

Quality Fostering

Quality Fostering Limited Unit F15, Holly Farm Business Park, Honiley, Kenilworth, Warwickshire CV8 1NP

Inspected under the social care common inspection framework

# Information about this independent fostering agency

The fostering service was registered in April 2007. It is part of a private organisation. Eighty-five children have been cared for by the service since the last inspection in November 2013. Nine new carer households have been recruited by the service since November 2013, but eleven have resigned or been transferred. At the time of the inspection, there were 22 children in placement and 20 approved carer households. The fostering service provides long-term, short-term, respite, emergency, and parent and baby placements. The foster agency regularly provides for unaccompanied asylum-seeking children and parent and child placements.

# Inspection dates: 22 to 26 May 2017

Overall experiences and progress of children, taking into account	good
How well children are helped and protected	good
The effectiveness of leaders and managers	good

The independent fostering agency provides effective services that meet the requirements for good.

Date of last inspection: 15 November 2013

Overall judgement at last inspection: requires improvement

# **Enforcement action since last inspection**

None



# Key findings from this inspection

This independent fostering agency is good because:

- Children receive good-quality care, help and protection.
- Carers are highly motivated to make a difference to each child's life.
- Children are well supported to do the best that they can in education.
- A number of carers provide a good-quality fostering service to parent and baby placements and to unaccompanied asylum-seeking young people.
- Many children 'stay put' with their foster carers, or choose to keep in touch after they have moved on.
- Staff and managers know all carers and their individual skills, culture, location and availability.
- Carers are well prepared, trained and supported by their supervising social workers, the agency's manager and deputy manager.
- Children have a good sense of belonging.
- Management oversight of the agency has improved considerably, particularly in tracking children's progress, the quality of service to carers, and obtaining the views of children.
- The agency fostering panel makes a good contribution to the carers' assessments and carers' reviews.

The independent fostering agency's areas for development:

- Some children's risk assessments are not completed in sufficient detail, or soon enough, to ensure that all parties know what measures will be used to promote the children's safety.
- Carers receive verbal feedback, but do not receive written outcome summaries when complaints and safeguarding investigations are over.
- Managers do not review complaints and safeguarding investigations thoroughly enough to identify any trends or learn lessons for improvement.
- Supervising social workers and carers' supervision meeting records do not show what has been covered and any agreed actions.
- Panel members and agency staff do not meet annually as a group to collaborate and improve the quality of the service.
- The safeguarding policy does not specify the safeguarding arrangements for children where there are parent and child placements.



# What does the independent fostering agency need to do to improve?

## **Statutory requirements**

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, Fostering Services (England) Regulations 2011 and the national minimum standards. The registered person(s) must comply within the given timescales.

Requirement	Due date
The fostering service provider must prepare and implement a written safeguarding policy which includes a statement of measures to be taken to safeguard any child before making parent and child arrangements with that foster parent. (Regulation 12 (2))	07 July 2017

## Recommendations

- Ensure that the foster carer's meetings with their social worker, including announced and unannounced visits, have a clear purpose and provide the opportunity to supervise the foster carer's work; ensure that the foster carer is meeting the child's needs, taking into account the child's wishes and feelings; and offer support and a framework to assess the carer's performance and develop their competencies and skills. (NMS 21.8)
- Ensure that the fostering service actively promotes individual care and supports the children's safety. This is with particular reference to completing safe care risk assessments in good time and in sufficient detail, in order to effectively minimise risks to children's safety. (NMS 21.1)
- Ensure that a clear and comprehensive summary of any allegations made against a particular member of the fostering household, or staff member, including details of how the allegation was followed up and resolved, a record of any action taken and the decisions reached, is kept on the person's confidential file. A copy is provided to the person as soon as the investigation is concluded. The information is retained on the confidential file, even after someone leaves the organisation, until the person reaches normal retirement age, or for ten years if this is longer. (NMS 22.7)
- Ensure that records of representations and complaints, including how they are dealt with, the outcome and any action taken, are reviewed regularly so that the service's practice is improved where necessary. (NMS 21.11)
- Ensure that manager monitoring of all records effectively ensures compliance with the service's policies, identifies any concerns about specific incidents and identifies patterns and trends. Immediate action is taken to address any issues raised by this monitoring. (NMS 25.2)
- Ensure that each person on the panel central list is given the opportunity of attending an annual joint training day with the fostering service's fostering staff. (NMS 23.10)



# **Inspection judgements**

# Overall experiences and progress of children: good

Children receive good-quality care, help and protection from carers who are highly motivated to make a difference. For example, carers show understanding, empathy and reassurance when children cannot cope and lose control. Carers read up-to-date literature about attachment difficulties and share constructively together with other carers and supervising social workers in support groups. Carers tirelessly work together with their own children to ensure that their whole family is available to foster children. They help children benefit from safe, nurturing care, healthy routines and positive experiences, including holidays, hobbies, clubs, sports, and family celebrations.

