

# Bury Children's Services - Fostering

Inspection report for LA Fostering Agency

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<b>Unique reference number</b>	SC043477
<b>Inspection date</b>	13/07/2009
<b>Inspector</b>	Jeffrey Banham
<b>Type of inspection</b>	Key

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<b>Date of last inspection</b>	10/12/2008

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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

Bury fostering service recruits, assesses, trains and supports carers to provide a wide range of services to looked after children and their families. There are currently 75 approved general foster care households providing time limited interventions, respite, short term and permanent placements for 115 children and young people. The service has 34 family and friends carers caring for 45 children and young people.

There is a short break scheme specifically developed to keep young people out of the care system and a home from home scheme that provides regular and planned short breaks to disabled children and young people. Both of these work in partnership with families to ensure they meet identified needs.

### Summary

The overall quality rating is satisfactory.

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

The fostering service has focussed its development work in the relatively short period of time since the last inspection primarily on improving the service to family and friends who become foster carers. This was identified as an area of particular vulnerability. New procedures and policies have been introduced, including changes to the operating procedures of the fostering panel. There have been changes to the organisation within the fostering service and more resources have been provided. These, together with extensive case auditing to identify practice deficiencies, have led to significant improvements. Although some remedial work remains and practice relating to new systems and procedures is not yet fully embedded, the service is able to demonstrate its continuing commitment to providing safe and effective care to children in these placements.

Children receive care and support that identifies and meets their needs. Outcomes for children are good, and the fostering service is able to provide a range of placements to children looked after by the local authority. There is however limited placement choice even for children under 11. Foster carers are well supported and are positive about the assistance they receive from the family placement team.

The service recognises that some aspects of practice remain to be addressed. The information provided in foster placement agreements does not always meet the requirements of the regulations, including the delegation of medical consent for treatment of children in placement. Not every foster carer has a written foster placement agreement from the time of their approval, and consultation with children as part of the review process for foster carers is not always effective. The frequency of supervision of foster carers and of medical checks on foster carers is not always appropriate to supporting the main priority of keeping children safe. The monitoring

processes of practice and procedures, both from within the team and from the external reviewing procedures, are not sufficient to identify where policy is not being adhered to. Foster carers' records are not always well organised and CRB checks on foster carer's friends and important contacts are not always taken up in a timely fashion.

The fostering team has worked well to create changes to the legacy of established and long-standing practices and is committed to sustaining improvement within the context of moving from reacting to rectify identified deficiencies to setting a planned framework for development. The team is well supported by senior managers who understand the significance of the work undertaken by the service in creating positive outcomes for children and ensuring that the primary focus of the family placement team is recognised as safeguarding children in placement.

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

The support provided to family and friends who become foster carers is now designed to meet all the requirements of the fostering regulations. The procedures of the fostering panel have been redesigned to ensure it applies the same scrutiny to these placements as it does to all others. All new and existing foster carers are now fully approved through the application of correct and timely procedures. Assessments of foster carers include particulars of the carers' accommodation. The procedures for ensuring foster carers have delegated medical consent have been changed and although some issues remain outstanding overall practice has improved significantly. All foster carers have foster placement agreements, although the quality of these remains variable. Foster carer annual reviews are now undertaken by the Independent Reviewing Officer.

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

The provision is good.

Children and young people in foster placements receive care and support that promotes and maintains their health. Foster carers receive a wide range of training about the physical and emotional health needs of children. Foster carers have access to a number of health professionals such as the nurse for Looked After Children, a psychologist and an outreach worker for foster carers and looked after children. They provide foster carers and children with advice, guidance and support about health care and treatments. Children have regular health assessments and these form the basis for health care plans that provide the framework for the care provided to children. Foster carers are supported to provide healthy diets and encourage sport and exercise wherever possible. Additional funding is available to pay for more expensive activities such as gym membership and horse riding. Free swimming lessons are available for all looked after children. Training and support is also available for more specialist topics such as sexual health and drug and substance misuse.

Foster carers are supported by their supervising social worker. Contacts, including formal supervision, address issues of the health of young people in placement and

the actions taken by the foster carer to ensure children receive the care they need. The progress of health care is also monitored through the statutory review process.

Foster carers have copies of the placement information record (PIR). These constitute the 'foster placement agreement' and are intended to provide a comprehensive description of the needs of a child in placement, including health needs. Although foster carers often know from experience much more about the children for whom they care, the placement information records are not always completed so as to provide clear, detailed and contemporaneous information to foster carers about the children in their care.

Foster carers are given information about consent to medical treatment. The family placement team works to ensure that all foster carers have clear delegated medical consent from when they begin to care for children. For some carers, however, this has been some time into the placement and this compromises the ability of the care to provide effective health care.

