

# Sefton 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**

Sefton Council fostering service is part of the local authority's children's services department. The fostering service recruits, assesses and supports a range of foster carers who provide placements to children and young people looked after by the council. Foster carers are recruited and approved under the registration categories of short term fostering, concurrent placements where foster carers are also approved as adopters for the child for whom they are going to care for and permanent foster carers. The service also provides a short break scheme for children with disabilities who live with parents and main carers.

### **Summary**

The overall quality rating is satisfactory.

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

The fostering service has worked to implement significant improvements to policies, procedures and practices since the last inspection. The profile of the family placement service has been raised within the organisation and new management arrangements are being created in order to support the work of the team throughout the department. The service has a more robust focus on safeguarding children in placements whilst at the same time offering support to foster carers and ensuring they are accountable for their practice. The service is however not always able to demonstrate that the views of children in placement have been obtained as part of the annual reviews of foster carers.

The fostering panel provides an efficient and effective service with its primary focus on safeguarding children.

The support provided to family and friends who are foster carers continues to be reviewed in order for the inherent difficulties associated with these placements to be managed.

The direct management of the family placement team is about to change and this is inevitably leading to some uncertainty, but the department is committed to ensuring the continued development of all aspects of the family placement service to ensure the welfare children and young people is promoted and safeguarded.

### **Improvements since the last inspection**

The fostering service has introduced new policies and practices to ensure foster carers receive full information on the children and young people placed with them, including consent to medical and dental treatment. Children are placed only with foster carers who are approved to take them and all placements have a written foster placement agreement. The fostering service provides training for foster carers

to ensure they have the knowledge and skills to care for children. All applicants to become foster carers have a medical assessment as part of the approval procedure and the information is presented to the fostering panel. The fostering panel now undertakes a quality assurance function and comments on the quality of foster carer assessments presented to it. It also provides the authority with regular reports on other matters relevant to its operations as a fostering panel. The panel now has an elected member of the local authority as a member. The family placement team is fully staffed.

### **Helping children to be healthy**

The provision is satisfactory.

The health care of children and young people is promoted by the fostering service. Children's needs are identified by health care assessments at the time of their initial placement and thereafter through regular updated assessments and statutory reviews conducted by the independent reviewing officers. Both routine and specialist health care is available for young people. All young people for example are registered with doctors, dentists and opticians and specialist health care is provided where necessary.

A second nurse for looked after children has been appointed and this has increased the support available to foster carers. Foster carers are aware of their responsibilities to promote the health care of the young people in their care and are supported by the fostering service through training, such as first aid and safer caring, and regular supervision. A relatively high turnover of placing social workers means that social workers from the fostering team can be the staff most consistently involved with the care of young people in foster care. Supervising social workers ensure that foster carers have information and advice to enable them to provide effective health care and in general foster carers recognise and value the support they receive. The turnover of staff can however sometimes result in information provided to carers not fully describing health care needs. In addition actions identified as being required, such as referrals to other agencies for specialist support, are not always being followed through in a timely way.

Foster carers are supported to promote healthy lifestyles through healthy eating and exercise. Young people have leisure passes and these are valued by young people and their carers.

The issue of the delegation of medical consent to foster carers is not always clear. The fostering service has reviewed the systems for providing written consent to medical treatment documentation held by foster carers. However, consent to routine and emergency medical treatment is delegated to named officers of the authority, not the foster carers, and that delegation is authorised by the named officer themselves.

## **Protecting children from harm or neglect and helping them stay safe**

The provision is satisfactory.

The fostering service has experienced a period of change, including a number of changes to managers within the service. The team manager and deputy team manager have for example been employed on temporary contracts and are about to leave the service. A new team manager is about to start. A new resource manager has been appointed, also on a temporary contract.

Staff who work for the fostering service are recruited in line with the local authority standard recruitment and selection procedures. Staff files contain all the necessary checks and references. They do not always have a recent photograph, although copies of driving licences or passports are on file. In addition the temporary appointment of the resource manager, who was already an employee of the local authority, is not supported by a statement describing the rationale as to his suitability for the post and all the checks and references on file refer to his substantive post.