Carers are creating positive memories and a sense of belonging for children. One child said, 'I am staying with them forever. I am going to secondary school and when I grow up I am going to drive a Scania. They help me totally.' A young person said in a letter to her carers, 'You have been amazing – you have really showed me what it's like to feel loved and I wish I could stay, but understand why I can't. You have brought your children up the best they can be and I am going to do you proud, too. I know I can't really call you mum and dad, but honestly that is what you both feel like to me.'

Children are well supported to do the best that they can in education. Children stay in their existing schools when this is in their best interest. Carers accompany children to school if this is preferable to them going in a taxi. They encourage children with their studies and help them to develop good study routines. Carers understand that play and pets can be valuable assets in helping children feel better about learning. They attend meetings and parents' evenings like good parents do. Carers have high, yet realistic, aspirations for children because they understand the barriers to learning that have arisen due to previous experiences. For example, one young person told the agency that he is doing much better in school with less detentions. He calls his carers 'ma and uncle', feels part of the family, walks to and from school with his friends, plays football in break times, goes to mosque each weekday after school, and loves Manchester United football club. Carers are delighted when young people succeed academically and they offer 'staying put arrangements' so that young people going to college and university have a home to come back to. One young person is sitting A level exams and has a place at university after six years in placement. Her carer said, 'She is an inspiration.'

A number of carers provide a good-quality fostering service to parent and baby placements and to unaccompanied asylum-seeking young people. These carers are very experienced and have a very good understanding of young people's language, religion and cultural traditions. They undertake specific training and their approval status is amended to undertake this work only after consideration of their skills by the agency fostering panel. A carer specialising in parent and baby placements said, 'I like the teaching part – showing young people how to make up babies' bottles and change nappies.' Carers for unaccompanied asylum-seeking young people said, 'We have moved here too and understand what it is like to be in a new culture.' The



agency encourages young people in these placements to attend relevant training, support groups and group activities with their carer families. This helps develop a sense of belonging and reduces the particular feelings of isolation and confusion that young people in these positions experience. For example, one carer said that an asylum-seeking young person 'has really turned around. He used to think that everyone is the enemy. Now he is offering to make tea and coffee when visitors come and he feels part of the family.' Carers offering parent and baby placements forge positive relationships with young parents. Carers of unaccompanied asylum seekers forge positive relationships with them. Carers often make themselves available to help for months and years, despite complex and often adverse outcomes. One carer said, 'I babysit for one mum and baby still as she has no family.' Furthermore, carers demonstrate insight and professionalism in working with interpreters, social work assessors, legal representatives and Home Office personnel. This ensures that parent and baby placements and unaccompanied asylum-seeking young people get the right help and protection.

Staff and managers know all carers and their individual skills, culture, location and availability. Managers and carers discuss potential placements insightfully to ensure that there is a good match with the whole caring household. Social workers make placements only when carers can reasonably be expected to meet children's needs. Carers demonstrate good skills and empathy with respect to children's birth families and their long-term plans. Carers cooperate well with placing social workers and are child-centred in preparing children to keep in positive contact with family, friends and those that are important to them throughout their time in placement. Carers and supervising social workers advocate about the timing and location of children's visits when necessary. For example, they have suggested that social workers stop visits to children in school when children are finding such visits awkward and disruptive.

Carers are well prepared, trained and supported to promote children's progress. For example, the agency provides an annual programme of face-to-face training on core and specific subjects. Training is put on in different locations and at different times. If necessary, training is individually delivered in carers' homes by their supervising social workers or the deputy manager. This means that the whole carer household is sufficiently skilled to give the right help to fostered children. As a result, children benefit from foster care, even when placements are short term and/or complex. For example, one child came to his carers for a few months at the age of two. He was unable to talk, or walk without tripping over. Thanks to their care, the child left them running, singing and talking well. Another young person with learning and behaviour difficulties made significant progress over a period of years. His social worker said, 'The carers manage his behaviour fantastically and it is clear that he feels safe and happy in their care. He can now take his medication independently, which is positive.' A carer's own child said, 'I like meeting new people from different backgrounds and experiences and I make really close relationships with them, even after they leave from here.'

