

Blackburn with Darwen 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

Blackburn with Darwen Fostering Service forms part of the borough's services to children and families. Social workers in the family placement team recruit, assess and support people who are approved as foster carers. At the time of the inspection 113 fostering households provided long term, short term and respite care placements to 191 children and young people looked after by the borough council.

Summary

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

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

Thirteen children and young people participated in the inspection, through survey response or individual interview. Thirteen foster carers returned completed questionnaires and 15 foster carer family units were represented at meetings with the inspector. Two children were case tracked and visits were made to two fostering households.

The fostering service supports carers to achieve good outcomes for children. A range of services provides children and foster carers with resources that help to sustain placements and meet children's needs. The service works closely with other agencies, such as health, education and the local community.

The role of the panel is not sufficiently robust to ensure the safety and wellbeing of all children looked after within the service. There is variable practice in assessing carers and in particular in emergency assessments of family and friends carers. The fostering service has introduced changes and retrained staff to ensure consistently better assessments in the future.

Improvements since the last inspection

Following the last inspection, two recommendations were made under Being Healthy and both have been addressed. The service is working closely with the health authority to ensure that each child has an up to date health plan. All carers have been issued with consent to medical treatment. This means that children's health needs are better identified and children who need medical treatment can access services without delay.

Three recommendations were made under Staying Safe. The recommendation to ensure that there is an effective management system to collate and evaluate the number of allegations, concerns and complaints about foster carers has been addressed. A log book is maintained and there is management oversight of the matters recorded. This means that the service can demonstrate that all concerns are

addressed and can use collated information to inform decisions about the development of the service.

Two recommendations were made in relation to the performance of the panel. Although the service has gone some way towards addressing these, shortfalls remain. A system has been established for the panel to quality assure the operation of the fostering service and there is evidence of some improvement in the information presented to the panel as a result of this. However, sufficient and complete information is not always available so that decisions are either delayed or based on inadequate information. This means that children's safety and well-being is jeopardised.

One recommendation was made in the outcome area Enjoying and Achieving. Each child now has a personal education plan and foster carers are involved in drawing these up so that the child and foster carer know what the child is working towards.

Four recommendations were made in relation to the organisation and management of the service. Supervising social workers now have clear guidelines about their responsibilities and their practice is monitored through regular file audits and supervision. Foster carers know the policy on record keeping and it is clear that supervising social workers are checking this. Despite this, some friends and family carers are still not keeping records so that some children do not have a well documented history of their life events. All foster carers receive an unannounced visit each year, including those who live some distance from the service.

A consultation form has been introduced recently to enable children to comment routinely on their placements as part of the annual foster carer review. As this system is newly established, many children have not yet contributed to their foster carer review. Procedures for the initial assessment of family and friends carers have been reviewed and improved. Although at the time of inspection only one assessment has been carried out under the new procedure, it is envisaged that all future assessments will follow this improved process.

Helping children to be healthy

The provision is good.

The fostering service has systems in place that promote the health and development of children and support them to lead healthy lives. A particular strength is the way it works with the health service to identify children's health needs, providing fast track access to psychological and other community services. Annual health assessments are routinely carried out, usually by the school nurse and all children are registered with a GP and have routine dental and ophthalmic checks so that health issues can be quickly identified and addressed. Children and their foster families who live within the local authority receive free leisure passes so they can easily participate in physical activity. Supervising social workers routinely check that foster carers are meeting children's identified health needs.

The service has begun to address shortfalls and to implement plans for improvement. For example, training in nutrition has been set up, consent to medical treatment has been issued to all foster carers and the service is working with the Children In Our Care (CIOC) nurse to distribute up to date health plans.

Some shortfalls in the system remain. Copies of signed medical consent forms are not held on the service's files, so should they be mislaid by the foster carer then there is no evidence of consent and this could delay children from receiving required medical treatment. Initial health assessments are not always carried out within the first six weeks of placement so some foster carers do not have as full a description as possible of children's health needs. Foster carers do not routinely contribute to children's annual health checks so important health issues could be missed. Although a range of training events relating to children's health and development is provided for foster carers, the service cannot demonstrate how well trained foster carers are in meeting children's health needs. This is because it does not collate evidence from attendance at the training programmes.

