



Making Social Care
Better for People

inspection report

Fostering Services

Lewisham LA Fostering

Laurence House

1 Catford Road

Catford

London

SE6 4SW

24 - 28th, 31st January and 9th February
2005

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

FOSTERING SERVICE INFORMATION

Local Authority Fostering Service?

YES

Name of Authority

Lewisham LA Fostering

Address

Laurence House, 1 Catford Road, Catford, London, SE6
4SW

Local Authority Manager

Rosie Sauvage

Tel No:

020 8314 8386

Address

Laurence House, 1 Catford Road, Catford, London, SE6
4SW

Fax No:

Email Address

Registered Fostering Agency (IFA)

NO

Name of Agency

Tel No

Address

Fax No

Email Address

Registered Number of IFA

Name of Registered Provider

Name of Registered Manager (if applicable)

Date of first registration

Date of latest registration certificate

Registration Conditions Apply ?

NO

Date of last inspection

Date of Inspection Visit		26th January 2005	ID Code
Time of Inspection Visit		09:00 am	
Name of Inspector	1	Sue Nott	105781
Name of Inspector	2	Rossella Volpi	077414
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection			

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INTRODUCTION TO REPORT AND INSPECTION

Independent and local authority fostering services which fall within the jurisdiction of the Commission for Social Care Inspection (CSCI) are subject to inspection, to establish if the service is meeting the National Minimum Standards for Fostering Services and the requirements of the Care Standards Act 2000, the Fostering Services Regulations 2002 and the Children Act 1989 as amended.

This document summarises the inspection findings of the CSCI in respect of Lewisham LA Fostering. The inspection findings relate to the National Minimum Standards for Fostering Services published by the Secretary of State under sections 23 and 49 of the Care Standards Act 2000, for independent and local authority fostering services respectively.

The Fostering Services Regulations 2002 are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the CSCI in relation to independent fostering agencies regarding registration, the imposition and variation of registration conditions and any enforcement action, and in relation to local authority fostering services regarding notices to the local authority and reports to the Secretary of State under section 47 of the Care Standards Act 2000. The report follows the format of the National Minimum Standards and the numbering shown in the report corresponds to that of the standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Notifications to the Local Authority and Reports to the Secretary of State
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Providers response and proposed action plan to address findings

This report is a public document.

INSPECTION VISITS

Inspections will be undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The following inspection methods have been used in the production of this report. The report represents the inspector's findings from the evidence found at the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

A local authority fostering service in an inner city borough, with high levels of deprivation and need.

At the last inspection, the service comprised of three teams based on separate sites. The fostering team dealt primarily with short term foster carers, the respite care team offered respite to families caring for children with disabilities and the kinship and permanency team worked with long term placements and family members and friends who had been approved as carers. Each team had its own management arrangements.

The service restructured in June 2004, with two teams carrying out recruitment and assessment functions, and three teams which dealt with the supervision and support of carers. In addition, the placement team had become part of the commissioning service.

The fostering service worked in conjunction with the placement team, which took the initial referrals for children needing placement. At the time of inspection, there were 175 children and young people placed by the service, including children placed with kinship carers.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

There had been a number of changes in the service since the last inspection, including the appointment of a new Director of Children's Social Care, who had been in post since November following an interim appointee. The fostering service had restructured in June 2004, and under the new leadership was undergoing further changes. This further restructuring was causing anxiety for staff, and the general morale of staff was suffering. However, in spite of the many changes some areas of good practice had been maintained, such as the quality of the support and training provided to carers. There had been improvements in the service provided to kinship carers, the carrying out of unannounced visits, and the level of communication between teams. The continued lack of stability in the workforce, particularly in the Looked After Children and Leaving Care teams, continue to impact on the service.

Although a number of the requirements had been met from the previous inspection, some were still to be achieved. However, there remained a commitment of the present management and staff to develop those areas of practice where improvement was still needed, but due to the proposed changes in management, managers were understandably uncertain and concerned about their own future roles, and were unsure whether they would be in a position to consolidate improvements in these areas.

