

Sandwell Local Authority Fostering Agency

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

This fostering service is operated by Sandwell Metropolitan Borough Council's Education and Children's Services Department. It provides foster care placements for children and young people who are looked after by the authority. The service consists of three sections: fostering recruitment, fostering support, and family and friends fostering. At the time of inspection 193 households were approved and provided 298 places for children. Short break foster care is undertaken by an external independent fostering agency.

Summary

The overall quality rating is inadequate - notice of action to improve.

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

This announced inspection focused on key standards and reviewed shortfalls identified at the last inspection in 2007, when the service was satisfactory. This inspection has found seven regulatory shortfalls, notably about the monitoring and evaluation of safeguarding concerns about foster carers. Management systems have not ensured a cohesive or effective service that is able to prioritise outcomes for children as its core function, because of an absence of systematic, embedded quality assurance and coordinated monitoring procedures. Effective delivery of fostering service functions is hampered by management instability and delays in decision making. The reliance on the fostering panel for extended functions and assumed responsibilities contribute to this situation. Basic, legal documentation is not in place and data of all kinds is unreliable. There is a scarcity of placements that impacts on positive outcomes for children.

There are strengths in the service. It is well thought of in Sandwell and staff like to work here. Staff teams have a strong sense of their identity and teamwork is valued. Staff feel well supported by colleagues. Foster carers feel excellently supported and there is some imaginative work to encourage a range of networks and educational groups for carers, including kinship carers. There are good links with partner professionals, providing therapeutic, educational and health support to children. Young people have been wholly positive about their experience of care. They say they feel safe and cared for. Foster carers have spoken with passion about their commitment to children and to the fostering task.

Improvements since the last inspection

At the last inspection, Ofsted found 10 major shortfalls. The service has taken satisfactory action to fully meet seven of these. Children did not have a range of accessible information to explain the fostering service. Information is now presented in a range of colourful and accessible formats and languages. Fostering households

did not always have enough living space and toilet facilities for all the occupants of the home. This is now clearly established when carers are first approved. The service did not previously have a record of the matching process. This is now placed on children's files. Similarly there have been improvements to the post approval training of foster carers. Soundproofing of rooms at the administrative office is improved so that conversations are now confidential. Induction and training for panel members was not thorough; this has improved. Social work staff now have a recently reinstated performance development plan.

Helping children to be healthy

The provision is satisfactory.

The fostering service makes satisfactory arrangements to provide foster care that meets children's health, physical, emotional and social development needs. Children have access to information to enable them to participate in decisions about their health care. They confirm that foster carers and social workers always give support and advice about this. A specialist nurse tracks and provides a close service to children and also provides expert advice to the fostering panel. Children's mental and emotional health is well understood by excellent placement support services. A placing social worker commented positively about the service's pro-active approach to reducing risks to children from self-harm or overdosing. Smoking by foster carers continues to be an issue for some placing social workers; however, the panel gives a clear message to new carers about smoking reduction. Children in foster care are subject to unnecessary bureaucratic processes and embarrassment, because carers do not routinely have the authority for giving medical consent. While carers have good basic training about health, supporting social workers do not routinely have in-service training in child health and development in order to fully support the health needs of children in placement.

Protecting children from harm or neglect and helping them stay safe

The provision is inadequate.

Systems to support safeguarding of children in foster care are not well managed. Managers do not collate or evaluate information about, or implications of, high levels of allegations and incidents of concern involving carers. Nor is this a routine feature of the fostering panel's quality assurance. Safe care plans are not always in place for each child, and are of variable quality. Safeguarding training is in place for social workers, but not all carers in a fostering household have had this. Foster carer use of physical intervention has been identified by the service as a concern. However, managers have little knowledge about the recent training and a limited ability therefore to oversee its proper implementation.

The service attempts to match each child with a carer capable of meeting their needs. Scarcity of available carers and increasing requests for placements make matching difficult in practice. Carers frequently look after children over their agreed categories and numbers, because of the increasing volume of vulnerable children

needing placements. There is a high level of variations and exemptions to enable placements to go ahead. The combination of insufficient foster carers, inaccurate approvals information and subsequent exemptions do not fully safeguard the welfare of young people. Many staff do not understand the difference between a variation and an exemption and there is unreliable information about exactly how many households are caring for more than three foster children, though this is recognised to be high. Senior managers of the authority acknowledge this, and plan to improve the number of approved carers available.

Matching decisions are not always clear from children's or carers' information on file and there is little information for carers about how difference is to be supported. Children can be placed in foster homes where the principal carer does not speak the same language as the child. Fostering social workers do not routinely draw up or use placement agreements to detail children's needs; for example how carers should provide for their diversity or what the child can expect from the carer. The service is acutely aware that there are insufficient foster carers to provide an appropriate match on the basis of race, culture or language, for each child who needs it.