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

The provision is satisfactory.

The fostering service is managed by staff who are appropriately recruited and suitably qualified and experienced and who are aware of the need to provide foster placements that safeguard and promote the welfare of children in placement.

The service recruits, approves and supports foster carers who provide a safe and healthy environment. Health and safety checks are undertaken on foster carers at the time of their assessment and regularly thereafter through supervisory visits and annual reviews. Children live in homes that are adequately furnished and decorated, and provide a positive environment for their upbringing. Foster carers undertake training to promote their awareness of their responsibilities to provide a safe environment for children.

Children are placed with foster carers who are approved to take them. Matches of children with carers take into account the child's needs and the carers' capacities. Written foster placement agreements, however, do not always provide full and current information on the children who are placed, nor are they regularly updated to reflect changes in circumstances and needs. For example, foster carers can have care plans and other documentation dating from 2004 for children for whom they still care. Placement decisions take into account racial, ethnic and religious consideration. There is, for example, one particularly creative and innovative placement of a child with carers from her own religious community.

Foster carers are aware of their responsibilities to protect children from all forms of abuse. These responsibilities are made clear from initial approval, through supervision and annual review and reinforced through training and the availability of policies and procedures.

The fostering panel is well managed and operates within clear policies and procedures. It provides robust oversight of the practice of the service and is clear about its responsibilities to focus on the safe care of children placed with suitable foster carers. Regular annual appraisals of panel members have not yet been introduced.

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

The provision is good.

The fostering service gives a high priority to meeting the educational needs of children and young people. Foster carers are supported to have high aspirations for the young people in their care and to work with them to develop their potential. Foster carers are aware of their responsibilities and can access training to promote educational achievement. Young people are given practical support in the form of computers, learning mentors and workers from Connexions to support planning for education and employment. Good arrangements are in place to provide financial support to young people in higher and further education.

There are good opportunities for children to pursue individual interests and foster carers actively promote and support hobbies and interests. Personal education plans are not in place for every child although foster carers provide good support to help children with their education

The service ensures that carers respect children's ethnic, cultural and linguistic background. Foster carers are supported from initial recruitment to full approval and placement to recognise the importance of promoting and recognising individual ethnic and cultural diversity.

The home from home service and the short break service provide flexible care for young children people with disabilities. Foster carers are supported, supervised and reviewed in the same way as all other foster carers. Parents are confident about the care their children receive and maintain close relationships with carers to promote consistency of care.

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

The provision is good.

Foster carers actively support children and young in maintaining and promoting their contacts with significant family and friends. The importance of contact is recognised by carers and developed through their initial assessments, training, supervision and support. Care plans set out contact arrangements and describe the responsibilities of those involved in caring for children. Foster carers are flexible and innovative in supporting contacts. The work undertaken by them and the family placement service as a whole is recognised throughout the department as a crucial element in the meeting of the needs of the children for whom they care. Foster carers are themselves supported by the family placement service in dealing with difficult or complex contact issues that may arise.

There are a range of opportunities available to ensure children and young people are consulted and involved in the decisions affecting their care according to their needs and abilities. The statutory review process ensures children's views are taken into account. Groups such as 'The Voice' and 'Madhouse' focus on young people and enable them to develop and communicate their wishes and feelings on issues affecting their care. The advocacy scheme offers young people adults independent of the service with whom they can talk and who can ensure that their voice is heard over matters of importance to them.

## **Achieving economic wellbeing**

The provision is satisfactory.

The fostering service ensures that foster carers are aware of their responsibilities to assist young people to develop the skills to enable them to move into adulthood. Training is provided to foster carers from specialist services such as 'Connexions' and 'The Extra Mile'. The statutory review process monitors the progress that young people make, although not every carer has a copy of or has contributed to the young person's Pathway Plan.

The service supports young people into higher education. For example, five young people are financially supported to be at university. Arrangements are also in place to enable young people to remain with their carers after the age of 18 years. Young people are supported to access employment and training opportunities so that they can develop skills and experience.

Foster carers receive an allowance and agreed expenses that cover the cost of caring for children placed with them. Information about the rates of allowances and fees is given to foster carers and rates are reviewed annually. Carers receive full information about the allowances and expenses payable. Family and friends who act as foster carers receive the same boarding out allowances as other carers but do not receive the same fees. Payments to foster carers are now made through direct payments into bank accounts. Payments are not always made on the due date and foster carers sometimes have to wait for several days for their money to come through. One foster carer, for example, waited for four weeks after a child had been placed before any money was paid.