There was a disappointing response to the questionnaires sent out, with only twelve questionnaires returned from carers, and seven from young people.

Overall the findings of the inspection indicated that the service offered reasonable assessments, good support and training, and a panel keen to maintain a quality assurance role.

Statement of Purpose (Standard 1)

This standard was partially met. The agency needed to revise its statement of purpose to provide up to date information on the organisation and structure of the service. The children's guide had been updated and was clear and informative.

Fitness to Provide or manage a fostering service (Standards 2-3)

Both standards were met. The managers were all appropriately qualified and had relevant professional childcare experience to manage the fostering service. They demonstrated the ability to provide good and supportive leadership, and to respond to the challenges of their roles. The Service Unit Manager was particularly praised by staff and carers for her ability to listen and respond to concerns and suggestions.

Management of the fostering service (Standards 4-5)

One standard was met; One was partially met. The fostering service was on the whole managed effectively, but staff were unenthusiastic and frustrated by the further changes recently announced. There had been a prolonged period of uncertainty and anxiety for staff over recent years, and staff had found it hard to remain positive. Senior management must ensure that staff are consulted, and are supported in achieving the changes required. The move to more suitable office accommodation had been delayed again due to the further restructuring of the fostering service, and workers were still operating on different sites. The previous poor communication between the fostering service, Looked After Children teams and the placement team had improved.

Securing and promoting welfare (Standards 6-14)

Nine standards were assessed: six were met; three were partially met. The fostering service was on the whole thorough in its approval procedures, and aimed to ensure carers provided safe, healthy and caring environments for the foster children and young people. The agency was continuing to develop its policy around recruitment, and increase its numbers of local carers. The agency put emphasis on valuing diversity, and maintaining contact for the children with birth families, as well as encouraging links with cultural, religious and community groups. Efforts were made to listen to children and young people, and enable them to have a say in the service provided. Staff recognised the importance of the matching process for the foster child and carer, although appropriate matches were not always achieved. The system for obtaining all the necessary relevant information and documentation about a child or young person from the placing social worker had improved. Changes of staff, particularly in the LAC and Leaving Care teams, at times impacted on these standards and affected the efficiency of the service in achieving appropriate plans for some children placed within reasonable timescales.

Recruiting, checking, managing, supporting and training staff and foster carers (Standards 15-23)

Nine standards were assessed; six were met; two were partially met; and one was not met. There were appropriate recruitment and selection procedures in place to ensure the employment of appropriately qualified and experienced staff. However, the systems for generating updated CRB checks for staff, carers and backup carers needed to be improved. Staff were positive of the support and supervision provided by managers. Supervising social worker support to carers was good, and training was very well established. Although there were positive initiatives to recruit permanent staff, the recent loss of agency staff and the continued high turn over of staff throughout the department, was affecting continuity of service for the carers and children. Changes in the administrative support provided were also needed, as staff were struggling in the present structure to keep up with the demands of the service.

Records (Standards 24-25)

One standard was met; one was partially met. Carers' records were of a reasonable standard, but the quality of children's files was inconsistent. Efforts were, however, being made to address this, and a system of auditing was in place. There had, however, been an improvement in the quality of the background information given to carers on the children that were being placed with them. Carers were encouraged to keep detailed records, and were offered training to improve their skills. Files were secured and stored appropriately.

Fitness of premises (Standard 26)

This standard was partially met. The present offices were appropriately laid out for the space available. The proposed move to alternative accommodation had not taken place, and some files and administrative staff were now located on different sites to the social workers, resulting in delays in acquiring information necessary to carry out the work.

The agency had satisfactory administrative systems, IT and communication systems. The premises had a lockable filing system for secure confidential record keeping, and there was a satisfactory level of security provided.

Financial requirements (Standard 27-29)

These standards were met. There was evidence of clear financial systems for the control and supervision of the agency's financial affairs. Payments to carers were now made on time.

