

Leeds City 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

Leeds City Council provides a fostering service to Looked After Children (LAC). A range of foster placements are provided. These are temporary, permanent, fee paid schemes, remand, task, fee paid permanency, assessment, family resource centre support and family and friends carers. The family placement team provides a comprehensive range of services for children with disabilities.

The manager has been in post since 1997. He is an experienced social work practitioner who has worked previously in fostering and adoption. The manager is supported by the head of service, four team managers and a staff group of 16 experienced and qualified fostering social workers.

Summary

The overall quality rating is inadequate - enforcement action.

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

The purpose of this inspection was to check the progress of the service against all of the five outcome areas, being healthy, staying safe, enjoying and achieving, positive contribution, economic well being and organisation. Actions and recommendations made at the last inspection were also reviewed.

The service has a number of strengths. There is a team of experienced, qualified and committed fostering workers. Support is provided by the education team, which has the benefit of a virtual head teacher. There is also very good support from the LAC health and pathway planning team. There are sound initiatives to promote equality and diversity, and the service has in post three specialist fostering and adoption workers to undertake recruitment and support of the carers from the diverse communities of Leeds. Children placed for over three years living in stable placements are achieving in school and their outcomes are good.

However, there are a number of placements identified where children have been placed with carers over numbers, and well over the normal fostering limit of three children. Some of the placements identified have been made by Emergency Duty Team (EDT) social workers. In some cases, contact has been made directly with carers outside the agreement of the fostering service. In these large households, carers are looking after children over and above their approval status and without appropriate reference to the fostering panel. Some of these carers have not had an allocated fostering worker and some have not had an annual review for some time. When placements have been made, carers are not always provided with full information on the children. There are no risk assessments and there is a lack of implemented and dated safe caring policies. Children who are not related are sharing bedrooms with no consideration as to the appropriateness of this. In some cases, no

exemptions have been completed and available exemptions do not comply with the Children Act 1989. This raises serious concerns about children's safety and the promotion of their welfare.

There is no clear over view by the service to monitor placements made in these households.

Improvements since the last inspection

At the last inspection, eight actions and five recommendations were made. Most of these are in relation to the protection and well being of children. However, the improvements made by the service to address these matters are limited. Of the eight actions raised, only three have been met and of the five recommendations, two have been met.

The provider was asked to update the Statement of Purpose to ensure it accurately reflects the service. This has been done; although there is nothing to show how it has been formally approved by elected members. The services delivered by health and education are not expanded on sufficiently to show their impact on service delivery.

The provider was asked to improve their system for keeping records to ensure that information is up to date and can be easily found. This has been done. The electronic system continues to be developed. It provides an efficient and improved means to support and inform the service.

The provider was asked to ensure that all staff in the service receive training to help them to carry out their work. Training opportunities are available to all staff and staff spoken with were accessing this.

The provider was asked to ensure that foster carers understand the allegations procedure and ensure that the agency decision maker is someone other than the fostering manager. These matters have now been resolved.

The provider has not addressed the actions relating to the making of suitable foster placements for all children, reviewing them and ensuring that appropriate risk assessments are implemented. Although agency staff are used, staffing has not been reviewed effectively to meet the needs of the service. The implementation of safe caring guidelines, ensuring children's health records are maintained and ensuring that panel decisions are kept on carer's files have still not been addressed. The support provided to family and friends carers is poor and the service recognises this is an area for development. These shortfalls do not promote the safety and well-being of children and remain an issue at this inspection.

Helping children to be healthy

The provision is inadequate.

The support given to foster carers to maintain the good health of children in their care by Leeds Fostering Service is varied. Family placement carers are given good support. This ensures that children's health needs are thoroughly assessed and recorded in their files. Children are registered with the doctor, dentist, optician and, where identified, specialist health services. There is good input from the LAC nurses and doctor. Carers are attending training on health and hygiene issues and first aid and the input from health visitors is viewed positively by them. Good support is provided to carers who are looking after disabled children, whose needs are thoroughly assessed and met. Information regarding children's health needs is clear to family placement carers, and the parent maintains full control of their children's health needs.

