

Slough Borough Council Fostering Services

Inspection report for LA Fostering Agency

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Inspector	Maire Atherton
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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

Slough Borough Council Fostering Service provides a family placement service to meet the needs of Slough children and young people who are looked after by the authority on a short term/temporary or longer term/permanent basis.

The service also supports children who continue to live within their family of origin by providing regular periods of family based care, relief care or respite care for children and young people with disabilities through the Home from Home scheme.

The team is located in the centre of Slough with other local authority children's services and its work is divided into two main areas - short term fostering/relief/respite care and permanency via long term fostering /adoption each area having its own staff and manager.

Summary

The overall quality rating is good.

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

The fostering service is child centred. The health, education and development of children is promoted by the service through strong links with other professionals. The service continues to be creative in gaining and responding to the views of children. Foster carers are well supported in caring for the children and young people placed with them.

One area identified for action is that of clear matching in short term placements. Another is in respect of some written records.

Improvements since the last inspection

The last inspection report asked the fostering service to improve some elements relating to records. There is now written confirmation from the relevant healthcare professional that the foster carer has been trained and is competent to undertake invasive medical procedures when necessary. Recruitment files of sessional workers contain the necessary information. An updated health and safety checklist has been written, discussed with staff and implemented as part of foster carer annual reviews. There is very limited written evidence of the matching considerations made in agreeing the short term placement of children and young people. This has the potential for failing to ensure that gaps in the match are compensated for and could lead to the child not having all their needs met. Foster carers records do not now include children's records. The foster carers handbook is in the process of being updated.

Some placements continue to be made outside the foster carers terms of approval, with agreement being sought from the panel chair for a temporary change of approval. The current system of follow up is insufficiently robust to demonstrate that the placement is right for the child. There is a plan to report any variations to panel each month, also providing part of a system for monitoring the gaps in placement availability.

In response to actions made at the last inspection the fostering service has developed a planned, rolling programme of training for foster carers to be implemented from April 2008 to ensure that training in child protection, first aid and other core areas is provided in a timely way after approval.

Helping children to be healthy

The provision is outstanding.

There are robust systems in place to promote the health of children and young people placed with the fostering service. There are healthcare professionals with responsibility for the health and development of children and young people in foster care. These include a specialist nurse, a play therapist, an art therapist, a mental health worker and psychologists, both clinical and educational. These workers may provide support to the foster carer in managing particular issues or work directly with the child or young person. Foster carers speak very highly of this resource and value the service which contributes to maintaining placements for children and young people. Work is well underway in establishing a resource base for therapy.

The health professionals provide training for foster carers both in the preparation group and post approval. Foster carers also attend training in paediatric first aid and other relevant courses.

Each child and young person has a written health care plan and this is tracked through the review process, which foster carers contribute to. This ensures that routine health care needs are met as well as specialist needs.

There is written health information available for children and young people. There are plans in place to monitor how this is given to children and young people and when and how age appropriate material is introduced.

Protecting children from harm or neglect and helping them stay safe

The provision is good.

The appointment of an interim manager from within the local authority is good practice, maintaining a clear management structure for the fostering service.

Foster carers provide children and young people with warm, comfortable accommodation. A health and safety check forms part of the foster carers' approval process and after approval is part of their annual review. Foster carers are provided

with guidance and training on health and safety matters. Where children share bedrooms this is risk assessed.

Where children are placed long term there is clear evidence of the matching process. The matching of short term and emergency placements is not well evidenced in writing, particularly in transracial placements. However foster carers say that matching is good, 'They make an effort to make sure placement is appropriate at time of placement, understand foster carers strengths and weaknesses when placing children in their care'. A new referral form has been introduced which includes the matching considerations, both the positive elements and the areas of shortfall and how these are to be addressed.

Specific foster placement agreements are not in use. The information required by a foster placement agreement is outlined in other local authority documents. It is planned to review this with the introduction of the electronic recording system to the fostering service.

Foster carer training includes caring for children from different cultural backgrounds. Children and young people confirm that, where possible, they have the opportunity for an introduction to the foster carers.

There is a clear emphasis on child protection with good links to the Chair of the Local Children's Safeguarding Board and the child protection coordinator, which provides an additional level of evaluation of any allegations against foster carers. There is specific training for foster carers and there are plans well underway to provide training on behaviour management techniques, de-escalation for example.

There are standard safe caring guidelines in place which specify non permissible sanctions. These are not personalised for each family or child placed.

There are policies on the management of bullying and unauthorised absences in the foster carers' handbook. Foster carers are aware of these policies and how to apply them to safeguard children. They are also discussed as part of link worker visits when appropriate.

A number of staff from other children and families social services teams are seconded to posts in the fostering team on interim basis pending major review of the service and to cover sick leave. There are clear arrangements in place for the direct supervision of staff not qualified in social work.

The panel is supported by clear policies and procedures. The chair files an annual report for elected members. This includes development plans for the coming year, for example the introduction of appraisals for all panel members, which has started. It also reports on Quality Assurance issues, panel membership, training and workload. Panel members have been issued with new contracts and there have been some changes to the panel membership. There are members with expertise in education and child health. The panel is actively looking for a person who has been placed with foster carers to be a panel member. There are quarterly business meetings and governance meetings are to be introduced.

