in October 2006 and 11 requirements and seven recommendations were made. Some of the requirements and recommendations identified during the previous inspection were not rooted in the Fostering Service Regulations or National Minimum Standards and, in accordance with Ofsted practice, have been judged to have no grounding. The fostering service has however, taken steps to address all the issues that were raised.

In compliance with requirements made, foster carers providing short breaks for young people with complex medical conditions are provided with appropriate health information and specific training around young people's specific health care needs. Foster carer recruitment and retention has improved and continues to be a priority area for managers and systems are in place to ensure that appropriate checks are undertaken on prospective and current carers and their families. Members of the fostering panel now have appropriate access to training opportunities. Within the fostering service there is now a clear understanding of managers' roles and responsibilities and there are clear lines of accountability. Personnel files are appropriately retained and contain evidence of all required checks to demonstrate the suitability of staff to work with young people.

In accordance with recommendations identified the fostering service has instituted a comprehensive induction programme for staff. Young people feel that they are appropriately consulted and the service is able to demonstrate that issues raised by young people are given full consideration. There is now a written policy in respect of access to personal records. Carers have begun to receive the birthday allowance for young people prior to the birthday date.

There is a clear demonstration that considerable work has been undertaken to better clarify the fostering service's aims and objectives, refine its operational procedures and develop expectations of carers, during the last ten months.

Some issues identified during the previous inspection, either as requirements or

recommendations, have not been satisfactorily addressed and have been re-iterated as recommendations within this report. Signed consent to medical treatment is still not obtained for all young people in foster care. The fostering service's statement of purpose must be reviewed and updated to include all information required under the National Minimum Standards.

Helping children to be healthy

The provision is inadequate.

Foster carers are critical of the information they receive when young people are placed, particularly in respect of health. Carers feel that obtaining this information is not given a high enough priority. The current foster care agreement details that consent to medical treatment will be addressed within the foster placement agreement but signed placement agreements were not in place in relation to all the young people tracked during this inspection. During the inspection the fostering service secured a parent's signature on placement agreements in respect of two young people who had been accommodated for a year. Some young people are therefore receiving medication and accessing medical treatment without any signed consent being in place.

Carers are not currently provided with a written health record for each child placed in their care, which is updated during placement and moves with the child. Carers are not currently required to retain any separate records relating to young people's health needs, nor are they required to record any medication administered to the young people in their care. Discussion with carers indicates that records retained vary considerably, with some saying that they note young people's health appointments and any medication issued in their daily records. Carers do not routinely receive training on first aid.

The carers' handbook contains a good range of information to support the promotion of young people's good health with appropriate coverage of child development, drugs and alcohol, healthy eating and sexual health. There is a clearly stated expectation that carers will register young people with a GP, dentist and optician and will support them to receive appropriate health care. The fostering service has good working relationships with the child and adolescent mental health service (CAMHS) and a representative from this service sits on the fostering panel. The service is able to provide advice to foster carers and social workers, as well as direct intervention packages for young people, and CAMHS therapists are involved in providing carer training such as 'bereavement and loss' and 'caring for traumatised children'. Carers are also able to access training provided by the PCT covering topics such as teenage pregnancy and drug and alcohol abuse. Discounted access to sport and leisure activities is available to foster carers so that young people can be encouraged to pursue activities of their choice.

One looked after children (LAC) nurse currently covers both Bedfordshire and Luton with a proposal currently being considered by Luton to fund an additional part-time post. The nurse has no capacity, currently, to become involved in foster carer

training but has attended a foster carers' forum. Young people's initial health assessments are completed by a community paediatrician with health visitors and school nurses completing annual reviews. Figures supplied by the fostering service detail that, in September 2007, 85.4% of young people in foster care had received an annual health check during that year. The LAC nurse currently completes young people's health plans and these are completed to a good standard with copies supplied to foster carers and young people as well as placing social workers. The LAC nurse, with fostering service managers, is currently reviewing a pro-forma health file being developed by the British Association for Adoption and Fostering (BAAF) with a view to implementing this for young people in foster care.

Protecting children from harm or neglect and helping them stay safe

The provision is satisfactory.

Personnel files examined during this inspection demonstrate a clear recruitment and selection process which incorporates appropriate references and checks to ensure that staff are suitable to work with young people. Fostering service managers are appropriately qualified and experienced and staff have confidence in their leadership abilities.

Carer households visited were warm and comfortable and young people were appropriately placed and making good progress. Information recorded on a range of pro-forma details consideration of young people's placement needs and a weekly placement meeting is held by the fostering team to assess referral requests against existing vacant placements. Currently, however, despite the completion of several pro-forma, there is no clear record of the matching of young people's identified needs with demonstrated carer skills or indication of how any potential shortfalls in matching will be addressed. Foster placement agreements are not always in place and, in relation to some of the young people tracked, there was no current care plan and LAC paperwork was incomplete or non-existent. This paperwork is essential to demonstrate a robust matching process. A pro-forma currently being prepared, for proposed completion by the fostering duty worker, has the potential to substitute for the LAC placement agreement and to provide a better demonstration of matching considerations.