The assessment of foster carers' suitability to foster includes health and safety assessments on foster carers' homes. Health and safety aspects of the home are regularly checked by supervising social workers during their supervisory visits and as part of the foster carers' annual review. These checks ensure foster carers can provide a safe environment in which young people live. Information about aspects of safety in the home is not always evaluated by family placement workers. The significance of the absence of certificates on heating equipment, for example, is not always commented on. Foster carers' homes are warm, adequately furnished and decorated and are maintained to a good standard of cleanliness and hygiene.

All homes have a fire plan, and a family 'safe care' policy. The safe care policy is however a standard document and does not always reflect the specific needs of each placement. For example the safe care plan for a five month old baby contained information about the child needing to wear a safety helmet when riding a bike, having its use of the computer monitored, and taking 'time out' when angry. Children are matched with foster carers who can meet their needs and are placed with foster carers in line with the terms of their approval. Foster placement agreements detail the care that is to be provided by foster carers and the support that they will receive. Placement decisions take into account all aspects of a child's needs and matches are achieved by information sharing and the involvement of all relevant professionals.

Foster carers are aware of their responsibilities to keep children safe. Training for carers includes all aspects of safeguarding, managing challenging behaviour, and developing self esteem. Foster carers receive regular and effective support from family placement workers.

The fostering panel is organised efficiently and effectively. It ensures decisions are

made about the approval of foster carers in line with the overriding objective to promote and safeguard the welfare of children in foster care.

### **Helping children achieve well and enjoy what they do**

The provision is satisfactory.

The fostering service ensures that children are provided with foster care that values diversity and promotes equality. Children's needs are assessed and recorded on documentation that supports the matching process and which is made available to foster carers. Where children cannot be placed with carers who match their racial heritage, for example, the need for additional support is assessed and documented. The quality of care provided and each child's progress is actively monitored through foster carers' training and support and the case review process.

The report from the foster panel regarding the need to improve equality and diversity assessment in assessments of carers. Educational achievement is valued and children are supported to develop and achieve according to their potential. Foster carers are assisted to work with schools to ensure the children in their care receive effective assistance. The multi agency support team offers various resources to foster carers and works directly with schools to develop children's educational and personal development and achievement. The views of young people are actively sought in order for them to be fully involved in the development of their own educational progress.

The key process for educational support for looked after children is the personal education plan. The service recognises that these can be basic at times and they do not always record the information that is required in order to record educational needs and provide foster carers with information about the ways in which they are to support educational progress. The attainment of children in foster carer is regularly monitored and additional support, tuition and practical assistance, such as information technology (IT) equipment are provided when the need is identified.

### **Helping children make a positive contribution**

The provision is satisfactory.

The service makes sure that children and young people in foster care are encouraged to develop and maintain family contacts in so far as this is consistent with their safety and development. Issues of contact are set out in placement agreements and foster carers are aware of their responsibilities to promote and support contact arrangements. Contact issues are regularly discussed and monitored through foster carers' supervision and the statutory review process.

Financial support is provided to foster carers for transport and other costs arising from contact between children and their family. Risk assessments ensure contact is maintained and managed in accordance with the child's needs. Children and young people are regularly consulted about their views and wishes in regard to contact

arrangements.

The local authority has set up a number of ways in which young people are able to contribute to the development of the service and have their views established. The Children's Participation Officer is actively involved with groups of young people and produces a regular news letter for all looked after children. Children and young people have copies of the children's guide to the fostering service that is produced in age-appropriate formats and gives them information about such issues as advocacy and how to make a complaint.

Young people's views are not actively sought and recorded as part of the annual review of foster carers with whom they are placed. Although young people and foster carers report that the process is carried out in some cases, the documentation for foster carers' annual review does not systematically and consistently contain evidence of the contribution of children and young people to the process.

### **Achieving economic wellbeing**

The provision is satisfactory.

Young people are supported to develop skills, competence and knowledge necessary for adult living. For example each young person is allocated a leaving care worker from the age of 15. Pathway plans determine the needs of young people and the support they need to develop the aptitudes to live independently. Foster carers are encouraged to support young people in their development and a number of foster carers remain in contact with young people after they have left the foster home. The fostering service recognises that more needs to be done to develop foster carers' skills in supporting young people. This is to be done through supervision of foster carers and additional training for staff and foster carers in developing skills for independent living.

