

Reading Borough Council Fostering and Adoption Team

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

Reading Borough Council fostering service exists to provide quality substitute family care to meet the needs of Reading children and young people who become looked after by the authority on either a short term/temporary or longer term/permanent basis. The service also supports children who continue to live within their communities and families of origin by providing regular periods of family based respite care. To this end the service recruits, trains and supervises a range of foster carers. Each of the following schemes stands alone with the unifying framework being the fostering regulations, and in some cases the associated teams are based in different locations:

Family Link Care provides regular short breaks (day care or overnight) for families with children who have special needs;

General Foster Care provides substitute family care, either short or long term, for children who cannot remain in their birth families;

Family & Friends provides care for children with whom they are connected by birth, marriage, or emotional bond;

Community Parents are specialized carers who need to have particular qualifications and skills;

Supported Lodgings Carers are carers who work with older adolescents to prepare them for independence and leaving care;

Multidimensional Treatment Foster Care (Directions) a specialist intensive fostering programme.

Summary

The overall quality rating is satisfactory.

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

This announced inspection covered all the key standards. Outcomes for children are good. The health, education and participation of children is effectively promoted by the foster carers supported by the fostering service.

A significant weakness of the service is the functioning of a panel. There are also a number of deficits identified in recording and management monitoring.

Improvements since the last inspection

There were five actions and two recommendations made in the last inspection report most of which have been addressed.

A more robust approach to addressing accommodation needs for family and friends carers is now taken by panel. The local authority actively supports carers in obtaining

alternative accommodation where this is in the best interests of the young person. The system for recording allegations now includes a summary of the outcome although there may be delays in obtaining this as the fostering service awaits information from other agencies. All foster carers have a current review, however some foster carers have had more than a year between reviews. It is planned that the appointment to the new post of reviewing officer for foster carers will ensure that all foster carers are reviewed annually. Each foster carer has safer caring guidelines in place. This is further discussed in the staying safe section of this report.

It is still the case that not all foster carers hold the appropriate information regarding the arrangements for giving consent to the child's medical or dental examination or treatment and this recommendation is repeated. Nor do all staff files show that any gaps in employment have been explored and this recommendation is also repeated.

Helping children to be healthy

The provision is good.

Foster carers effectively promote the health and welfare of children and young people in their care. Foster carers enable children and young people to access universal and specialist health services. This is managed by the designated nurse, who may support foster carers in the registration of children and young people with local General Practitioners and health centres. The nurse is also available to foster carers for consultation and advice. Experienced foster carers are proactive in seeking specialist input where necessary. These carers may also be linked with new foster carers to provide additional support where a child placed has had specialist health care needs identified.

Foster carers say that they receive health information about children in a timely manner. Not every foster carer has a copy of the written consent for the child or young person to receive medical treatment. In some cases the recording systems used by foster carers are insufficiently robust to ensure that each child has a health care record that moves with them. Foster carers provide health information for children's reviews and the format of foster carers own supervision and reviews also addresses the health care needs of children and young people placed. Foster carers receive regular relevant training, such as paediatric first aid training, updated as required, to help them in addressing children and young people's health care needs. One foster carer said, 'I received special training to enable me to take children with high health needs'. A child said, 'my foster carers help me with my inhalers'. A parent said, 'my child has been in and out of hospital and the foster carers keep me updated and we take it in turns to go to appointments'.

The Directions scheme is a therapeutic model and employs health care staff in the team. The expertise of these staff is being used to benefit children and carers in the general fostering teams, for example by supporting a new programme and signposting to other interventions.

Young people are given information about how to access health care support

independently, through the local NHS walk in centre for example. The designated nurse has also set up sessions about sexual health for girls and boys, with one run by an independent person for unaccompanied asylum seeking boys that is sensitive to their cultural and religious heritage.

Protecting children from harm or neglect and helping them stay safe

The provision is satisfactory.

The fostering service promotes the safety of children by regular monitoring of foster carers' homes. An annual health and safety checklist is completed as part of the foster carers' review. This has just been updated and now includes blind cords and poisonous plants in the risks to be assessed. Visits to a sample of foster carers during the inspection showed that foster carers provide children and young people with clean, comfortable accommodation that meets their needs. For example babies and toddlers have easy access to suitable toys and books and older children have their own rooms.

The fostering service does not evidence in all cases that robust matching processes have been applied when making short term placements. Foster placement agreements contain a section on matching considerations but these do not always contain sufficiently detailed information, so failing to show how the placement will meet the child's needs or whether foster carers will require additional support, information and training. Foster carers report that they do not always receive enough information at the time of placement, and two such instances have given rise to formal complaints by foster carers which were upheld. There are clear matching processes in place for long term placements. These are brought to panel for approval with supporting documentation, such as a matching report.