Supervising social workers have developed particular skills and knowledge in special educational needs, therapeutic parenting and preparation for independent living. They share this expertise with carers and children. They also use it to advocate for children and make good contributions to their care plans. Supervising social workers



recognise the wealth of skills that carers have. They enable carers to inspire and share their skills with new carers and others that are less confident. Carers do this informally, through respite arrangements, and by presenting their knowledge and experience in training courses. However, supervising social workers do not make best use of their home visit records to develop carers' skills. These records say too little about the agenda of topics discussed, the supervisor's advice, and actions agreed. This means that carers make little or no use of these records. It also means that the agency cannot use the records to identify the impact of support visits on the quality of care that children receive.

Children's views are understood well by the agency and are taken into good account. For example, the agency makes sure that, wherever possible, carers have all the delegated authority that they need to make decisions about health and social matters, just as parents do. Similarly, if children are struggling with all the changes of social worker that they get, this is raised with the local authority through their advocate.

# How well children are helped and protected: good

Children feel safe and their behaviour becomes increasingly safe. This is because carers and staff identify, understand and manage children's risks well. Carers and staff regularly discuss strategies for behaviour management that are based on positive relationships. The agency's social workers understand that creating positive, empathic relationships helps children to feel safe and behave safely. For example, one child used to lash out and try to break everything in his room. His carer said, 'I love training and now I have much more confidence – I give him lots of praise and I can see his body rising with the boosts. I say to other carers, do not let your boundaries go, but adapt.' Carers and staff also create individual safe care risk assessments that are specific to each child or young person. However, these are sometimes completed too late and in too little detail. For example, carers of one parent and child placement use baby monitors and conduct visual night time checks. The safe care plan was completed a number of weeks after the placement started and does not explain these details. This shortfall means that there is potential for inconsistency or deviation from agreed strategies to minimise risk.

Children attend training courses that help them acquire the necessary knowledge to make safer lifestyle choices. For example, four children came to an internet safety and substance misuse course. This helped vulnerable children to understand the impact of drugs on their well-being. The training also equipped them with knowledge about grooming behaviour and how to guard against sexual exploitation and radicalisation. All carers attend training about these things and are alert to them. Carers also attend regular refresher safeguarding and first aid training. One carer said that, because of her advice and the training given by the agency, a young person was deemed able to safely parent her baby long term. The carer said, 'She listened to my advice, was here seven months, started college, and is still in touch. We call each other sometimes.'

Children are able to complain and their views are taken seriously by carers and the agency. For example, one young person complained about the way that he was treated by a babysitter, and his placement came to an end due to a number of



issues. His carers worked with the agency's deputy manager to reflect on what went wrong and to improve their understanding of young people's trauma and attachment difficulties. The carer said, '[Deputy manager] has encouraged me to question and to think about attachment. I honestly felt that he was so disturbed and I could not help him. Now I realise that his behaviour was to do with anger about not staying with his father. I am still passionate about fostering.'

Young people who go missing are better understood and helped than at the time of the last inspection. Staff and carers report each missing incident promptly and take the actions agreed between the young person's placing authority, police and the agency. Staff and carers consider carefully and share everything that they know about the young person and the current circumstances. This enables everyone involved to judge how unsafe the young person is likely to be and decide on actions that are proportionate. For example, when young people are out late socialising with friends and their whereabouts are known, they are helped to keep in touch by telephone and are given guidance about achieving a better balance between study and leisure. Carers and supervising social workers help young people to motivate themselves to study and remind them of the connection between this and their asylum cases. Equally, if a parent of a baby is making contact and going out with unsafe people who are exploiting her, this is reported and taken seriously as a significant risk to the young person's parenting ability. On a few occasions, unaccompanied asylum-seeking young people have gone missing from placement and not been found. However, the agency's response to all incidents of young people going missing is well coordinated and supportive overall. Carers and staff are proactive in advising and helping young people who go missing with the difficulties that are driving their behaviour. They are well informed about drug misuse, selfharm, child sexual exploitation, and trafficking. They work with placing authorities to minimise risks; however, if they cannot keep young people safe, they promptly call for a multi-agency review of the placement.

Children are well protected because the agency robustly follows multi-agency child protection procedures whenever concerns are raised about their safety in a foster placement. All allegations and concerns about carers are shared immediately with the local authority designated officer (LADO) for safeguarding. The LADO makes the decision about how any child protection concerns will be investigated. Agency staff and managers cooperate fully with these processes. They complete all agreed actions, for example, unannounced visits or specific training to carers. All concerns about carers are reviewed by the agency's panel to reconsider the carers' continuing approval. This is good practice. However, the records of actions taken following concerns do not always make clear the agenda, content and impact of the actions. In addition, when matters are concluded, carers do not receive full summaries of the allegations, the investigations and the outcomes of them. These shortfalls potentially reduce carers' learning and confidence after allegations have been made about them.

