

# North Lincolnshire Council Fostering Team

Inspection report for LA Fostering Agency

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<b>Unique reference number</b>	SC043224
<b>Inspection date</b>	24/06/2009
<b>Inspector</b>	Jacqueline Malcolm / Simon Morley
<b>Type of inspection</b>	Key

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<b>Date of last inspection</b>	11/06/2007

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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**

The service provides care for children and young people who are looked after by the local authority and whose needs are best met in a family environment.

A service manager leads the service and a team leader has day to day management responsibilities for the service. The team leader is supported by a well qualified and experienced team of family placement officers and a dedicated administrative team.

The service is responsible for the recruitment, assessment, training, support and development of all its foster carers. There is a single fostering panel.

The service provides foster placements including: mainstream fostering, long term fostering, contract care, single placement care and short term breaks. The service caters for children and young people aged 0 to 18 years.

## **Summary**

The overall quality rating is satisfactory.

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

The outcomes for children and young people are satisfactory with some strong features. There is good support from health and education, young people are consulted in different ways. Young people making the transition into independence are well supported and there is good support and training opportunities for carers, particularly carers who provide short breaks to children with disabilities. A well organised and representative panel provides a good level of scrutiny. Valuing equality and diversity is satisfactory.

However, shortfalls lie in the number of carers available to provide more placement choice, prevent overcrowding and ensure appropriate matching. Aspects of the recruitment process, safe care and risk management is not robust and the way that allegations against foster carers are managed at strategy meetings raises concerns about decision-making and the way that information is recorded to capture the events and inform of the action that the service needs to take to safeguard children.

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

No actions were made at the last inspection. Of the four recommendations made at the time, three have been addressed. Fostering staff are supervised monthly, exemptions are now shared with panel and a significant number of foster carers have received updated safeguarding training.

There is a recommendation that relates to carers completing periodic reports on

outcomes for children and young people. This is yet to be addressed by the service and remains an outstanding recommendation.

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

The provision is good.

The service actively promotes the health and development of children. This ensures that carers are well supported to competently meet the needs of children and the outcomes are good. Carers who look after children with disabilities are given good support and they are provided with equipment and appliances to meet their needs. The statutory review process ensures that children's health needs continue to be met.

Carers are well supported to access the services of health professionals and specialist health services for children. For example, the Children and Adolescent Mental Health Team (CMHT), who offer a flexible and accessible service that is viewed positively by the fostering team and carers. There is also good support from the drugs misuse team and teenage pregnancy co-ordinator. Health information events have been arranged for children, which cover areas, such as drugs, smoking and sexual health issues.

Children are supported by carers to eat a healthy and balanced diet.

A smoking policy is made clear to all carers and this issue and the long-term health of carers is explored in detail at fostering panel.

A large percentage of children's have up to date health needs assessments. Most carers are aware that they need to record and report accidents and injuries.

There is good co-ordination between different health authorities for children who live out of the area to ensure that they have access to the health services they need.

Carers have attended training on health issues, healthy living, hygiene issues and first aid. Some carers are also trained in administering specific medication. However, consent to medical treatment is not always evident and the action taken by the fostering service to follow this up is not clear.

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

The provision is satisfactory.

The service is managed by people who are suitably qualified and experienced to safeguard and protect the welfare of children. Staff involved in the assessment of carers are qualified social workers, most with a background in child protection who have worked in the service for several years. Arrangements are in place to renew Criminal Record Bureau (CRB) checks every two years. Written references are followed up with telephone contact. However, there are shortfalls in some aspects of

recent recruitment practices that are not robust. For example, not all personnel files include the years of employment and only the months are recorded. There is no evidence that the reason for leaving posts, including previous employment has been verified.

The carer's homes visited were clean and well maintained. The homes are child friendly and age appropriate with toys and equipment to meet the needs of younger children and children with disabilities. Children seen in these households were happy and settled. Health and safety annual inspection of foster carer homes are routinely completed, including safety checks on transport and pets. Records of exemptions above the usual fostering limit of three are used mainly to accommodate sibling groups, however there is a small number of households that include more than one sibling group. All exemptions are agreed by the fostering and senior managers and they go to panel and are thoroughly scrutinised. The panel chair is provided with monthly figures about exemptions and they are not aware of any unauthorised exemptions. Not all risk assessments on children sharing bedrooms are in place.