An information booklet on panel has recently been produced. The panel is well managed and applicants are involved in the process.

Helping children achieve well and enjoy what they do

The provision is good.

The fostering team is committed to promoting equality and valuing difference. The service has approved a number of foster carers from different ethnic and cultural backgrounds. Where transracial or cross cultural placements are made there are support services, training and information available to carers, access to interpreters for example. There is evidence lacking that these services are used by all foster carers caring for a child of a different ethnicity/culture to their own.

There are plans to develop the Home from Home scheme to offer an increased respite service for children with disabilities.

Foster carers say 'Education support has improved enormously' and there is 'fabulous communication and support' to promote the educational needs of children who are fostered. This is provided through the Pathways team. All children in foster care are in education and have a personal education plan which is regularly reviewed. There is additional tuition provided where necessary, targeting the key stage assessments. Educational achievement is monitored and celebrated at regular achievement awards ceremonies. Children confirm that foster carers attend school meetings and keep in touch with school.

There is a Home from Home scheme providing short breaks for children with disabilities. There are plans in place to further develop this scheme with the secondment of a worker to the Home from Home team. Support and training are provided for carers on the scheme to meet the particular needs of children they care for. It is clear that birth parents are responsible for the promotion of health and education needs.

Helping children make a positive contribution

The provision is good.

Children and young people are supported and encouraged by their foster carers to maintain and develop contact in accordance with the care plan. Contact is monitored through the review process. Foster carers have a clear understanding of the importance of maintaining and developing contact and their role in this.

The fostering service has a clear commitment to obtaining, valuing and using the views of children and young people. This is done on an individual basis through reviews and other meetings as well as through fun and activity days organised by the Pathways team and the participation officer. One carer said 'Child receives regular communication from the participation officer'.

There are plans to introduce a Children in Care Council which will have an input into the Children's Cabinet and the Corporate Parenting Panel. Some young people have received training and been involved in interviewing social work staff. One foster carer

commented 'One of the children I cared for was on an interview panel recruiting social workers. She felt it was important to have children's views included.' There is also a newsletter edited by children with support from the participation officer, the third edition is due to be published.

Achieving economic wellbeing

The provision is not judged.

Organisation

The organisation is good.

There is an up to date statement of purpose in place which has been formally approved by elected members.

There are clear management structures and systems in place. These have been maintained throughout changes in management personnel and interim appointments. There are plans in place to review and remodel the fostering service. There is a shortfall in the number of administrative staff employed by the service and this is impacting on the work load of some fostering staff. The temporary part time appointment of a recruitment and retention officer is welcomed by staff and there are plans for a recruitment drive in March 2008.

Staff and carers working for the service are well supported. Foster carers say 'They are very supportive of us, always on the end of a phone and back us up with any help that we need' and examples include 'Regular link worker visits, advice line after office hours, coffee mornings, training and support groups'. There is a clear commitment to training, with a range of in house courses offered, both core and specialist. Training is also provided at some support evenings but carers are not provided with certificates of attendance for their portfolio. There is development work ongoing to prepare and equip foster carers for the introduction of the new Children's Workforce Development Council Standards in April 2008.

There is a clear format for assessment and assessments are thorough. Annual reviews of foster carers are undertaken appropriately with written views gained from children and placing social workers. There are good relationships between fostering social workers and placing social workers, working together with foster carers in the interests of the children and young people placed. There are significant variations in recording by foster carers, some are excellent, others nonexistent.

Allegations and complaints records are well monitored. There is no clear system established for the monitoring of other records.

There is a clear acknowledgment of the special relationship and position of family

and friends as carers. There is a discrete Kinship Care Team which works alongside the fostering team with a commitment to achieving permanency for children through Special Guardianship or Residence Orders where appropriate.

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	develop specific foster placement agreements. Fostering Services Regulations, Regulation 34(3)	30/05/2008
30	ensure placements are made within foster carers terms of approval. Fostering Services Regulations 2002, Regulation 34(1)(b)	30/04/2008
7	ensure that all foster carers receive training, advice and information relating to the specific ethnic origin, religion and culture of children placed. Fostering Services Regulations 2002, Regulation 17 (1)	30/04/2008
16	ensure that there are a sufficient number of administrative staff working for the purposes of the fostering service. Fostering Service Regulations 2002 Regulation 19	30/05/2008
25	develop a system for the monitoring of records outlined in Schedule 7. Fostering Services Regulations 2002 Regulation 42 (1)	30/04/2008

Recommendations

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

- personalise the safe caring guidelines for foster carers for specific placements where appropriate. (National Minimum Standard 9)
- make a written record of the elements of matching which are taken into consideration when agreeing a placement and identify any areas where foster carers need additional support to compensate for any gaps in the match. (National Minimum Standard 8)
- provide carers with certificates of attendance for support evenings where training is a component of the evening. (National Minimum Standard 16)
- ensure all carers make records of a child in placement. (National Minimum Standard 24)