Appropriate training opportunities are provided for foster carers in relation to safe caring, child protection and managing allegations. A pro-forma safe care policy document gives carers good guidance and appropriate headings under which to compile their own household safe care policy. All carers complete a household safe care policy, which is reviewed when a new young person joins the household as well as being revisited annually as part of the carer review process. Some of the safe care policies seen were commendably child specific whilst others were household based. An annual health and safety check of each carer household is also part of the carer annual review process. Fire escape plans are in place for all carer households and the fire service supports carers to complete these if necessary.

The fostering service supplies carers and young people with good information about

internet safety. A booklet for young people details how they can be subject to bullying through the internet or via mobile phones and how they can obtain support in dealing with this.

In one situation, where young people of very different ages are sharing a bedroom, particularly good records have been retained to demonstrate consideration of risk and full consultation with the young people concerned and their placing social workers.

Carers are concerned that they often receive inadequate information about young people placed with them. Seventy-two hour meetings provide a forum for sharing information, not available prior to placement, and these meetings are not always taking place. Young people are not always happy with the frequency of visits from their social workers and some young people are left for long periods without an allocated social worker. This does not support appropriate information sharing and has the potential to leave young people feeling vulnerable and unsupported. Comments made were 'I'd like my SW to visit more', 'They never ring you back', 'My SW always expects me to have done negative things'. It is notable that, during recent meetings with young people to develop the council's 'pledge for children in care', that one issue considered important to young people was: 'Give every child in care an allocated, qualified social worker from the point when they come into care'.

The panel is appropriately constituted, has access to medical and educational expertise, and has an experienced and knowledgeable independent chair. The panel chair has noted improvements in the fostering service during the last year and says it is 'a safer, better managed service'. The chair has good awareness of the panel's quality assurance role and the panel has appropriate access to training opportunities. A recent training day involved a presentation by members of the fostering team covering the organisation and structure of the service and information about the carer application process from the point of initial enquiry. The panel found this training very useful. Currently the panel minutes do not robustly demonstrate the reasons for the recommendations made because key discussion points are not summarised to indicate how they have informed the recommendation to the agency decision maker. The minutes currently list the panel advisor as a member which implies a membership of 11 people. The written procedures for the panel do not currently cover the decision making process when all members are not in agreement.

Helping children achieve well and enjoy what they do

The provision is good.

Luton has a very diverse population and the fostering service does not have difficulty in recruiting carers from a variety of cultural backgrounds. Over a third of its carer households are representative of a variety of ethnic minority groups. Both carers and staff have access to training around equality and diversity issues. The service is able to access interpreter services for carers or young people and has the capacity to translate documents into a range of accessible formats where needed. Young people's specific needs in terms of religion, ethnicity, language, culture and disability

are appropriately addressed through the LAC review process.

This inspection did not involve tracking any young people accessing the short breaks service, however, inspectors saw some good examples of work completed by shared carers with young people accessing the scheme. Some very good pro-forma agreements are in place between the carers and young people's parents and there are very clear arrangements for the sharing of health information. A comprehensive assessment form is utilised to fully establish young people's care needs and carers on this scheme have good access to very specific training opportunities, particularly in relation to complex health care needs.

A policy statement is in place in relation to looked after children's education, which clearly defines the roles and responsibilities of social work staff, carers and designated teachers. The expectation that carers will have regular contact with schools, facilitate young people's attendance and encourage and celebrate their achievements, is clearly stated. The 'Barney Wild' awards, issued annually by the service provide good recognition of young people's achievements in a range of areas. Concerns raised by young people, through the Luton children's panel, about being singled out in school as a direct result of their looked after status, have resulted in a draft policy being implemented in relation to confidentiality in schools. The protocol identifies who needs to be aware of the young people's care status and how young people can be protected from this becoming common knowledge.

Advice and support is available to enhance the achievements of looked after children through a dedicated team of 2.5 advisory teachers, an education welfare officer and three support workers who are co-located with the social work and fostering teams. The team is represented on the fostering panel and members are involved in delivering foster carer training. An education conference was run during 2007 and was well attended by staff and carers. School liaison meetings are held with Luton schools to identify issues and potential support needs of looked after children. The team works to support carers and young people in relation to fixed term exclusions and always challenges permanent exclusions. Personal education plans (PEP) were in place for the young people tracked and carers say that they are actively involved in these meetings. The young people visited were achieving well educationally and were receiving good support to complete homework and commented: 'My SW and my carer encourage me to do well with my A levels. I'm going to university'. Figures produced by the fostering team indicate that the educational achievement of children in care in Luton is higher than national averages.