Matching for carers looking after children with disabilities is well organised. Carers speak positively about the service knowing what their strengths are and do not feel forced into taking inappropriate placements. However matching is compromised by the lack of placement choice and some children are placed over the usual fostering limit or outside the approval range. There is a matching panel made up of a number of professionals to decide on appropriate matches. This is a new development, which looks at the risk of matching and safe care issues. Some matching considerations are made based on the teams knowledge of carers ability to meet needs rather than a written decision making process. Some foster placement agreements show no clear reference to identify or recognise that children have any needs and matching considerations and some matching information is not readily accessible.

Training and support is promoted for the small number of carers who look after children from a different ethnic origin, culture and religious background to them.

Carers are trained during the pre-approval stages in safeguarding and safe care issues. Each foster carer household has their own safe care policy. However, not all of them are robust and some aspects of risk are missing or are not explicitly recorded to ensure that everyone is clear about appropriate behaviour and safe boundaries.

Carers are aware about the action to take when children go missing from home.

Sixty foster carers have attended child protection training and further dates have been set up to ensure that this number is maximised. The management systems to collate and evaluate information on the circumstances, number and outcome of all allegations of neglect or abuse of a child in foster care is not robust. For example, some information recorded at safeguarding strategy meetings is inaccurate, confusing and misleading. This raises concerns about the recording of information, decision-making processes in the multi-disciplinary arena and the protection of children in foster placements where there are serious concerns raised about their

care and welfare. The Local Authority has recognised this shortfall and action has already commenced to ensure the safety of children and review the processes to learn lessons and prevent further incidents from happening.

Most carers are aware that corporal punishment is not acceptable. However, the issue of restraint is not clear to all carers. Restraints reported to the fostering service does not provide a clear indication of what lead to the restraints and include clear details of the way children are restrained. There is good information for children about bullying and the service has involved the Youth Group to raise awareness, counter bullying and reduce incidents, including the production of artwork on the subject. However, not all carers record information about children, so it is not clear how bullying incidents would be monitored.

The information that carers have about children placed with them varies. Some carers say that they are well informed to meet children's needs and some are not as confident that they have all of the required information or have the same interpretation of the plans for children.

The panel is well chaired and organised. There is good representation of panel membership, including two elected members, health and education advisors and a person who has experience of being in care. All members have up to date CRB clearance. The panel advisor role is appropriately delivered by the fostering manager. There is a good level of scrutiny and deliberation and all members are encouraged to have a say. Panel is clear about their responsibilities with regards to carer's assessments. There are good quality assurance processes and methods to report this information to the fostering team. Panel meetings make a written record of proceedings, including the reasons for its recommendations under the five outcome areas. Panel are aware of their own strengths and areas for training and development.

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

The provision is good.

Equality and diversity is promoted in most areas and there is a corporate policy and plan. The promotional photos used to raise the profile of the service is also reflective of difference. Children and young people are not disadvantaged from having equal opportunities to develop their leisure interests and talents in line with their wishes and interests.

Children with disabilities are valued and their needs are well met and promoted. A dedicated service provides support to families, keeping them together with the parent remaining the primary carer. It is located in the fostering service and provides respite and short breaks with carers who are specifically matched to meet the needs of children. Carers are provided with the necessary equipment and information to provide appropriate care.

The service recognises that the majority of carers are from a White British

background and the ongoing recruitment strategy aims to target a diverse range of carers. The service has developed sound links with agencies that provide interpreters and translation services. Some foster carers have had equality and diversity training, including mandatory Children's Workforce Development Council (CWDC) training. In some instances there are good examples of how children and carers from different race, religion and culture and differences are matched. However, not all carers or social work staff understand the importance of children's identity and do not always work proactively to promote this. For example, matching considerations are not always clearly recorded. Some children from White British culture are identified as not having any cultural needs by placing social workers. This has gone by unchallenged. The needs of children placed trans racially are not always sufficiently explored so that placement agreements accurately reflect how a child's race, religion and culture will be met and not undermine the wishes and feelings of parents.

The education of children is well promoted. The service is supported by the education team, which is overseen by a virtual head or head of school improvement. The team has high expectations about educational attainment for children in care. Children are involved in appropriate education placements and alternative programmes. Children who require one to one tutoring get this support and have a good learning support unit that looks at young people's different learning styles. School attendance is high and there are no exclusions. Personal education plans and statement of educational needs are in place or in the process of completion or updating. Carers are involved in the development and implementation of the plans and attend parent open evenings and meetings.