Fostering panels are properly constituted and give rigorous consideration to assessments of carers. Members are skilled and experienced in their field and their considerations are focused on the needs of children. However, fostering service managers acknowledge the panel is overwhelmed. Written policies and procedures about the panel do not fully and clearly describe current work and this hinders their ability to be efficient and effective. Panels are used for a range of recommendations about decisions beyond the usual functions of a panel such as: funding, special allowance approval, trans-racial placement approvals, and they consider a high number of initial and partially complete reports about family and friends carers, as well as the large number of post placement variations. This means that consideration of terminations and foster carer review are not prioritised. Decisions about approval and changes to categories are not clear or communicated properly through timely notifications, and errors in recording have on occasion, resulted in incorrect approval status. Decisions and reviews do not lead to accurate and updated foster carer agreements. Data about panel matters is not coordinated or easily accessible. The quality assurance function of the panel is not well established through formal reporting and consideration of key issues. Thus valuable panel feedback does not form part of the overall quality monitoring of the fostering service by the manager, in a systematic way. Rigorous recruitment procedures for managers and staff of the service are not applied consistently to panel members.

In contrast to this picture, however, one child said that they always felt well cared for and that the carer will get anything needed. One said, 'I am very safe here and I feel safe.' Managers and staff are suitable to work with children and young people and are properly recruited. The fostering service appropriately assesses the ability of foster carers, their homes and cars to provide a safe, healthy and nurturing environment. Carers value their ability to, 'provide a safe place they can call home.'

Helping children achieve well and enjoy what they do

The provision is satisfactory.

The service has considerable strengths in how it encourages children to fulfil their potential through positive acknowledgement of diversity and through the value it places on education. While there are issues in practice, because of lack of choice in available placements, therapeutic staff from the placement support service carry out self-esteem and identity work to maximise support to children. There is a diverse range of foster carers and staff, and a wealth of information and support groups.

The service gives a good priority to meeting educational needs and ensures that children are encouraged to achieve their potential. One carer reported much improved educational support by the service. Another said that the educational support service (LACES) for looked after children, 'are absolutely brilliant in the job they do'. However, this team are not involved sufficiently early at the point of placement or change and may not be called on until there is an educational emergency or crisis. Some carers, but not all, have had special training in how to promote educational achievement for children in need, however, fostering service staff do not have such training. Fostering social workers do not routinely use placement agreements to define educational arrangements and so there is often confusion and conflict about financial responsibility for school costs, such as transport and permission for school trips and for holidays. This impacts negatively on the experience of children. Carers may have three or four children placed with them who attend different schools. There are concerns that this prevents foster carers from fulfilling their key obligations to treat children as members of their own family by taking responsibility for taking them to school. One social worker commented that some carers seem reluctant to encourage hobbies, particularly where this requires transport, and that this is rarely resolved.

Short break services for children with disabilities are contracted to an independent provider and this is reviewed and monitored by specialist staff.

Helping children make a positive contribution

The provision is satisfactory.

The service encourages and supports contact arrangements. Children are helped to maintain and develop family contacts and friendships, but this is not clearly reflected in foster placement agreements. In practice, children benefit from carers who communicate skilfully with birth families to maintain child-focused relationships and document a legacy of memories for children about their families. One carer said, 'We are privileged to be able to make a contribution to these children's lives.'

The fostering service promotes consultation. Children know how to make complaints or raise concerns about their care. They say that foster carers always listen to their opinions about foster care and any general or personal problems. Carers have

advocated well on behalf of children to involve national youth advocacy services in order to support and maintain their placements.

Achieving economic wellbeing

The provision is satisfactory.

The fostering service prepares young people for adulthood. While there were some excellent examples of this in some households, placing social workers gave differing views about how effective guidance and policy was in practice or how different fostering social workers and carers understand this. One comments that carers 'encourage children in their care to develop life-appropriate self-care skills', whereas another says that there appear to be no guidelines about how this is to be done i.e., what age a child should open a bank account. This worker also comments that the fostering service rarely checks whether children are getting the correct allowances for pocket money or clothing. One carer expressed concern about the pressure to move 16 year olds out of children's services at a time when they have not yet achieved emotional maturity and self-confidence.

Organisation

The organisation is inadequate.

There is a clear statement of the aims and objectives of the fostering service and much improved information for children.

The promotion of equality and diversity is satisfactory. Policy, procedure and practice help children to know that their individual needs on the basis of race, ethnicity, disability, sexuality, gender, age and religion are valued.

The fostering service does not have clear procedures for monitoring and controlling the activities of the service and ensuring quality performance. Management of the service has been subject to major change and is not a complete or permanent team. There has been managerial absence and change at middle and senior levels. Further change is planned with a major investment in reorganisation and an improvement agenda across the department. Management reviewing systems are at a very early stage under a temporary manager. They lack a statistical basis and do not result in a reliable picture of performance.