Protecting children from harm or neglect and helping them stay safe

The provision is inadequate.

The service is led by a suitably qualified and experienced manager who has been appropriately vetted by the local authority. There is some good practice that serves to protect children and promote their welfare. Foster carers are provided with written information about the children in their care and this is updated following reviews and planning meetings throughout the placement. Good documentation ensures that supervising social workers are directed to record all relevant matters when assessing or reviewing carers and when carrying out bimonthly supervision visits. This means that the foster carers' abilities to meet children's identified needs are monitored and reviewed regularly. Feedback from children shows they feel well cared for in their foster homes.

Smoke alarms, cot mattresses and other equipment are routinely provided as needed. Through health and safety assessments on foster carers' homes and individual safe caring policies, the service aims to ensure that children live in suitably adapted, safe environments. A vehicle leasing scheme is in operation and multi-person vehicles are made available as necessary for up to 30 foster carers so that children are transported safely. Concerns raised by children are investigated and logs of allegations and complaints are maintained and monitored. Action is taken to deregister foster carers where there are serious concerns. Collated information is assessed and informed decisions about the development of the service.

There are some good practices regarding matching children to foster carers. A risk assessment is completed at the time of placement so that foster carers know potential risks and draw up suitable safe care policies. The matching procedure for emergency or short term placements is not sufficiently transparent to demonstrate that the skills and life style of the carers are carefully matched with the known needs of the child. Matching of children to family and friends carers has not always been

robust because reports have lacked evaluation of carers' strengths and abilities to meet the needs of the children. Recent improvements in assessments have resulted in better matching of children's needs to carers' skills. All staff have received further training in this area so that the service is confident that in the future matching considerations will be fully explored.

Written foster placement agreements provide basic or better information about a child's cultural, ethnic, religious, educational and health needs. Children who move between placements have the opportunity to visit the new placement wherever possible. Additional support services are provided to children whose identified needs cannot be met within the foster home. Foster carers are supported to meet children's diverse needs. The service does this by ensuring that mainstream carers receive pre-approval training in equality and diversity issues. Further training is available for carers matched with children transracially or children with complex needs. Carers report the training helps them to support children well.

Shortfalls in monitoring and quality assurance mean that at times, poor practice is not addressed. For example, although procedures exist for health and safety checks and safe care policies to be presented to panel, in practice this does not always happen so that sometimes panel does not have all the information it needs to consider an applicant's suitability to be a foster carer. Although the service has a policy to renew Criminal Records Bureau (CRB) checks every three years, this does not always happen in practice. This puts children at risk of exposure to adults who are not suitable to work with them.

The standard of assessment information presented to panel, in particular in relation to emergency placements with family and friends carers is varied and sometimes incomplete. Whilst the standard of assessments has improved and many are good, some lack analysis and evaluation so that children's needs are not always clearly identified and matched to the skills and life style of the foster carers.

Rigorous recruitment procedures for new members of staff ensure as far as possible that staff are suitable to work with children and reduce the risk of children being exposed to potential abusers. However, checks undertaken on agency workers are less robust and fall short of the requirements of Schedule 1. This means that the systems in place are not sufficiently robust to ensure that all workers who have access to children and to their confidential information have been thoroughly vetted. Panel members have not been subject to rigorous recruitment procedures and the service has identified this shortfall and addressed it by establishing files for each panel member in accordance with the requirements of Schedule 1.

Whilst there is an improvement in the functioning of the panel, a number of weaknesses remain. Panel procedures are not sufficiently rigorous and the organisation of the panel is not currently providing a robustly effective service.

A change of panel membership is underway following the recent resignation of two independent members and a decision to replace a third. A new medical advisor has been identified because the service have had difficulties in obtaining satisfactory

timely medical advice in the past. These changes have put a strain on the operation of the panel so that the August 2008 panel was not quorate. No health advisor was available and although all items were brought back to panel the following month, identified health issues were not discussed. Previous recommendations for approval were ratified. This puts children at risk of being looked after by foster carers who are not fit to meet their needs.