However, children's health and self-esteem are not being promoted and foster carers are not being given the support they need when placements are made out of hours by EDT social workers. For example, not all carers are well informed of children's health needs prior to placements being made and they are not given information unless they request it. Children's specific health needs that require individual attention are not always known and required risk assessments are not undertaken. Some children do not have health needs assessments in place or up to date copies on file. Action required following children's annual health needs assessments are not completed and some remain outstanding for a significant length of time. Children under five are not having the recommended six monthly health needs assessments. These shortfalls are not managed effectively with the result that the health and welfare needs of all children are not sufficiently met.

The service has developed a smoking policy that makes clear their position that foster carers who smoke will not be allowed to care for children aged under- five years old. However, the policy is not clear to all foster carers.

There is a lack of co-ordination for children placed with carers out of authority. This is not managed effectively and it therefore causes delay for some children having access to the health services they need.

Protecting children from harm or neglect and helping them stay safe

The provision is inadequate.

Children are not adequately safeguarded as recruitment systems are not robust. For example, not all staff files contain application forms, two references and photographic evidence of the applicant. Some staff taking up new positions in the fostering team have been transferred without having the additional recruitment checks necessary to ensure they remain suitable to work with children. Telephone contacts are not followed up and not all files contain interview notes.

The carers' homes visited were clean and well maintained. However, the health and safety annual inspection of foster carer homes are not routinely completed. Also, there are a number of carers looking after significantly more children over the normal fostering limit of three. A number of these placements have been made out of hours by social workers from EDT without the knowledge of the fostering service. Some carers are also looking after children out of their approval status without panel recommendation. For example, between four and 13 children have been placed with carers at any one time on a regular basis. Children who display risky behaviour or need to be in rooms on their own due to their particular needs are sharing rooms. This compromises children's safety and the promotion of their welfare. Exemptions are completed after children have been placed and some children placed over numbers are living in households without exemptions. Where exemptions are not agreed for the number of children placed, the consequence of this is that under the Children Act 1989, the foster carers could be deemed to be operating an unregistered children's home. This not only compromises children's safety, it also compromises the registration status of the foster carers. The panel is not notified about exemptions so the carer's approval status remains unchanged. The quality of monitoring children living in large households is not consistent, especially when there are not always allocated social workers or fostering social workers to monitor and support the placements.

There are no risk assessments in respect of large households or for children sharing bedrooms. Some safe care policies are not up to date and not all carers have copies of these documents. This does not sufficiently protect or keep children safe. Children who are not related are sharing bedrooms without the agreement of social workers. Concerns have been raised by professionals about some households for a considerable period and have not been acted on in a timely manner. The unplanned placements made out of hours by EDT have a considerable impact. There is a rapid turnover of children in the foster carer's home. This causes disruption and is unsettling and unsafe. The head of service has directed EDT not make further placements to a carer's household identified as being over numbers. However, further placements have been made without their knowledge. This is not safe practice and places children at risk.

Matching for family placement carers and children is very good. Carers speak positively about the service knowing what their strengths are and they do not feel pressured into taking inappropriate placements. However children in mainstream foster care are not always appropriately or safely matched. Children have been placed with carers with no reference to their identity or recognition of their individual needs. The fostering service operates a Parent and Child Scheme. Parent and Child placements have been made with carers not approved to take this type of placement, and no CRB checks have been completed on the adult.

The local authority has taken action to raise awareness and promote equality and diversity. For example, a large event was held in January 2008 to launch publications for children, staff and carers. This event was well attended. Training is available for carers looking after children of mixed parentage to promote their identity and

culture. However, some practices do not always reflect this when children are placed. Some carers show a lack of awareness of issues of equality and diversity and how this impacts on children. Their needs are not identified and their racial and cultural needs are not promoted or recognised. One matching report contained inappropriate comments, which demonstrated a lack of awareness of the issues of cultural identity prior to placing children.

Pre-approval training covers safeguarding and safe care issues. Carers are aware about the action to take when children go missing from home and they know that corporal punishment is not acceptable. However, the issue of restraint is not clear to all carers. This places children at risk. Carers are not recording information about children so it not clear how such matters as bullying incidents are acted on, recorded and monitored. The majority of children who responded to surveys say they are not being bullied.