Fostering panel (Standard 30)

This standard was met. The panel was a joint panel with Kusadiki, and was operating within the regulations. Roles and responsibilities of the managers in relation to panel were clear. The present panel chair was suitably experienced and qualified, and the panel was effective and thorough in its discussions. Meetings were held regularly. Panel members received papers sufficiently in advance. Prospective carers attended panel, and this was handled

appropriately. There was a range of expertise among the members, and staff and panel members reported good access to legal advice. Efforts were made to ensure the recommendations of the panel, were considered by the decision maker within appropriate timescales. Further annual training for panel was planned.

Although the fostering panel was operating well, it was due to have a temporary chair for six months at a time of considerable change in the department. It will be important that a strong quality assurance role is maintained during this period.

Short-term breaks (Standard 31)

This standard was partially met. The respite care scheme provided short breaks for children with disabilities, and the necessary policies and procedures were in place. The respite care team became part of the fostering service in April 2004. A number of staff experienced in disability issues had left the service, and it was not clear how well the needs of children receiving short-term breaks were now being met.

Family and friends as carers (Standard 32)

This standard was met. There was evidence of an improving service being provided to carers, who were family and friends of the children placed. All approved kinship carers were allocated, and support was now provided.

Reports and Notifications to the Local Authority and Secretary of State
(Local Authority Fostering Services Only)

The following statutory Reports or Notifications are to be made under the Care Standards Act as a result of the findings of this inspection:

Report to the Secretary of State under section 47(3) of the Care Standards Act 2000 that the Commission considers the Local Authority's fostering service satisfies the regulatory requirements:

NO

Notice to the Local Authority under section 47(5) of the Care Standards Act 2000 of failure(s) to satisfy regulatory requirements in their fostering service which are not substantial, and specifying the action the Commission considers the Authority should take to remedy the failure(s), informing the Secretary of State of that Notice:

NO

Report to the Secretary of State under section 47(4)(a) of the Care Standards Act of a failure by a Local Authority fostering service to satisfy regulatory requirements which is not considered substantial:

NO

Report to the Secretary of State under section 47(1) of the Care Standards Act 2000 of substantial failure to satisfy regulatory requirements by a Local Authority fostering service:

NO

The grounds for the above Report or Notice are:

N/A

Implementation of Statutory Requirements from Last Inspection

Requirements from last Inspection visit fully actioned?

NO

If No please list below

STATUTORY REQUIREMENTS				
Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and Fostering Services Regulations 2002.				
No.	Regulation	Standard	Required actions	
1	FSR2002.4	FS1	Lewisham fostering service must ensure that the Statement of Purpose and Children's guide are kept under review and revised appropriately with any ongoing developments. Council members must approve both documents when finalised. This is a requirement from the previous inspection, which has not been fully addressed.	31.08.04
2	FSR2002.11	FS7	The service must ensure that steps are taken to achieve foster placements which provide a suitable racial, ethnic and cultural match within six weeks, unless there are other overriding reasons, why a particular placement should be maintained.	31.08.04
3	FSR2002.20	FS15	Criminal Record Bureau (CRB) checks must be carried out on all current staff. This standard was subject to a previous requirement on this issue.	30.06.04
4	FSR2002.20	FS15	Telephone enquiries must be made, in addition to obtaining written references on new staff.	30.06.04
5	FSR2002.19	FS17	The provider must achieve a stable staff team in all parts of its fostering service. This is a requirement from the previous inspection, which has not been fully addressed.	31.08.04

6	FSR2002.35	FS22	Systems, and sufficient staffing, must be provided to ensure unannounced visits and regular visiting of all carers is carried out. This is a requirement from the previous inspection, which has not been fully addressed.	31.08.04
7	FSR2002.11 & 12	FS24	Managers must ensure that case files for each young person in foster care provide an up to date, comprehensive record, including copies of all relevant LAC forms. This is a requirement from the previous inspection, which has not been fully addressed.	31.08.04

Action is being taken by the Commission for Social Care Inspection to monitor compliance with the above requirements.

COMPLIANCE WITH CONDITIONS OF REGISTRATION (IF APPLICABLE)

(Registered Independent Fostering Agencies only)

Providers and managers of registered independent fostering agencies must comply with statutory conditions of their registration. The conditions applying to this registration are listed below, with the inspector's assessment of compliance from the evidence at the time of this inspection.