The independence of the panel is undermined because the independent members do not always contribute effectively to the discussion and because several panel members, including the panel chair have served longer than two terms in office, in breach of regulation 24 (6). Plans are in place to introduce new members. The service anticipates that the panel will be operating within the fostering service regulations by the end of 2008.

The quality assurance function of the panel has improved. Shortfalls in information presented are fed back to the panel advisor during each panel and these are taken forward within the local authority. The system is not yet sufficiently robust to protect children because although information is fed back to the service, incomplete assessments continue to be presented to panel and recommended for approval. The gate-keeping function of the panel advisor does not sift out incomplete assessments.

Emergency police checks are carried out at the start of an emergency placement with family and friends carers. Wherever possible, family and friends carers are brought to panel within six weeks of the placement. In some instances their approval is recommended and they are subsequently approved even when statutory checks have not been completed. This puts children at risk of living with unsuitable carers. For example, where a foster carer's CRB check, employer reference and health assessment were outstanding, the panel made a recommendation to approve. Similarly, where no health and safety check was available on a foster home where there were potential known risks to a child's physical safety, panel made a recommendation to approve and put the child at risk of living in an unsafe environment. In addition the panel have made recommendations to approve without considering the relevance of an applicant's criminal convictions. The panel is currently not operating effectively in line with its overriding objective to safeguard children and promote their welfare.

Helping children achieve well and enjoy what they do

The provision is good.

The service operates within a framework of anti-discriminatory practice. It values diversity and promotes equality. It focuses on recruiting foster carers from a range of black and ethnic minority backgrounds and in particular from the large Asian Muslim community in the area. The service places children with carers of the same heritage and culture as themselves wherever possible to encourage a sense of identity. Where children are placed transracially, foster carers are given support to meet their cultural, language or heritage needs so that children learn a sense of identity and are comfortable with themselves.

Young people are supported in developing their sexual identity. Foster carers of children who are confused about their sexuality receive guidance and training to enable them to provide young people with effective care and support.

The service has identified a need to increase the number of short break and long term carers for children with complex health needs and has strategies to target recruitment of carers for these children. In addition, there are a number of children aged over eight who are waiting for long term carers, and this too is a targeted area of recruitment. Short break carers receive specific training to meet the individual health needs of a particular child. They ensure that children with complex health needs have the opportunity to participate in as wide a range of activities as is possible for them.

Children receive a good level of support with their education and increasing numbers of children achieve well in public examinations. Feedback from children and carers shows a high level of satisfaction with the support provided. A mentoring scheme has proved highly effective in increasing school attendance and engagement as well as increasing self-esteem amongst children in foster care. A number of children have improved their reading ability and caught up with their peers because they have participated in a highly successful reading scheme. All children have personal education plans and the fostering service works very closely with the Children in Our Care education team so that each child's particular education needs are assessed and targeted. Where children need additional resources in schools, these are provided quickly so that they can begin to make progress as soon as possible and do not fall further behind during a possibly lengthy statementing process.

Helping children make a positive contribution

The provision is satisfactory.

The service makes sure that contact arrangements are clearly laid out so that children maintain and develop relationships with their families and friends. Where necessary to support the placement or for the safety and well-being of children and carers, contact is supervised. This is usually within one of the welcoming and well equipped local authority children's centres. Children are consulted about and express satisfaction with the arrangements for contact. Foster carers receive training to ensure they understand the importance of promoting contact. Supervising social workers monitor arrangements so that any difficulties are quickly addressed.

The service ensures that children's opinions are sought over issues that affect their daily lives. Foster carers understand the importance of listening to children. Professionals working within the service are well trained in and good at communicating with children so that children feel they can speak openly. One young person commented, 'Social services are top'. Children have access to an advocate where needed.

The children's guide invites children to comment on how the fostering service operates. Most children know how to make a complaint or raise a concern about their care. Children are listened to and their views are taken into account in decision making about their own situation. Seventy per cent of children know who to go to with a problem. For some, this includes the newly established volunteer mentors, with whom they have built up good relationships. The service obtains the views of children with communication difficulties through the use of interpreters or individual Picture Exchange Communication Systems, as necessary and where possible.