There are good training programmes in place that enable foster carers to safeguard and promote children's welfare. The approach of the fostering service to ensuring that foster carers provide safe care is not robust. The fostering service policy on safe caring was last reviewed in 2006. Whilst foster carers have safe caring guidelines these are not always current as they are not routinely updated to reflect changing circumstances in foster carers households.

There are clear management systems in place for the monitoring of allegations and their outcomes. These are evaluated to inform future training needs or policy developments. However foster carers are dissatisfied about the way allegations against them are managed, as they feel isolated and ignored during the process and do not feel there is sufficient information available to them. Foster carers are offered independent support but few choose to use this. The foster carers handbook is under review and there is consultation with foster carers in progress on this. There are also plans to make policies and procedures for foster carers available on line. The foster care agreement contains full information about non-permissible sanctions.

Staff are appropriately qualified for the roles they are undertaking and there is a clear commitment to supporting staff professional development. The selection

process lacks clarity as, although the range of checks required are undertaken, the recruitment records do not evidence that all staff working for the fostering service applied and were interviewed for the role they are undertaking, as they may have moved from another social work post within the local authority.

Although discussions by the fostering panel are inclusive and thorough there are failures in organisation of both the fostering panel and the family and friends panel. This means that there is the potential for the welfare of children to be compromised. The membership of one panel is not stable. Panels receive information about any placements made outside the terms of approval but do not evaluate the information as part of their quality assurance role. Panel minutes do not always record a recommendation for approval that meets the requirements of the regulations, no age range for example.

Helping children achieve well and enjoy what they do

The provision is good.

The service is effective in valuing diversity and promoting equality. The cultural advisor provides both the fostering team and foster carers with support. This builds on the 'skills to foster' preparation groups and is fully explored during the assessment. Children with disabilities are provided with services to help maximise their potential. Where necessary equipment is provided to facilitate this and children and young people are supported to pursue hobbies and interests.

Good systems are in place to promote the education of children. The virtual headteacher is vigilant in ensuring that children have school places. There are strong systems in place for encouraging children with education, through the provision of additional tuition and structured support during transitions by dedicated staff. Foster carers feel very well supported and say they are given ample advice about supporting children with their education. The virtual headteacher is described as 'very helpful'. The record on no permanent exclusions in three years, improvements in key stage two results and mentoring demonstrate the effectiveness of the work undertaken in education.

Children and young people receiving short term breaks are clearly the responsibility of their families. The work undertaken by the short break team of social workers is done in partnership with families. Good matches are made for befrienders, day care and overnight stays with regular patterns of short breaks. Foster carers are provided with training specific to the needs of the children they are linked with. The number of foster carers approved for family link is growing and a recent recruitment drive has resulted in the receipt of more applications.

Helping children make a positive contribution

The provision is good.

Contact arrangements are effectively supported in accordance with the plans for the children placed. A parent commented that the foster carers 'help me to maintain contact with my child so we remain happy and involved with each other'. Some of the contact schedules are demanding and some foster carers are not happy with the arrangements for dropping off and picking a child up at a specific contact venue, this is under review. The contact arrangements are sensitive to the needs of the child and family and a flexible approach is adopted where this is possible, such as using a fast food outlet as a meeting place. Foster carers rely on information coming from placing social workers and the majority report issues caused by the frequent changes of field social workers. A restructuring of the fieldwork teams is scheduled for September 2010 and it is anticipated that this result in fewer changes of social worker.

There is a clear commitment to ensuring that the voices of children and young people in foster care are heard. Children said 'they sit down and talk to me' and 'I can talk to my foster carers when I want'. Foster carers are provided with both general and specific training on communicating with children. The local authority has a participation strategy and young people and foster carers have been involved in training and the recruitment and selection of both foster carers and staff. There is a Children in Care council that meets regularly and their opinions are sought on particular topics. Children and young people are well supported to express their views through their own reviews and those of their foster carers. There is a lack of clarity in the process for managing and recording complaints. There have been two complaints received by the fostering service from children. These are passed to the complaints department but details of the outcome are not easily accessible.

Achieving economic wellbeing

The provision is good.

Children and young people are well supported to develop age-appropriate self-care and independence skills. Children say that they are, 'always helped to think about the future' and, 'we talk about what I'll do when I'm older'. Foster carers benefit from training that enables them to support young people making transitions. Some young people are able to remain with their foster carers post 18-years-of-age.

There has been a supported lodgings scheme in operation which specialises in providing placements for older young people, particularly unaccompanied asylum seekers. There are plans to review the approval of these carers to see if they could provide for a younger age range and build independence skills from an earlier age without building an additional placement move at 16 years of age.

Organisation

The organisation is satisfactory.

The promotion of equality and diversity is good. The fostering service places a high priority on addressing issues of equality and diversity. Foster carers said that 'training is regularly offered', 'it is always top of the agenda' and 'specific advice is readily available'. Parents report that foster carers have a good understanding of their child's individual needs and provide the support necessary. The role of the cultural advisor is becoming embedded in the systems. This includes direct work with children, training in preparation groups and post approval and advice to foster carers on specific issues. The fostering service is aware of the need to increase the numbers of carers from ethnic minorities and the recruitment officer has clear plans underway to address this.