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector _____
Second Inspector _____
Locality Manager _____
Date _____

Signature _____
Signature _____
Signature _____

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

Action Plan: The appropriate Officer of the Local Authority or the Registered Person (as applicable) is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, the Children Act 1989, the Fostering Services Regulations 2002, or the National Minimum Standards for Fostering Services. The Authority or Registered Person(s) is/are required to comply within the given time scales in order to comply with the Regulatory Requirements for fostering services.

No.	Regulation	Standard *	Requirement	
1	FSR2002.4	FS1	Lewisham fostering service must ensure that the Statement of Purpose is kept under review and revised appropriately with any ongoing developments. This is a requirement from the previous inspection, which has not been fully addressed.	01.09.05
2	FSR2002.8	FS5	Managers must set clear timescales for achieving the proposed changes to lessen uncertainty and anxiety amongst staff.	30.06.05
3	FSR 2002 11a	FS6	Managers must ensure that all foster carers, drivers and escorts providing transport for children placed do so in a safe and appropriate manner.	Immediate
4	FSR2002.11	FS7	The agency must ensure that systems are in place to ensure that steps are taken to achieve foster placements, which provide a suitable racial, ethnic and cultural match at an early stage, unless there are overriding reasons why a particular placement should be maintained. This is a requirement from a previous inspection, which has not been met.	31.07.05
5	FSR2002 8(b)	FS14	The agency must ensure consistency in all aspects of their service to young people leaving care. Pathway Plans must be completed and implemented for all service users.	01.09.05

6	FSR2002.20	FS15	The system for renewing Criminal Record Bureau (CRB) checks on all staff, carers and back up carers must be carried out efficiently. This standard was subject to a previous requirement on this issue.	30.06.05
7	FSR2002.20	FS15	The agency must ensure that a record of telephone enquiries to verify written references is maintained on file.	30.06.05
8	FSR2002.19		The workload of business support staff must continue to be monitored, to ensure adequate support is provided to meet the needs of the service.	31.07.05
9	FSR2002.19	FS17	The agency must achieve a stable staff team in all parts of its fostering service in order to carry out the all the tasks required efficiently.	01.09.05
10	FSR2002.35	FS22	Systems, and sufficient staffing, must continue to be in place to ensure unannounced visits and regular visiting of all carers is carried out.	31.07.05
11	FSR2002.11 & 12	FS 24	Managers must ensure that case files for each young person in foster care provide an up to date, comprehensive record. This was the subject of a previous immediate requirement that remains unmet.	31.07.05
12	FSR2002.23	FS26	Delays in acquiring information necessary to carry out the work, due to administrative staff and files being located on different sites to the social workers must be addressed within the current reorganisation plans.	01.09.05
13	FSR2002.21(4)a	FS31	Training must be provided to all staff working with families caring for children with disabilities to ensure their special needs are appropriately assessed.	31.12.05

GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

Identified below are areas addressed in the main body of the report which relate to the National Minimum Standards and are seen as good practice issues which should be considered for implementation by the Authority or Registered Person(s).