Young people are achieving educationally whether this is through the traditional GCSE's or alternative programmes. There is good support packages and financial resources available. Young people have their own computers with appropriate restrictions. Young people are encouraged to reach their potential. Carers take this matter seriously, attend school meetings and promote educational attainment. An information system oversees educational attainment and ensures that virtual head can use the data to track children in care and make necessary interventions.

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

The provision is good.

Children are supported to make a positive contribution to their lives. The service promotes contact. This means that children continue to have contact with significant people in their lives. Foster carers understand the importance of contact and they sign up to approved arrangements that are identified in placement agreements. Carers support contact arrangements as appropriate.

Children are consulted on a range of issues. For example, LAC reviews, foster carer reviews, Children in Care Council and a range of other social events. These are very well promoted by the service. A group of children, known as Youth Group meet regularly and is widely used. A monthly overview shows what activities the children have been involved in and consultations are delivered by a number of agencies,



including health and safeguarding. Online polls also solicit children's views on a number of important issues such as the difference that foster carers have made to their lives and about how foster carers can be recruited. Children have also done some work on bullying, controlling anger, artwork, use of the computer and have been heavily involved in the production of complaints leaflets for children and young people in care. The Youth Group has links with the children in care group who report to the corporate parenting board. Children are encouraged to feel empowered and confident.

The lead member takes active interest in hearing what young people have to say. Carers are trained by the service to listen to children and children have access to the complaints and advocacy officer. Views are ascertained from carer's birth children.

However, it is not clear what suitable means are available for any child with communication difficulties to make their wishes and feelings known regarding their care and treatment.

### **Achieving economic wellbeing**

The provision is good.

Young people are supported to develop skills for life and prepare for independent living. Pathway plans are implemented at 16 and young people remain with their allocated social workers up to age 18. This ensures consistency and a more flexible service. Independent reviewing officers review pathway plans. This is good practice and ensures monitoring of the plans. Foster carers also involved in the pathway planning process and support young people during the transition period. Some young people are in no haste to move on and they may remain in foster placement for longer periods. Resources are available to young people leaving care who have a supportive lodging scheme and flats with support. Young people say they feel supported to plan and think about their future.

Payments to foster carers are well organised and there are systems in place to support this. This ensures that foster carers are provided with the agreed amounts. Financial assistance is available to carers to provide for the children they look after. Issues reported by foster carers regarding payments are swiftly remedied.

### **Organisation**

The organisation is satisfactory.

The promotion of equality and diversity is satisfactory. Policies and procedures support the steps to promote equality and diversity in practice throughout the outcomes areas. However, there are some inconsistencies with regards to information sharing that does not comply with equality and diversity practices.

The statement of purpose has been updated this year and has been approved by elected members. Most of the document meets regulations. However, the staffing list

contains details of the adoption team and there is no reference to the number of complaints made and their outcomes. The children's guide is child friendly and makes reference to Ofsted. However, it may not be suitable for younger children.

There are systems for monitoring and controlling the activities of the fostering service. The service uses a small number of independent agency placements and there is a good level of scrutiny of quality assurance checks and monitoring.

Family placement officers are qualified, experienced and competent. They are committed to their work and are well retained. They are well supported by the team manager who is suitably qualified and experienced to manage the fostering service. Staff know who they are accountable to and there is good senior management support. Family placement officers manage a caseload of 20 carers with at least three assessments. Staff say that although they are busy, their caseloads are manageable and they can deliver support to carers and manage their caseloads. There is an undertaking from senior managers to supply additional resources if the demand for prospective carer's assessments increases. Training opportunities are available to all fostering staff and they respond positively to the training they have received. Staff are regularly supervised and new staff are well supported and had a good CWDC induction. Staff appraisals have been conducted. Staff indicate that they work in a supportive team where they feel listened to. The administrative team, including the work of the panel administrator supports the service well and enables staff to carry out their duties.

Family placement officers are clear about the role of children's social workers and their own.

There is a recruitment strategy with dedicated staff in post to increase the number of foster carers to ensure increased choice of placements that target certain groups of children and minimise overcrowding. This is regularly reviewed and monitored. Foster carer's assessments, including family and friends carers are generally good and continue to be improved through the manager's quality assurance of reports and panel scrutiny. Carers who are assessed to be foster carers said that they thought it was a very thorough and detailed process.