The Statement of Purpose for the service is up to date and details the services provided. The children's guide is easy to understand but does not have the correct contact details of the regulator or the authority's own complaints telephone number.

There is a clear structure to the fostering services provided by the local authority. General foster care (including supported lodgings) and family link care are managed by assistant team managers, overseen by the fostering manager. Family and friends care also has an assistant team manager post (vacant at the time of this visit) who reports to the adoption and permanence team manager. The Directions team has a separate manager, who returned to the post in January this year. These three managers report to the designated fostering manager. The monitoring processes in the fostering teams does not provide for robust quality assurance of the service. The appointment of a commissioning officer has resulted in the development of a comprehensive approach to the monitoring of the quality of placements with independent fostering agencies. Staffing shortfalls are generally addressed by the employment of agency staff thus ensuring that foster carers continue to receive a good service from their supervising social workers. It was not possible to fill vacancies in the Directions team in this way and this shortfall was covered by managers in the fostering service, but not to the satisfaction of the Directions foster carers. Key posts have now been filled and the Direction team plans to apply for accreditation later this year.

The successful recruitment drives by the recruitment officer has seen a significant increase in the number of applicants and at the time of the inspection there were 17 assessments of prospective foster carers being undertaken. Assessments are of a good standard and in the main are undertaken in a timely manner. There are difficulties in achieving family and friends placements in the six week period specified by the regulations. Some issues are outside the control of the staff team, obtaining Criminal Records Bureau checks for example.

Both the staff and foster carers benefit from a strong commitment to training. Foster carers have a comprehensive training programme in place with a system for recording the training undertaken. Foster carers are supported to achieve National

Vocational Qualifications and complete the Children's Workforce Development Council standards. There are plans in place to link up with neighbouring authorities to extend the number and frequency of courses on offer that will provide foster carers with more options about when and where they can access training. Foster carers contribute to the preparation groups for applicants, as do children who foster and young people who have been fostered. A buddying system has started linking new foster carers with experienced foster carers. The introduction of a support group for children and young people who foster is appreciated and there are plans in place to develop this group.

Foster carers across the schemes receive good levels of support from their supervising social workers. Staff are themselves supported in their role by regular supervision and team meetings. All staff have had appraisals in the past year. Foster carers also receive support from the coffee mornings that have been established for the respective schemes; peer support through the Reading Carers link and a small group are piloting a new project, 'Pillars of Parenting'. Directions foster carers have access to support 24 hours a day. This is not true for other groups and the fostering service is aware that the local authority out of hours service is not meeting carers needs.

Children are enabled to understand their history by foster carers who recognise the importance of recording and keeping memorabilia. The fostering service accesses the field work records for children and young people but the system is cumbersome and the fostering service do not hold their own records electronically. The systems that are in place do not support effective data collection and monitoring. The foster carers register is not up to date.

The discrete family and friends team recognises the particular relationship and position of family and friends carers. There is a separate well-established panel.

What must be done to secure future improvement?

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 maintain a written health record that moves with the child (NMS 12.4)
- provide each foster carer with appropriate information regarding the arrangements for giving consent to the child's medical or dental examination or treatment (breach of Fostering Services Regulations 2002 Regulation 17(3))
- review the fostering service policy on safe caring and ensure the guidelines for each foster home are up to date (NMS 9)
- clarify the support for foster carers subject to allegations (NMS 9)
- ensure recruitment records evidence that staff working for the fostering service

- have been interviewed for the post (NMS 15)
- safeguard and promote the welfare of children to be placed by ensuring that matching considerations are properly detailed in foster placement agreements and that foster carers are provided with sufficient information about the children to be placed (breach of Fostering Service Regulations 2002 Regulation 11)
 - ensure that all staff, including agency and sessional staff, employed by the service have the required checks undertaken, in particular evidence that gaps in employment have been explored (breach of Fostering Service Regulations 2002 Regulation 20(3)(d)(i) Schedule 1)
 - establish the panel membership and ensure that quoracy is achieved at all times (breach of Fostering Service Regulations 2002 Regulations 24 and 25)
 - develop a system for recording the outcome of complaints in the fostering service (breach of Fostering Service Regulations 2002 Regulation 18(5))
 - ensure all documentation contains the correct contact information for the regulator and for in-house services such as complaints (NMS 1)
 - consolidate quality assurance processes to ensure compliance with Schedule 7 of the regulations (breach of Fostering Service Regulations 2002 Regulation 42 (1))
 - develop an out of hours support service for foster carers (NMS 21)
 - maintain an up-to-date register of foster carers. (Breach of Fostering Service Regulations 2002 Regulation 22 Schedule 2 (1))