No.	Refer to Standard *	Recommendation Action
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1	FS44	Joint training and practice discussion forums between the teams should continue to be encouraged to improve communication.
2	FS6	The practice of children, who are not related, sharing a double room should be monitored carefully to ensure the welfare of the children is safeguarded. Accommodation standards should not be reduced with the need to provide more local placements.
3	FS11	With the distribution of the new children's guide, managers should ensure that staff ensure that the children are aware of the section on how to make a complaint.
4	FS15	Any gaps in staff, panel members, or carer's CV's should be followed up, and recorded. Copies of qualifications should be on all files.
5	FS16	Staff and carers should be consulted, and kept informed of further imminent changes in the structure of the service, as much as possible.
6	FS18	Senior management should endeavour to ensure that there are opportunities for staff to meet with them to discuss the implications of any major changes in the department.
7	FS24	It would be helpful if staff files had an index, and separate sections for different information.
8	FS29	Decisions on additional payments other than standard weekly payments should be made in a timely fashion. Any problems linking the Disabled Living Allowance with weekly allowances, for those carers looking after children with disabilities, should be investigated.
9	FS20	Managers should ensure that regular supervision for all workers is maintained through the continued changes in management structure and personnel.
10	FS21	The service should develop an action plan to achieve more consistent timescales in completing carer's annual reviews, and assessments.
11	FS30	It is recommended that a meeting should be arranged with both decision makers and chair to ensure consistency in decisions made, and that the panel functions and membership should be reviewed to ensure both agencies are satisfied with its operation.
12	FS30	It is recommended that relevant training is provided for the temporary panel chair.
13	FS30	A back up panel minute taker should be identified to ensure cover for sickness and leave.
14	FS30	Up to date CRB and medical checks for carers, and back up carers should be obtained before panel recommendations are made on reviews being considered.

15	FS30	A draft wording of the panel's recommendation should be read out to all panel members, so that everyone is clear of the outcome of the discussion.
16	32	It is recommended that the overall management of kinship cases is held by one person, in order to better identify the further work needed to continue the improvement in services to kinship carers.
17	32	It is also recommended that the special needs of kinship carers are included in future training programmes.

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. FS10 refers to Standard 10.

PART B INSPECTION METHODS & FINDINGS

The following inspection methods have been used in the production of this report

Number of Inspector days spent	11.5
Survey of placing authorities	YES
Foster carer survey	YES
Foster children survey	YES
Checks with other organisations and Individuals	YES
• Directors of Social services	NO
• Child protection officer	YES
• Specialist advisor (s)	YES
• Local Foster Care Association	YES
Tracking Individual welfare arrangements	YES
• Interview with children	YES
• Interview with foster carers	YES
• Interview with agency staff	YES
• Contact with parents	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of foster carer training	NO
Observation of foster panel	YES
Inspection of policy/practice documents	YES
Inspection of records	YES
Interview with individual child	YES
Date of Inspection	24/01/05
Time of Inspection	9.45 AM
Duration Of Inspection (hrs)	80

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

- | | |
|-------------------------|--------------------|
| 4 - Standard Exceeded | (Commendable) |
| 3 - Standard Met | (No Shortfalls) |
| 2 - Standard Almost Met | (Minor Shortfalls) |
| 1 - Standard Not Met | (Major Shortfalls) |

"0" in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable.

"X" is used where a percentage value or numerical value is not applicable.

Statement of Purpose

The intended outcome for the following standard is:

- **There is clear statement of the aims and objectives of the fostering service and the fostering service ensures that they meet those aims and objectives.**

Standard 1 (1.1 - 1.6)

There is a clear statement of the aims and objectives of the fostering service and of what facilities and services they provide.

Key Findings and Evidence	Standard met?	2
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Lewisham's Statement of Purpose covered all the areas required. However, it was out of date in relation to staffing, numbers of carers, and complaints. It gave clear aims and objectives for the service, but had not been revised to reflect the restructuring of the service that had taken place in June 2004. Another restructuring had been announced, and the Statement of Purpose needed to keep pace with these changes. Staff were familiar with the present statement.

A new Children's Guide had just been published, and managers were in the process of deciding how best to distribute it. Previously, the guide had been distributed to all looked after children (LAC) at their second review. The guide was clear and informative, and specifically related to foster care in Lewisham.

Staff were sensitive to the need for using different formats in ensuring communication with all the children placed, and interpreters were used when necessary. Information about translation services, as well as information on the availability of the guide in Braille and audio format, was included in the guide.

The fostering service had the range of required policies which had recently been updated.

Lewisham fostering service must ensure that the Statement of Purpose is kept under review and revised appropriately with any ongoing developments. This is a requirement from the last inspection.

Fitness to Carry On or Manage a Fostering Service

The intended outcomes for the following set of standards are:

- The fostering service is provided and managed by those with the appropriate skills and experience to do so efficiently and effectively and by those who are suitable to work with children.