Carers are provided with an informative foster carer's handbook that contains relevant policies and procedures to help them to care for children. Carers feel well supported by the fostering service and speak very highly of the team. All carers are supervised by an allocated family placement worker and are visited, including unannounced visits. Carers are encouraged to attend support groups and may get involved with the local Foster Care Association (FCA). Training opportunities are available to all carers at flexible times and a number have attended a range of courses, although there are some carers who say they do not have the time to attend training due to family commitments. Mandatory CWDC training will ensure that carers are trained by 2011 and there is a training officer in post to provide support. Carers annual reviews are well organised and the appointment of an independent chair ensures proper monitoring and takes any conflict away from family placement officers. This is good practice. Annual reviews are also presented at panel

at the first and third reviews.

Carers have an agreement setting out the expectations of them. However, there are some carers who have not always followed their agreement in relation to training and behaviour management issues.

Since 2005, three complaints have been made by foster carers or about them. It is not clear how the outcomes have been evaluated to inform future practice. Not all carers are aware about the support available to them if an allegation is made about them. Independent support is available to carers who are the subject of an allegation.

Some of the children's files have been audited. However, not all files contain all of the LAC documents that would inform placements. Some carers say that they do not have all of the information to help them care for children and there is no clear audit trail. Risk assessments are not robust or have not been done. Some visits by social workers are not up to date and there are some missing case records. Where there have been safeguarding concerns, there is no evidence of visits to the home by placing officers, so it is not clear how issues have been addressed to safeguard children.

There are separate records for staff, children, carer's complaints and allegations. However the system for picking up shortfalls in the records is not robust. For example, records of complaints and allegations cannot be easily found in the relevant files and the outcome of some allegations are based on inaccurate records made at multi-disciplinary strategy meetings. Not all children and carers files are legible.

The office used by the service is fit for purpose and provides a secure environment from unauthorised access.

The contribution of family and friends as carers are recognised. They are supported and assessed in the same way as other 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
12	ensure that foster carers are provided with consent to medical treatment for children (Fostering Regulations 2002, 15 (1))	31/07/2009
15	ensure that personnel files comply with the Fostering Service	07/08/2009

	Regulations 2002 (Fostering Service Regulations 2002, Schedule 1)	
8	ensure the fostercare agreement accurately reflects the approval of the carer (Fostering Service Regulations 2002, 34(1)(b))	07/08/2009
9	ensure guidance to foster carers about physical restraint is reiterated (Fostering Service Regulations 2002 13(1))	31/07/2009
9	ensure no child placed with foster carers is subject to any measure of control, restraint or discipline which is excessive or unreasonable (Fostering Service Regulations 13(2)(b))	31/07/2009

## Recommendations

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

- ensure that foster carers complete periodic reports on outcomes for the children and young people (NMS 24.7).
- confirm that all foster carers homes can comfortably accommodate all who live there and is inspected annually to make sure it meets the needs of children (NMS 6.2)
- make sure 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)
- make sure that each child has access to foster care services which recognise and address her/his needs in terms of gender, religion, ethnic origin, language, culture, disability and sexuality (NMS 7.2)
- make sure the matching process is recorded and makes clear the decision-making and matching criteria used (NMS 8.4)
- make sure that each foster carer household has in place an up to date written and robust safe caring policy (NMS 9.3)
- make sure that foster carers are aware of a particular vulnerability of the children placed with them and their susceptibility to bullying and to reinforce to carers their responsibility to recognise, record and address any instances of bullying (NMS 9.6)
- make sure that foster carers are provided with the full information about the children placed with them and his/her family to enable the carer to protect the foster child, their own children, other children for whom they have responsibility and themselves (NMS 9.7)
- suitable means are provided frequently for any child with communication difficulties to make their wishes and feelings known regarding their care and treatment (NMS 11.4)
- amend the statement of purpose to include up to date staffing information and the number of complaints and their outcomes (NMS 1.4)
- consider reviewing the children's guide to ensure it is suitable for all children (NMS 1)
- make sure that foster carers know the reasons for placements and understand the basis for the current placements, its intended duration and purpose and the child's legal status (NMS 24.4)

- make sure that there is a system to monitor the quality and adequacy of records and remedial action is taken when necessary (NMS 25.3)