Young people have been involved in developing a file called 'Stepping out in Luton', which is a guide to leaving care and includes sections on education, housing, getting a job, finances, the law, tax and drugs. The guide is well presented and comprises a good range of useful information in a very user-friendly format. The team manager of the 16+ team says that the fostering service works well with the team and that foster carers strongly encourage young people to develop life, social and independence skills.

Helping children make a positive contribution

The provision is good.

The carers visited during this inspection were supporting young people well to retain contact with their families. Appropriate records are retained where young people's contact is supervised. The carers' handbook does not currently include any information or advice for carers about promoting contact or managing potentially difficult contact issues.

Young people's views are actively sought in relation to their own LAC reviews and in relation to the foster carer's annual review. The contributions from young people, examined during this inspection, reflected very positive experiences of fostering and, in questionnaire responses, young people spoke positively about their foster placements and said: 'My carers go out of the way to make sure I am happy'; 'I feel happy and loved'; 'I feel part of this family'; and 'I am accepted just the way I am'. Carers' own children are also appropriately consulted as part of the carer review process and a young carers' group for carers' children meets every half term. Young people have appropriate access to advocacy services through a children's rights service operated by the YMCA, who supply all looked after children with a leaflet detailing the services available and giving contact details. The YMCA retain a profile with carers by attending a foster carer forum at least once a year. The YMCA also complete a report for the fostering service detailing their involvement with young people. A separate independent visitors scheme is operated and a leaflet for young people describes who can have an independent visitor and what the advantages are. All young people over the age of 10 have been written to this year to remind them how they can be supported to make complaint or access advocacy.

The children's panel is a central forum for consultation with young people in care. The children's rights officer is a key support member of this panel in supporting young people to express their opinions. Through this panel young people have influenced practice, for example in developing the draft policy on confidentiality in schools and currently in the development of the council's 'pledge for children in care'. Through the panel young people have additionally become involved in foster carer preparation training.

The youth service has a new website for all young people in Luton, which features a directory of services, for example local youth clubs, as well as a range of general information and advice for young people.

Achieving economic wellbeing

The provision is not judged.

Organisation

The organisation is satisfactory.

The fostering service statement of purpose contains good information about the community it serves and details of its aims, objectives and the services provided. The document is, however, not dated, not subject to annual review and not inclusive of all required elements. The current children's guide is in booklet form and was compiled in association with the YMCA. The inspectors were shown a draft version of the proposed new children's guide, which is much more appropriate.

Throughout this inspection a recurring theme has been inadequate systems of communication. Carers are critical of last minute notice of important meetings, independent reviewing officers speak of last minute cancellation of young people's reviews, the panel chair says carers complain about the difficulties of contacting placing and fostering social workers and both carers and young people have made the comment 'No-one ever rings you back'. Fostering service managers feel that social workers are very accessible but this is clearly not reflected in carers' feedback. Carers spoken to appear unclear about the different roles of their supervising social workers and the young people's social workers and some are unaware of the requirement for their approval to be reviewed annually. Some carers are unclear how they would access support with regard to young people's education or health. The process by which carers become eligible for skills level payments is not clearly documented. Some associated professionals felt that there was 'scope for greater objectivity between carers and link workers'.

Over a period of five years there have been a number of management changes within the fostering service, including periods where senior practitioners were acting up into the role of fostering service manager whilst still carrying a caseload in terms of management and supervision of staff and carers. This has impacted on carer morale and confidence. During the last 10 months some stability has been achieved with two team managers sharing the responsibility of day-to-day management of the fostering service. There is clear division of roles and responsibilities with one managing pre-panel assessment and approval of carers and the other managing post panel supervision and support of carers, each supported by a team of social workers. Both foster carers and staff report considerable improvements in terms of service delivery since greater stability was achieved. Senior staff said that, in the last six months, the team has worked on the standardisation of policies, structures and procedures and on getting carers to take on board the difference between support and supervision. There is a clear demonstration that considerable work has been undertaken to better clarify the fostering service's aims and objectives, refine its operational procedures and develop expectations of carers, during this latter period. As of January 2008 the fostering service is fully staffed and a comprehensive staff induction programme is in place. There have also been improvements in carer recruitment and retention. Staff are confident in the leadership abilities of their managers and said that formal and informal support systems are now good and that staff morale has improved.