Standard 2 (2.1 - 2.4)

The people involved in carrying on and managing the fostering service possess the necessary business and management skills and financial expertise to manage the work efficiently and effectively and have the necessary knowledge and experience of childcare and fostering to do so in a professional manner.

Key Findings and Evidence

Standard met?

3

The nominated manager had remained the same, and the competence of the management team was evidenced during interviews, discussions with staff, and examination of personnel files, written systems and documentation. The service unit manager held a relevant social work qualification, and had previously held a variety of social work and managerial positions in childcare services. Interviews with the respective team managers provided evidence of satisfactory management skills. All had appropriate professional qualifications and relevant childcare experience. The service unit manager was due to complete the Certificate in Management Studies in March 2005.

There was evidence of effective and supportive leadership from the service unit manager through a period of considerable change in the department, and discussion with staff and carers showed that they remained extremely positive about her management skills, particularly her ready availability and approachability. There was also evidence that she and other managers in the service had endeavoured to maintain a consistent management approach throughout the restructuring process.

Standard 3 (3.1 - 3.4)

Any persons carrying on or managing the fostering service are suitable people to run a business concerned with safeguarding and promoting the welfare of children.

Key Findings and Evidence

Standard met?

3

CRB checks, references and interviews with managers confirmed that they were suitable people to be involved in an agency concerned with safeguarding the welfare of children. However, there had been some delays in the general updating of CRB checks, which were being addressed. The agency had appropriate recruitment and selection policies, which were available on the council's intranet.

Management of the Fostering Service

The intended outcomes for the following set of standards are:

- **The fostering service is managed ethically and efficiently, delivering a good quality foster care service and avoiding confusion and conflicts of role.**

Standard 4 (4.1 – 4.5)

There are clear procedures for monitoring and controlling the activities of the fostering service and ensuring quality performance.

Key Findings and Evidence

Standard met?

3

The restructuring in June 2004 had been handled well, and new roles and responsibilities were beginning to bed down. However, in July, in response to earlier inspections, proposals for another restructuring had been announced. These proposals would reduce the numbers of team managers in the service. Staff had had to reapply for a reduced number of manager posts, and interviews had already taken place. With further changes due, staff were finding it hard to concentrate on achieving consistency in implementing the original changes.

The diffusion of fostering functions across teams and sites, with different management lines of responsibility, had created difficulties in maintaining clear channels of communication between the teams, and the last two inspections had highlighted the need for improvement and communications between teams. With the new structure, there were signs that communication between the fostering and the placement team and Looked After Children teams had improved, and that tensions and unnecessary disputes between workers had lessened. Managers should ensure that work continues in this area in spite of the further changes taking place. Joint training and practice discussion forums between the teams should continue to be encouraged to improve communication.

Although there was a diverse group of fostering managers with different experiences and standards, senior managers had worked hard to ensure systems were in place to build a consistent service. Discussion with staff indicated that they were concerned over the loss of management posts, and anxious that a consistency in the management team was maintained.

Ongoing changes of allocated workers, particularly in the LAC teams, continued to impact on the service provided. Some of the carers visited and those responding to questionnaires continued to find this situation frustrating, and concerns were expressed at the delays that sometimes occurred in planning for children in their care.

The service used a clear format for auditing files and there was evidence that audits were carried out. Form F reports were checked by two managers prior to panel to ensure a good standard of assessments was maintained.

All carer's files seen contained the foster carers agreement form, which outlined the tasks and responsibilities of the carer's role.

The agency provided written information regarding the charges for its fostering services and statements of the amounts paid to carers.

The fostering service informed carers and staff of their responsibility to declare any possible "conflict of interest".

All staff were subject to a performance evaluation scheme.

Number of statutory notifications made to CSCI in last 12 months:

Death of a child placed with foster parents.

0

Referral to Secretary of State of a person working for the service as unsuitable to work with children.

0

Serious illness or accident of a child.