## **Organisation**

The organisation is satisfactory.

The promotion of equality and diversity is good. The service places a high priority on ensuring foster carers are given information, guidance and support about the ethnic, religious and cultural needs of children in their care. The needs of children are taken into account when matching is being considered. For example, one young person is placed with a family of the same, relatively rare, religious and cultural background as the child.



The fostering service is clear about the services it provides. Children's social workers value the resources that the fostering service offers and the work undertaken by the family placement team to provide care for children that meets their needs. Staff are organised in away which enables them to deliver an efficient and effective foster care service. There have been significant changes to the structure of the team since the last inspection in order for the service to family and friends carers to be improved.

Staff are well supported and receive training and supervision to ensure assessments, approvals, supervision and reviews of carers are managed and implemented effectively. Staff have, for example, received training on the assessment of foster carers and feel this has significantly improved their awareness of practice and enhances their focus on safe care issues. However, assessments of foster carers are not yet based on the presentation of evidence of prospective carers' competences and the evaluation of their abilities, aptitudes and experiences.

Foster carers are well supported and are positive about their relationship with the supervising social workers. One carer commented, 'I have been fostering for nearly four years now and am very pleased with the help and support I have had from Bury. I know I made the right decision to foster for them'.

The service has identified the areas where improvements were required and a number of these changes have been implemented. Some have not yet been brought fully into operation. For example, not every foster carer has a foster care agreement drawn up and signed from the time of their approval. Foster carers cannot always demonstrate that they have all their records and significant documentation and these records are not always well organised or maintained. The policy for reviews of medical checks on foster carers has been revised so that they now have updated medical checks every three years. However, foster carers who have significant health conditions do not always have checks that take into account their health issues. One, for example, has not had a medical review since 2005. The formal supervision of all foster carers takes place at a minimum of two supervisory visits a year. This frequency is not always appropriate to the needs of the case. Supervisory visits sometimes do not take place in accordance with this frequency and can overrun without being picked up as a practice issue.

The service has introduced a system of electronic records for foster carers. Records are not always dated or signed and this creates difficulty in monitoring practice. Foster carers have annual reviews undertaken by the Independent Reviewing Officer. The effectiveness of these reviews is compromised by the fact that the Reviewing Officer has no opportunity to see foster carers on their own. The contribution of children in placement to the reviews of the foster carer is not always made or taken into account in the recorded outcomes of the review. Foster carers are not always clear about the procedure for recording the progress of children in their care. For example, one carer said she completed her recording at night when the children had gone to bed, so that '.....they do not know that I write things about them because they do not like it'.

The recent efforts of the team have been concentrated on correcting the deficiencies of the service it provided to family and friends who become foster carers. There remain however a number of areas of the organisation and implementation of practices and procedures over the whole of the service where the focus on the team's primary role of safeguarding children is not yet well developed. The whole of the fostering service recognises that changes to practice, policies and procedures are necessary and is to implement a development plan to provide a framework for improvement. The service is committed to ensuring that children in foster placements are cared for safely and that the foster placements meet their needs.

## 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	ensure that the authority has entered into a written agreement with the foster carer relating to the child which covers all the matters specified in Schedule 6 (Reg. 34(3))	31/08/2009
22	ensure that when a person is approved as a foster carer the authority enters into a written agreement with him covering the matters specified in Schedule 5 (Reg. 28(5)(b))	31/08/2009
21	ensure that when undertaking a review of a foster carer the fostering service shall seek and take account of (subject to the child's age and understanding) the views of any child placed with the foster parent (Reg. 29(3)(b)).	31/08/2009

### Recommendations

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

- ensure every child has a written personal education plan to enable foster carers to contribute to its implementation and delivery (NMS 13)
- review procedures to ensure that before a placement begins the carer is provided with clear information governing consent for the child to receive medical treatment (NMS 12.3)
- ensure that supervising social workers meet regularly with foster carers and that meetings provide the opportunity to supervise the foster carer's work (NMS 22.6)
- ensure there is a system to monitor the quality and adequacy of records and remedial action is taken where necessary (NMS 25.3)

- review the practice of the assessment of prospective foster carers to ensure the effective evaluation of the competences and aptitudes of carers.
- ensure all foster carers understand the policy and procedure for recording significant life events for the child(NMS 24.7)
- ensure that the views of the foster carer are taken sufficiently into account as part of their annual review process (NMS 21)
- ensure foster carers are aware of their roles and responsibilities in the implementation of young peoples' Pathway Plan (NMS 14)
- review the procedures for the payment of fees and allowances to foster carers to ensure they are made promptly and at the agreed time. (NMS 29)