The panel membership meets the Regulations. However, not all panel members have an understanding of their responsibilities with regards to assessments. For example, it was suggested by one of the panel members that approval was made on an assessment pending CRB clearance. The chair was observed to provide clarity on the matter and the assessment was deferred. However, there are some issues around panel's responsibility to provide a quality assurance of the fostering service. For example, an assessment at panel involved a child of mixed parentage placed with a white foster carer, moving into permanency with their existing carer. Panel did not fully explore the issue of the child's identity and focussed mainly on their mental health needs. The person responsible for overseeing assessments is not always picking up on issues prior to them going to panel. Although panel meetings make a record of proceedings, it does not make a written record of the reasons for its recommendations.

Helping children achieve well and enjoy what they do

The provision is satisfactory.

The local authority has some good initiatives in place to promote equality and diversity. There is a group, which consists of staff from the service who meet, consider and commission reports on diversity issues including disability and gender issues. Included has been the launch of a child-friendly booklet for children about valuing diversity issues and guidance for staff, which was held in January 2008. The launch was well attended and booklets have been distributed to carer households and professionals.

The needs of children with disabilities are well promoted to maximise their potential. Training for carers about looking after children of mixed parentage to promote identity or cultural issues is available to them. However, not all carers and staff are fully aware of the issues of race, ethnicity and identity of children from diverse backgrounds and do not work effectively to promote this. There is not enough attention paid to equality and diversity issues with some assessments of potential carers. This hinders the promotion of equality and diversity for some children.

The education of children is provided by 'Education Leeds'. This team has the benefit of a virtual head who investigates and improves education provision and attainment of LAC. The team works well with the service and provides good support both to carers and children. Overall, children are achieving educationally and attendance is high, particularly for children in long-term settled placements. Personal Education Plans are in place or in the process of being completed or updated. Carers are involved in the development of these documents. Young people who responded to surveys say that they are 'always' helped with their education. They are encouraged to reach their potential and foster carers take their education seriously. Children have been provided with their own lap top computers. Leisure cards are available so that children can access a range of venues in the area.

Short breaks for children with disabilities are well supported and their well being is promoted. Parents remain the main carer for the child. Positive comments are made by parents and carers about the support they receive.

Helping children make a positive contribution

The provision is satisfactory.

Contact is promoted and carers are clear about contact arrangements, which they sign up to in their foster carer agreement. However, individual action taken by some carers does not promote the well-being of children. For example, some contact arrangements have not been formalised or agreed, or contact has been used inappropriately as a compliance tool. The expectation from carers in relation to checking how children present following contact varies and outcomes on the impact that contact has on children is not recorded.

Children know how to complain and are supported by their carers. Support is also provided by the Children's Rights Service who act as an advocate for children. However, not all complaints made are dealt with promptly due to delays in the investigation process.

Achieving economic wellbeing

The provision is good.

All young people preparing to move into independence are referred to the Pathway Planning Team. The team has positive relationships with the service although they acknowledge that they are under resourced. This has an impact on the ability to fully implement or monitor the actions identified in the pathway plan. However, they do continue to provide a good range of services to young people. For example, young people are supported when accessing further education, employment and training. A high number of young people have been supported in attending university. Young people speak positively about how they are helped to think about their future plans. Carers are also positive about the support received from the pathway planning team. There are plans to review the pathway planning service to maximise the quality of

service offered to young people.

There are good systems in place to pay carers the agreed amounts to provide for the children and young people they care for.

Organisation

The organisation is inadequate.

The Statement of Purpose has been updated and makes clear the aims and objectives of the service. The document is supported by a number of policies, procedures and organisational strategies. The Statement of Purpose meets the Regulations. However, the services delivered by health and education are not expanded on sufficiently to show their impact on service delivery. It is also not clear how the Statement of Purpose has been formally approved by elected members.

The children's guide is a child friendly booklet. It contains key information for children about the service, including how to complain. However, the information for children on how to complain to Ofsted is not included.

The recruitment strategy continues to target a range of carers to meet the needs of the service. Preparation training is attended by carers prior to approval. Three specialist fostering and adoption workers are in post. They are responsible for the recruitment and support of carers from the diverse communities of Leeds. However, post approval training for carers is not always highlighted or evaluated at their annual reviews.