Foster carers receive allowances and expenses in order for them to meet the cost of caring for young people. Generally these allowances are paid in full and on time. The system for the reimbursement of travelling expenses is, however, cumbersome and complex to administer. The system is not equitable, can discriminate against some foster carers and result in significantly delayed payments to foster carers.

### **Organisation**

The organisation is satisfactory.

There is a clear statement of the aims and objectives of the fostering service. This is accompanied by a children's guide. Children, staff and foster carers are clear about what the service provides and the values and principles on which it is based.

The fostering service is managed by qualified and experienced staff. A number of key positions, such as the team manager and deputy manager, have been filled on temporary contracts and are about to change. This, together with changes to other

key personnel, means that staff in the fostering service are faced with some uncertainties about the immediate future. However, the work undertaken over the past year, and the developments and improvements to all areas of practice, have left the team in a confident position about its abilities to provide an effective service. The team is now fully staffed and morale is high. Staff feel well supported and effectively managed through formal and informal supervision and team meetings. They believe they have worked hard to create sustained improvement to the service and the support it offers to children and carers.

The promotion of equality and diversity is satisfactory. Children are placed with carers who understand and can meet their needs in relation to religion, race and ethnicity.

A number of new procedures and policies have been introduced and these have provided staff with the ability to contribute to the development of the service.

Foster carers undergo comprehensive assessments as part of their recruitment and selection, carried out by qualified and experienced staff. The assessment includes assessments on foster carer's own health. These health care assessments are not however regularly or routinely updated, as are other areas such as checks with the Criminal Records Bureau. Foster carers can go several years without additional health checks, even when they experience health problems.

Foster carers are well supported through a regular supervision structure which includes regular unannounced visits, out of hours support and annual reviews. Regular training is provided for both staff and carers and this enables them to maintain and develop the skills necessary for supporting children and young people. Some foster carers do not always attend the training provided for them. The foster carers' supervision records do not always assess the impact of this or describe any remedial action to be taken as a consequence.

A key issue facing the service is the relatively high turnover of social workers responsible for placing children. Family placement workers are often the most consistent element of placement. One foster carer, for example, said the child placed with her and had six social workers in four years. These changes mean that staff are not always able to familiarise themselves with policies and procedures and that the quality of information about children given to foster carers may not always be sufficiently detailed or up to date.

New systems for foster carer's case recording and the structure of files have been introduced. The recording foster carers remains variable. One foster carer, for example, said she recorded 'Only when I have to'.

Although foster carers are aware of the department's complaint procedure the system is not always implemented effectively. The file of one foster carer for example said a complaint was being investigated but the file did not contain any information about the complaint, the progress of its resolution or its outcome. The foster carer was not aware of the stage the investigation was at.

The fostering service continues to support the placement of children with family and friends. Specific attention has been paid to monitoring the practice of placements made under Regulation 38 of the Fostering Services Regulations so that they are within the required timescales and provide children with safe and effective care. A pilot project has been set up to provide support for placing social workers in their initial assessments of family and friends who wish to become foster carers and this project will evaluate the tensions that arise from working to assess foster carers within the timescales of the regulations and directions of the courts involved with the placements of children.

## 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
11	ensure that, when undertaking the annual review of a foster carer, the fostering service shall seek and take account of the views of any child placed with the foster parent (Regulation 29(3)).	30/04/2009

### Recommendations

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

- review the systems for ensuring that foster carers are provided with appropriate information on the health care needs of any child placed (NMS 12)
- review the arrangements for giving consent to the child's medical or dental examination or treatment (NMS 12)
- review the recruitment and selection procedures for appointing staff to work in or for the fostering service (NMS 15)
- review the practice for assessing the extent to which the home and immediate environment are free of avoidable hazards (NMS 6)
- ensure safe caring guidelines are based on a written policy for each foster home and are specific to each child in placement (NMS 9)
- review the procedure for approving payments to each foster carer of allowances and agreed expenses which cover the full cost of of caring for each child placed with him or her and that payments are made promptly and at the agreed time (NMS 29)
- ensure that regular reassessments are undertaken on the health of foster carers

(NMS 17)

- ensure each foster carer is trained to record significant life events for the child placed with them (NMS 24)
- ensure each carer's annual review contains an appraisal of training needs (NMS 23)
- ensure records of complaints and the details of any investigation are clearly recorded on relevant files (NMS 25).