A document has been produced to enable children to give written comments for the foster carer review. Its implementation is recent so that a high number of children have not yet contributed to the foster carer review in this way. The comments of children and families using the short break service are not routinely ascertained for the review so some children do not have the opportunity to influence their placements through the review process. Children can comment on their placement in their Children In Our Care (CIOC) review and placing social workers gather this information.

A children's council has been established within the local authority but there are currently no representatives from children in foster care. The local authority has altered the constitution of the council to ensure that in future foster children are represented in this forum. A sample of children contributed to a local health audit undertaken by the CIOC nurse and another sample participated in a recent survey of 'children in our care'. The findings of both surveys have been shared with the fostering service with the aim to use the information obtained to further develop and improve the service. A group of young people have contributed to improved ways of working in the Leaving Care team and have participated in making a DVD and a CD aimed at supporting other young people who are approaching leaving care. Through this, young people have a better understanding of the issues around leaving care.

Achieving economic wellbeing

The provision is good.

Young people receive the support they need to help them prepare for leaving care. Pathway plans are drawn up by the Leaving Care worker and the young person following a pathway assessment. This helps young people to know what skills they need before they are ready for independent living and engages them in the process of preparation more effectively. They are enabled to remain with foster carers beyond their 18th birthdays where this is in their best interests. Foster carers work closely with the Leaving Care team and connexions so that children benefit from having a consistent approach. Supervising social workers check outcomes for children and address any issues during supervisory visits with foster carers so that foster carers and young people remain focused on the preparations needed for moving on. A support group run by the local authority is held fortnightly for young people getting ready to leave care so they can share experiences and build relationships with peers in similar circumstances.

Foster carers receive a fostering allowance and agreed expenses that cover the cost of caring for each child. Payments are banded and are linked to the level of skill of the foster carers and the complexity of each child's needs. Foster carers who are qualified in the care of children and young people and who improve their skills through training receive additional financial rewards. Family and Friends carers are paid at the lowest band level initially, but can quickly move up to the same levels of payment as mainstream carers. They do this by improving their skills level through attendance at the required training events. However, not all family and friends carers know this. This system encourages all foster carers to develop their skills so that they provide high quality care for children.

Organisation

The organisation is satisfactory.

The service has a clear Statement of Purpose that is updated annually. It provides comprehensive and detailed information about the aims and operation of the service. It does not contain details of the number of children placed with foster carers or the number and outcome of complaints made. The children's guide to the service is available in one form only and is not suitable for the use of all fostered children. It does not contain information about how a child can secure access to an independent advocate, nor does it clarify how to make a complaint. Other relevant information is included and all children are issued with a copy when they are first fostered.

The service is managed by a full time fostering team manager who has been in post since the last inspection and is responsible to the head of service. The manager monitors the operation of the service. Information about complaints and allegations is held centrally and monitored. Information is not collated about foster carer training or the timely renewal of statutory checks so that the manager does not have an accurate overview of how the service is performing in these areas. Although monitoring of the matters listed in Schedule 7 of the Fostering Service Regulations takes place, it is not collated into a single report that provides a review of the quality of care.

The manager is well known and respected by foster carers who appreciate her effective and fast decision making and hands on knowledge. They consider this prevents delay in decision making for children. Lines of accountability are well established and there is good communication between foster carers, team members and the manager. The team is well led and supervised in a way that enables staff to provide an effective support service to carers and children, when fully staffed. The team has suffered from staff shortages over the past nine months and two agency workers have been employed to ensure that children and carers continue to receive a satisfactory service. The staffing assignment for the service has been reviewed and increased but new workers have not yet taken up post so that there has been some delay in implementing planned improvements.

Through regular training, staff keep up to date with developments in fostering and improve their skills and knowledge. This enables them to provide good advice to

carers. A duty system is in operation and this enables supervising social workers to plan their work effectively so that foster carers receive adequate or good support and supervision. The manager monitors the work of the team, provides guidance and shares information through regular team meetings, briefings and one to one supervision. Feedback from foster carers and other professionals indicates that communication with children's mental health services and schools is not consistently good.