There is an established management system in place with clear lines of accountability. New staff say that they have had good induction and along with existing staff say they are well supported and supervised. Training opportunities are available to all staff. This is reported on positively by staff who are enhancing their own skills and development. However, monitoring and controlling activities in the service are not clear and robust, particularly in relation to the management of placements made by the EDT service. A number of examples relate to the multiple placements of children with carers often without the knowledge of the fostering staff, manager and senior managers. Safeguarding concerns raised by other professionals have not been addressed in a timely manner and staff who have whistle-blown their concerns over a period of time have not been listened to.

There are some established fostering social workers who are knowledgeable, committed to their work and experienced. In spite of this there still remain unallocated carers and a reduced number of visits. This situation impacts on staff morale. Annual reviews have not been done in a timely manner and the views of children placed are not known. For example, there are carers who have not had an annual review for up to 18 months. There are also serious concerns about large fostering households with carers who have not been supervised for some time and have children placed out of hours. Foster carer agreements have not been reviewed when exemptions are made and therefore foster carers are not clear as to their

responsibilities. This leaves foster carers and children in vulnerable positions. Agency staff have been employed to help with the workload demands. However, carers feel that there is less of an investment in them because they are not permanent staff.

New carers are not provided with a handbook which covers policies, procedures and guidance. The service has been reviewing this document for some time, but the review is not yet complete. Some carers who were consulted say that they feel supported by fostering social workers. However, their interpretation of support is linked to their experience and the fact that they 'get on with it', often without visits from fostering social workers. This puts young people at risk especially when there is no allocated placing social worker. Carers have put strategies in place to support each other and foster carer groups meet regularly. Carers are aware about the support available when allegations are made about them and they know how to complain. However, some complaints are not promptly dealt with or effectively monitored.

The standard of carer assessments vary in quality and range from satisfactory to poor. For example, carer's partners change without an assessment taking place, or there is no evidence of a re-assessment of carers' suitability when there have been child protection concerns. This does not protect children's safety and well being. There is not always an evaluation or exploration from assessors about carers' awareness and attitude to equalities issues to become a carer. Assessment of Family and Friends carers are not robust.

Some fostering social workers are based at an area office that is not fit for purpose. The local authority is seeking alternative accommodation. Most administrative records and files are held electronically and this is an efficient system. However, most fostering social workers are not able to carry out their duties effectively because they are hindered by poor administrative support.

Not all carers know what information they are expected to record about the children they look after. There is a lack of information given to carers regarding placements and there is no clear audit trail. Not all files contain all of the LAC documents and risk assessments. Visits by social workers are not always up to date and not all child care review reports are contained on children's files. Some inappropriate comments have been recorded on children's files and managers are not auditing them. Files from the family placement service are found to be in good order. They are clear and comprehensive.

The service recognises that Family and Friends (kinship) carers have not had a good service. A strategy to address the needs of these carers and properly support them has been produced. A consultation event with kinship carers has also taken place.

There are some good practises within the fostering service. However, elements of the service that are inadequate impact significantly on the protection and well being of children. The management of this is not robust and it does not ensure there is protection nor does it provide the support required to all foster carers.

What must be done to secure future improvement?

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.