Staff and carers are sensitive to some specific safeguarding issues for some asylumseeking young people. For example, the issue of being granted leave to remain hangs over many young people. A carer said, 'One of my young people can't stay here past 18. We hope that he gets leave to remain, but he has been getting refusal after refusal. He seems resilient, but we know that it is avoidant behaviour. We



understand why each time he will have a few days with a terrible mood.'

The agency's child protection policy does not include a specific statement of the measures to be taken to safeguard any child before making parent and child placement arrangements. This detail is required to help ensure that the agency clearly addresses the safeguarding needs of both the baby and the parent.

# The effectiveness of leaders and managers: good

The manager, deputy and agency decision maker are a good team. The manager has high expectations for what all children can achieve and ensures that high standards of care are attained. The manager and deputy have both recently completed leadership and management level five diplomas. They chose 'going missing' and 'parent and baby placements' for particular study during their diplomas. They have used and shared their increased knowledge to improve their service to children. For example, more robust training is given to carers and young people about sexual exploitation and drug misuse. Staff and carers now give more consideration to young people's vulnerability to harm when deciding on the action that they will take if young people go missing.

Managers have ensured that staff stay focused on continuous improvement and upskilling carers through research, reading and training. As a result, carers have great confidence in the agency and really feel part of the professional team around each child.

The leadership team achieves its stated aims and objectives by organising a 24-hour presence and keeping to a relatively small number of carers and staff. This approach means that leaders know all their carers, including their families, and know all fostered children, too. Their individualised knowledge is used to good effect to make matches where children are most likely to thrive. Their individualised knowledge also means that managers can track in detail the progress of each child and young person. Managers use their understanding of children's progress to make clear, useful contributions to care planning and to praise children. They use questionnaires and face-to-face time via the supervising social workers. Children's responses are mostly very positive, indicating successful placements, but any negatives are noted and responded to through well-organised reviewing and checking systems.

Leaders and managers have good-quality professional relationships with a large number of commissioning teams, social workers, schools and safeguarding professionals. They use these relationships well to ensure that children get good support in all areas of their development. Leaders and managers also actively challenge professionals when responses from other services are not effective. For example, they ensure that decisions about whether or not to move children are made robustly, insightfully and carefully, especially when there are concerns or allegations about carers.

Managers ensure that the agency promotes equality and diversity well. Carers come from a wide range of cultures, countries and backgrounds. Their language skills and understanding of different religions and traditions are well used to enhance placements and help children. Managers plan to develop better training for carers of



asylum-seeking children. This is because they have identified that, in many cases, it is necessary to tailor care so that it takes more account of the specific scenario in the country where the young person comes from.

The agency decision maker and the fostering panel work effectively. The panel gives good-quality assurance recommendations to assessing social workers and managers. This means that good-quality carers are recruited, and carers who are subject to review are upskilled to improve the quality of their work. The agency decision maker plans to share with carers the rationale and reasons for his decision to approve them. He says that this is a productive use of the records and can inspire new carers to realise their strengths and any areas where they need to develop. Panel members and agency staff do not meet to discuss their work. This is a missed opportunity to further develop and improve the agency.

Managers have better oversight of all aspects of the agency's work than before. They know that carers are more engaged with the fostering task and better equipped to meet children's needs than before. Managers are now gathering more information about the reasons for placement endings. They ensure that agreed actions are taken following concerns. For example, they put on individualised training to address gaps in carers' skills. However, managers are not reviewing records over time to identify trends and patterns, or to identify areas where improvements may be required. Their monitoring reports do not evaluate data or identify areas of work that are going less well. For example, managers do not know if there are trends or patterns in the complaints and allegations received about carers. This means that the agency's development plans are rather generic and do not address areas of possible weakness, such as those identified during the inspection.

## Information about this inspection

Inspectors have looked closely at the experiences and progress of children. Inspectors considered the quality of work and the difference made to the lives of children. They watched how professional staff work with children and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and their families. In addition, the inspectors have tried to understand what the independent fostering agency knows about how well it is performing, how well it is doing and what difference it is making for the children who it is trying to help, protect and look after.

Using the 'Social care common inspection framework', this inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with the Fostering Services (England) Regulations 2011 and the national minimum standards.



# Independent fostering agency details

Unique reference number: SC068494

Registered provider: Quality Fostering Limited

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#### **Inspector:**

Rachel Britten, social care inspector



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