X

Outbreak of serious infectious disease at a foster home.	0
Actual or suspected involvement of a child in prostitution.	0
Serious incident relating to a foster child involving calling the police to a foster home.	X
Serious complaint about a foster parent.	X
Initiation of child protection enquiry involving a child.	X
Number of complaints made to CSCI about the agency in the past 12 months:	0
Number of the above complaints which were substantiated:	0

Standard 5 (5.1 - 5.4)		
The fostering service is managed effectively and efficiently.		
Key Findings and Evidence	Standard met?	2
<p>Management had tried hard to keep staff informed about the restructuring that happened in June 2004, and had maintained a level of optimism and the support of their staff, but the proposals for further changes had been greeted with surprise, and a lack of enthusiasm and frustration by most staff interviewed. A number of staff told inspectors that they now had “no vision of what they were working towards”, and the business support team were concerned over their, as yet undecided, role in the new structure.</p> <p>Senior managers have identified their priorities as reducing the number of children in residential care, increasing the number of in house carers, and improving placement stability, and this is seen as the driving force in implementing further changes in the structure of the service. Whilst inspectors recognised the pace of change had not allowed much room for consultation, staff and carers need to be brought on board as much as possible.</p> <p>Managers must set clear timescales for achieving the proposed changes to lessen uncertainty and anxiety amongst staff.</p> <p>The move to new offices was once more on hold, but the fact that staff in different teams were still on different sites, continued to have implications for achieving consistent working practice, although staff had coped extremely well with this.</p> <p>There were ongoing initiatives to improve recruitment and retention of social workers in the department, and there was a commitment to growth in Children’s Services. The system of financial management within the department had been tightened.</p> <p>Managers had job descriptions that clearly set out the responsibilities involved. These will need to be reviewed again as part of the further restructuring process. Lines of accountability were defined and arrangements were in place to cover management absence. The managers met formally on a regular basis.</p> <p>There was some concern amongst staff about the loss of specialist skills within the teams in working with children with disabilities. See Standard 31.</p>		

Securing and Promoting Welfare

The intended outcome for the following set of standards is:

- The fostering service promotes and safeguards the child/young person's physical, mental and emotional welfare.

Standard 6 (6.1 - 6.9)

The fostering service makes available foster carers who provide a safe, healthy and nurturing environment.

Key Findings and Evidence	Standard met?	2
<p>Overall there was evidence from carers visited, questionnaires received, and examination of files that carers generally provided safe, clean and comfortable environments, and a good standard of day to day care. Files inspected showed that assessments, using BAAF Form F, were competency based. Completed Health and Safety, and Standards of Care forms were available on all files examined.</p> <p>Accommodation seen during visits to carers was of a good standard. However, inspectors were concerned to ensure that the good standards that had been maintained within the service would not be diminished with the need to provide more local placements. During the inspection, there was an example of a new carer coming to panel for approval where the bedroom layout was far from ideal. A format for completing a written risk assessment of circumstances where children, who are not related, might share a double room, had now been produced and was being used, but this practice should be monitored carefully to ensure the welfare of the children is safeguarded.</p> <p>There was evidence to suggest that children were not in all cases transported safely, and seat belts were not always used.</p> <p>Managers must ensure that all carers, drivers and escorts use safe driving practices. The foster carer agreement states that foster carers are expected to notify their household insurance company of their fostering activity, and receive written confirmation from the insurance company that the fostered child or children will be considered members of their household. Copies of the insurers' written confirmation were seen on a number of carer's files. Courses on First Aid for carers were regularly included on the annual training programme, as well as courses on safe caring. Health and safety issues were also covered in the initial Skills to Foster course.</p>		

Standard 7 (7.1 - 7.7)

The fostering service ensures that children and young people, and their families, are provided with foster care services which value diversity and promote equality.

Key Findings and Evidence

Standard met?

2

From discussion with the managers of the service and staff, it was clear that there remained a commitment to ensure that children were provided with a service that valued diversity, and it was an issue staff took seriously. It was seen as integral to the recruitment and training of an ethnically and culturally diverse group of carers and social work service. Lewisham had a clear equal opportunities policy and a section in their Child Care Manual was devoted to anti-discrimination practice. Carer Agreements reflect this. Advertising encouraged a diverse range of applicants to apply. However, the service itself identified a need to continue to develop the policy to more consistently meet the racial, cultural and ethnic needs of the children placed. The agency encouraged carers to provide information about community and leisure activities for the children, and assisted with financial support to allow children to pursue interests and talents, where appropriate.