Std.	Action	Due date
8	must ensure that all exemptions over the normal fostering limit comply with legislation (Children Act 1989, Schedule 7)	30/09/2008
8	ensure that emergency placements are consistent with the foster carers approval status and foster carer agreement (Fostering Service Regulations 2002, 34(1)(b)(c))	30/09/2008
8	ensure that all foster carers are provided with foster placements agreements (Fostering Service Regulations 2002, 34(3))	30/09/2008
8	ensure that foster carer agreements reflect the approval of the carer (Fostering Service Regulations 2002, 34(1)(b))	30/09/2008
9	provide clear guidance to foster carers and staff about physical restraint (Fostering Service Regulations 2002, 13(1))	30/09/2008
15	ensure personnel files comply with the Fostering Service Regulations 2002 and robust systems are in place to identify all members of carer's households who require a CRB (Fostering Service Regulations 2002, Schedule 1)	28/11/2008
30	ensure fostering panel oversees the conduct of foster carers assessments carried out (Fostering Service Regulations 2002, 26(2)(b))	30/09/2008
30	ensure fostering panel minutes include a written record of the reasons for its recommendations (Fostering Service Regulations 2002, 25(2))	30/09/2008
12	ensure that children's identified health needs are promoted and addressed (Fostering Service Regulations 2002, 15(1))	30/09/2008
12	ensure that each child is provided with individual support which may be required as a result of a particular health need (Fostering Service Regulations 2002, 15(c))	30/09/2008
12	ensure that foster carers are provided with appropriate health care information, in particular copies of health care assessments, immunisations and consent to medical treatment (Fostering Regulations 2002, 17 (3)(a)(b))	30/09/2008
1	ensure the children's guide includes information about how young people can contact Ofsted (Fostering Service Regulations 2002, 4)	30/09/2008
17	ensure that there is a sufficient number of experienced and qualified staff to ensure all foster carers have an allocated worker (Fostering Service Regulations 2002, 19)	30/01/2009

17	undertake thorough assessments on a person's suitability to become a foster parent (Fostering Service Regulations 2002, 27)	31/12/2008
21	ensure that the approval of foster carers is reviewed annually and all foster carer annual reviews include views of the children in placement (Fostering Regulations 2002, 29(1)&(3)(b))	30/09/2008
23	ensure foster carers are provided with training, advice, information and support, including support outside hours, as appears necessary in the interests of children placed with them (Fostering Regulations 2002, 17).	31/12/2008

Recommendations

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

- ensure that all foster homes can comfortably accommodate all who live there. It is inspected annually to make sure it meets the needs of foster children (NMS 6.2)
- ensure that each child placed has their own bed and accommodation that reflect their assessed need for privacy, space and any other specific need resulting from a disability (NMS 6.4)
- ensure that children who display risky behaviour do not share a room until a written risk assessment and outcome of the assessment is in place (NMS 6.5)
- ensure that all foster carer households have up to date health and safety risk assessments (NMS 6.7)
- ensure that when trans racial placements are made, foster carers are provided with additional training, support and information (NMS 8.6)
- ensure the matching process is recorded and makes clear the decision making and matching criteria used (NMS 8.4)
- ensure each foster carer household has in place an up to date written safe caring policy (NMS 9.3)
- ensure that there is telephone verification of references (NMS 15.3)
- ensure carers are provided with a written health record for each child. This is updated during the placement and moves with the child (NMS 12.7)
- maintain links with health agencies to help foster carers secure services for children (NMS 12.7)
- ensure that the smoking policy is reiterated to foster carers and made available to them (NMS 12.6)
- ensure that children, young people and their families are provided with foster care services that meet their diverse needs and promote equality (NMS 7)
- ensure that the importance of foster carers helping children and young people to maintain appropriate contacts is promoted (NMS 10.1)
- ensure clear procedures setting out how appropriate contact arrangements for each child in foster care are to be established, maintained, monitored and reviewed (NMS 10.2)
- ensures that foster carers record the outcomes of contact arrangements and the impact on the child (NMS 10.9)

- make clear in the statement of purpose the services offered by health and education (NMS 1.2)
- ensure the statement of purpose is formally approved by the elected members (NMS 1.3)
- ensure the service has an appropriate level of clerical and administrative support (NMS 16.11)
- ensure foster carers are provided with a foster carer handbook to assist them in their role (NMS 22.5)
- ensure that foster carers annual reviews includes an appraisal of training and developmental needs, which is documented in the review report (NMS 23.8)
- ensure that all premises used by the service are fit for purpose (NMS 26)
- ensure the support and training needs of family and friends carers are met in the same as other carers (NMS 32.3)
- ensure that all assessments of foster carers meet the NMS and demonstrate clearly the carers' understanding and awareness of equalities issues and how this establishes their suitability (NMS 17.6)
- establish and implement an appropriate monitoring process for the fostering service (NMS 4.1)
- ensure that complaints are promptly dealt with and their outcomes evaluated to inform the service (NMS 22.8).