There is a demonstrated need for the service to now better clarify its expectations of carers, particularly in relation to recording practices and attendance at training, and to ensure that carers are fully aware what support to expect in return. Currently, although a reasonable range of training opportunities is provided, carer attendance is not good. A carer forum is held four times each year and fostering service managers have used these as a forum to raise concerns about training attendance. Some carers of young children said that access to training can be difficult since the withdrawal of a crèche facility and some feel that new carers are given priority. It is part of the supervising social worker's role to address individual issues impacting on training access and to robustly encourage carer development through appropriate training. The fostering service is fully aware of the requirement to implement the Children's Workforce Development Council (CWDC) foster carer training standards from April and the implications of this have been discussed at carer forums. Staff are due to receive training imminently.

Generally the fostering service provides a varied range of support systems for its carers: a quarterly newsletter; out of hours support; membership of a fostering network; a counselling service; a carer support group; a quarterly foster carers' forum; a buddy system for new carers and awards for long service. There is a good pro-forma for carer supervision, which covers placement issues and the carer's development and support needs. The format for foster carer annual reviews is good, with pro-forma documents for securing the views of carers, young people in placement, carers' children and social workers, about outcomes for young people in all key areas. The frequency of carer supervision and annual reviews has been varied and, in some cases, wholly inadequate but there has been considerable improvement with 120 annual reviews completed during the last year and only 41 now outstanding. Some foster carers are being supervised by unqualified workers. Whilst these workers are being appropriately supervised and it is acceptable for unqualified workers to be involved in providing support to carers, the standards require that carers are supervised by a qualified social worker.

Carer recording in respect of young people's placements is variable, with some carers still recording information, about all young people in placement, in one diary. This results in placement records being inaccessible to young people and unable to be passed on if the young person moves to another placement, since the record contains information about others. The carers' handbook does not clarify carer recording expectations and supervising social workers are not monitoring carer recording. A training course is offered to carers but this is not mandatory. During the inspection a commitment was made, by the service manager for looked after children, to introduce individual records for all young people in foster care. Appropriate records are retained in relation to complaints and allegations.

The foster care agreement does not currently comprise all the required elements. Whilst it is clear with regard to the obligations of the carer, there is no indication of the obligations of the fostering service. The fostering service managers are aware of this shortfall and are currently reviewing the agreement format.

Luton Borough Council has a clear procedure for obtaining agency placements and

has recently appointed a commissioning manager. The service manager for looked after children meets regularly with preferred independent providers. Some adverse feedback was received from independent fostering agencies regarding initial information about young people supplied to their carers, inappropriate visiting of young people by social workers, poor communication between placing social workers and foster carers and poor local authority involvement in supporting young people's educational attendance and attainment.

The fostering service has improved its systems for dealing with placements made under regulation 38 and checks and approvals are now being undertaken in a more timely manner. A new risk assessment pro-forma comprises a very good assessment of placement safety and capacity to meet young people's needs and includes questions about the carer's willingness to fully engage in the assessment process. A kinship placement was tracked during this inspection and the carer and young person were receiving appropriate support.

What must be done to secure future improvement?

Recommendations

To improve the quality and standards of care further the registered person should take account of the following recommendation(s):

- provide carers with as full a description as possible of the health needs, and with a clear understanding of who has consent to medical treatment, of a child prior to placement and with a written health record, which is updated during placement and moves with the child (NMS 12.3, NMS 12.4)
- require each carer to undertake basic training on health and hygiene issues and first aid (NMS 12.5)
- demonstrate careful matching of young people to carers capable of meeting their assessed needs, taking full account of young people's care plans (NMS 8.1, NMS 8.2)
- ensure that written foster placement agreements are in place and that they contain specific reference to elements of matching, which were taken into consideration, and identify areas where the carers need additional support to compensate for any gaps in the match (NMS 8.4)
- provide carers with full information about the foster child and his/her family at the point of placement and monitor that placing social worker contact with the young person supports continued sharing of information throughout the placement (NMS 9.7)
- include information about the decision making process in the fostering panel procedures (NMS 30.2)
- review and update the statement of purpose to include all required details and ensure that the document is subsequently reviewed, updated and modified at least annually (NMS 1.4, NMS 1.3)
- develop carer awareness of the strategies for working with them in relation to all

elements of standard 21.2 and ensure that this includes improved understanding of the different roles of the fostering social worker and the child's social worker (NMS 21.2, NMS 21.5, NMS 21.6)

- ensure that an up to date, comprehensive record is maintained for each young person in foster care, which details the nature and quality of care provided and contributes to an understanding of his/her life events and is in a form which can be readily passed on if the child moves to another placement (NMS 24.1, NMS 25.5)
- review and update the foster care agreement, in line with schedule 5, to ensure that it contains all the information the carers need to know to carry out their functions as a foster carer effectively (NMS 22.4)
- ensure, where an agency is used to provide a foster carer, that effective systems are in place to monitor compliance with contractual agreements and with the visiting requirements detailed under regulation 35 (NMS 16.7)
- ensure that each foster carer is supervised by a named, appropriately qualified social worker (NMS 22.30).