Records about children do not routinely include full and informative foster placement agreements. One carer reported that they needed children's full history when they first arrive so they are not 'working in the dark'. Administrative records about the service, such as complaints and allegations, are not full, accurate or evaluated. Foster carers' agreements are not up to date and the register of foster carers does not always reflect approval categories because of the frequency with which approval categories change.

There is a core group of long-established, qualified and experienced staff who

provide a stable element for carers and the service generally. Qualified staff have worked to provide a stable foster care service that delivers assessments, approvals and reviews, although pressure of work and managerial change and absence impacts on this. Staff and carers are frustrated by the demands placed on foster carers by lack of placement availability. Policy, procedure and practice for key tasks and decisions are not clear, though there are active plans to improve this picture and some policies are currently under review. Practitioners say that there is a high volume of work, though they also acknowledge that better systems, such as shared computerised records, workload management, and clear guidance about key functions would reduce pressure.

Staff report supportive teams and accessible managers. However, not all staff have received professional supervision or appraisal at the frequency necessary to ensure consistently good practice. Social work staff have the experience and qualifications necessary for their role, but there is not a clear training strategy that is effective in practice to include child health, promoting educational achievement, child development and positive parenting. These are all key areas essential to the core business of the fostering service in order to promote children's welfare. There is a well established strategy for working with and supporting carers that includes training and development through National Vocational Qualification at level 3, and promotion of nationally recognised standards. One carer talked about the impact of good training: 'I took away from the course a lot of sound knowledge and understanding – it is very important to develop the relationship with the child, let them know they are to respect themselves and others.' There are self-help support groups, excellent placement support services, and carer reviews. Carers report that fostering social workers assist and offer advice freely. One carer described their experience of the fostering service as '100%', another as 'outstanding'. The service recognises that there are not enough carers to meet the demand, nor the variety to meet individual children's needs in placement. Established forums for consultation with carers have not operated recently. Lead representatives for carers noted that the new foster carer handbook had been developed without foster carer input and omitted significant information about placement planning and documentation.

Family and friends carers are an increasing and significant part of the fostering service. They are well supported by a special team of social workers and have additional pressures of short timescale joint assessments with children's social workers. Currently these carers are subject to the same intensive assessment of home circumstances and training requirements as mainstream carers. This puts additional strain on the resources within the agency and has been recognised as an area for development.

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):

- make arrangements for the protection of children through proper monitoring of allegations and action taken in response (NMS 9) Breach of regulation 12
- give written notice to the foster parent of the decision to approve, the continuation of approval, or revision of terms of approval (NMS 30) Breach of regulation 29
- ensure that foster carers are suitable, particularly in regard to language and ability to communicate with children (NMS 30 Breach of regulation 28)
- maintain and keep up to date a register of foster parents with accurate information about terms of approval (NMS 25 Breach of regulation 31)
- ensure that for each placement there is a written foster placement agreement, with the foster parent, relating to the child, which covers all the matters specified in Schedule 6 (NMS 24) Breach of regulation 34 (3)
- enter into a written agreement covering matters in Schedule 5 and ensure foster carer agreements reflect the current approval categories (NMS 25) Breach of regulation 28(5)(b)
- establish and maintain a system for monitoring the matters set out in Schedule 7 and improving the quality of foster care (NMS 4 Breach of Regulation 42)
- ensure arrangements for medical consent meet children's needs. For example, where possible by devolving consents to foster carers (NMS 12)
- ensure management systems collate and evaluate information on the circumstances, number and outcome of all allegations of abuse or neglect of a child in foster care. Scrutinise this information regularly (NMS 9.5)
- ensure all carers have training in caring for a child who has been abused and in recognising and responding to abuse (NMS 9.2)
- ensure safe care guidelines are provided for each foster home; that safe care plans relate to each placement and have been cleared with the child's social worker and are explained appropriately to the child (NMS 9.3)
- ensure careful matching is supported by effective policy and good practice regarding variations and exemptions to approval categories (National Minimum Standard 8)
- ensure an efficient and effective panel with clear written policies and procedures, implemented in practice about the handling of their functions (NMS 30)
- ensure the quality assurance function of the panel is understood, implemented and maintained (NMS 30)
- ensure each child has access to foster care services which recognise and address their needs in terms of gender, religion, ethnic origin, language, culture, disability and sexuality (NMS 7)
- ensure foster placement agreements identify where financial responsibility lies for all school and educational costs and makes clear its expectations of foster carers in relation to school day to day responsibilities (NMS 13)
- ensure a system for records about allegations and complaints is in place and that there is a separate process to bring together data about this (NMS 25.13)
- ensure the level of management delegation and responsibility are clearly defined

(NMS 16.4)

- ensure systems are in place to determine, prioritise and monitor workloads (NMS 16.5)
- ensure training programmes for carers and social work staff reflect the policies of the fostering service, eg child health, development, positive parenting, attachment, identity, and education (NMS 19)
- ensure staff receive regular supervision and planned appraisal. (NMS 20.4)