An effective recruitment strategy ensures that interested applicants are quickly engaged with the service. The recruitment programme includes a number of high profile events aimed at recruiting carers from a wide range of backgrounds whilst at the same time targeting carers for children identified as needing placements. The manager is aware of the shortfalls in the quality of some assessments and is addressing this with the staff team because some children are being placed with carers who have not been effectively assessed to a high standard. All staff have recently attended training in assessing family and friends carers and this has led to a marked improvement in the quality of assessments. However, as the procedure is very new, the service cannot yet demonstrate sustained improvement in the quality of assessments.

The service recognises the importance of having trained and qualified foster carers and provides funding for carers to undertake relevant qualifications to NVQ level 3. A varied and useful training programme is in place for carers and they are encouraged to attend so that they can improve their skills in meeting children's needs. The Children's Workforce Development Council induction programme has been introduced for all new mainstream carers and they are expected to complete this during their first year as foster carers so that they have a good knowledge base about matters that affect children who are looked after. Attendance at training varies and, since the last inspection, has been linked to an annual bonus. The incentive of a financial reward has encouraged more foster carers to attend training and so the workforce is becoming better skilled and more competent to meet children's needs. As the service does not collate training records, it cannot evidence this. The take up of training amongst family and friends carers remains low and the service has identified this as an area for development.

Children are placed with foster carers who are well supported and who are encouraged to meet their identified needs and to record and review the child's progress on a regular basis. Some friends and family carers do not appreciate the need to keep written records so some children do not have a well documented history of their life events. Areas where children may need additional support are identified quickly and supervising social workers enable access to other services or professionals. Children receive respite care and additional support in accordance with needs. There has been an improvement in the sustainability of placements because foster carers and children receive high quality support from the psychological service, out of hours team and the adolescent unit.

An independent foster carers support group meets regularly and the head of service attends so that any areas of concern or suggestions for improvement are fed back to

the management team. In addition, the service canvasses the views of foster carers on proposed changes. This ensures that foster carers views are taken into consideration in the development of the service.

Foster carers receive relevant written information about children at the start of the placement and this is renewed throughout the placement. Foster carers are provided with a lockable metal filing box for the safe storage of confidential information. Children's case records and foster carer records are mostly well kept, but gaps in information and inaccurate recording in some cases means that the quality of information is not always sound.

The service values the contribution made by family and friends carers and is sensitive to pre-existing relationships in assessing and approving family and friends as carers. The assessing of family and friends in emergency situations has not been consistently good. The service has recognised this. Improvements in the assessment process have been introduced and it is envisaged that this will lead to sustained better quality of assessments from now on. The service has focused on developing relationships with family and friends carers so that children in these placements can benefit from the same level of support as other children. The particular training needs of family and friends carers have not yet been prioritised although this is something the service plans to do. However, they have been invited to attend all training events open to mainstream 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
30	ensure that the panel operates efficiently and effectively (Regulations 24, 25, 26)	31/12/2008
15	ensure information is obtained and kept on everyone who works for the purposes of the fostering service in accordance with schedule1 (Regulation 20)	31/12/2008
15	ensure you do not approve a person as a foster parent unless the service has completed its assessment of the applicant's suitability and that the panel has considered all required information (Regulation 28)	31/10/2008
4	review the quality of care by monitoring the matters outlined in schedule 7 and collating the findings in a review report that can be used to inform the development of the service (Reg 42).	31/01/2009

Recommendations

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

- ensure foster carers routinely contribute information about the child's health needs to their annual health reviews (NMS 12)
- provide the foster carer with as full a description as possible of each child's health needs and where these are not available, give high priority to ensuring that the information is obtained and passed to the foster carer once the placement is made (NMS 12)
- put a system in place to show that safe care policies are shared with children (NMS 9)
- improve the written evidence of matching procedures (NMS 8)
- ensure all children, including those with communication difficulties are routinely provided with the opportunity to contribute to the foster carer review (NMS 11)
- ensure all Family and Friends carers know they can progress to band 2 by doing the skills to foster training(NMS 29)
- improve procedures for monitoring the renewal of CRBs and the take up of training by foster carers so that quality performance is ensured (NMS 4)
- ensure all the required information is included in the foster care agreement (NMS22)
- ensure the Statement of Purpose and the children's guide cover all relevant information and are presented in a way that is fit for purpose (MNS 1).