There was evidence that some children's racial and cultural needs were extremely well met in placement. However, poor child care planning for some children, had resulted in unnecessary delays, and less than satisfactory outcomes. One case looked at by inspectors saw evidence of a child of mixed parentage who had been placed with white carers at a very young age, and where decisions had still not been made over his future. Inspectors were informed that independent reviewing officers now monitored children who were placed with foster carers in an emergency, when a suitable ethnic and cultural match was not available, to ensure more timely decision making. **The agency must ensure that systems are in place to ensure that steps are taken to achieve foster placements, which provide a suitable racial, ethnic and cultural match at an early stage, unless there are overriding reasons why a particular placement should be maintained. This is a requirement from a previous inspection, which has not been met.**

Standard 8 (8.1 - 8.7)

Local authority fostering services, and voluntary agencies placing children in their own right, ensure that each child or young person placed in foster care is carefully matched with a carer capable of meeting her/his assessed needs. For agencies providing foster carers to local authorities, those agencies ensure that they offer carers only if they represent appropriate matches for a child for whom a local authority is seeking a carer.

Key Findings and Evidence

Standard met?

3

The fostering service worked closely with the placements service to ensure the best possible match for each child. A fostering manager read all carers' assessments (Form F's) received from independent agencies. Referrals received by the placements service exceeded in-house capacity and, in spite of efforts to reduce the numbers of children and young people placed in Independent Fostering Agencies and residential establishments, this had not yet been achieved. The placements service used a form to gather information about the child to be shared with potential carers, both in-house and agency. A checklist had been devised to aid carers in discussing potential referrals with the placements officers. Essential information records were provided to carers and reviewed at placement agreement meetings. From interviews with carers, examination of files, and questionnaires received, there was evidence that the agency tried to appropriately match the children to the carers. There had been some improvement in the quality of information provided to potential carers by the relevant professionals, and on the whole, carers stated that they were satisfied with the verbal and written information shared with them.

Consideration was also given to the child's racial, ethnic, religious, cultural and linguistic needs, but there was recognition that these needs could not always be met. The inspector was informed that where carers were unable to reflect some of these needs, additional training and support would be given and this would be identified in the written foster placement agreement at the time of placement and at future reviews. As discussed in Standard 7, there was evidence that this practice was not consistent, and carers, in one case examined, who had needed support and training in this area, had not been provided with input at an early stage, and clear case decisions had not been made within appropriate timescales.

Standard 9 (9.1 - 9.8)		
The fostering service protects each child or young person from all forms of abuse, neglect, exploitation and deprivation.		
Key Findings and Evidence	Standard met?	3
<p>The fostering service had a clear policy that corporal punishment was unacceptable, and carers visited understood this. Each carer's household was required to develop a family policy, which was subject to annual review, and copies were seen on files. Lewisham had clear Missing Children procedures, and a statement on bullying was included in the handbook. Again carer's interviewed showed an understanding of the procedures involved. Complaints and allegation data were regularly collated.</p> <p>From discussion with both the outgoing and incoming temporary chair of the panel and observation of panel operation, there was evidence that the panel would act as an additional monitoring tool for the protection of children placed by the agency. File reading showed ongoing contact and visits from supervising social workers. There was an ongoing programme of training provided to carers and this included courses on the protection of children from abuse, safe caring and managing difficult behaviour.</p>		
Percentage of foster children placed who report never or hardly ever being bullied:	X	%

Standard 10 (10.1 - 10.9)		
The fostering service makes sure that each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in her/his care plan and/or foster placement agreement.		
Key Findings and Evidence	Standard met?	3
<p>There was evidence on files that contact was addressed and recorded during the care planning process, including the development of the care plan at "looked after children" reviews, and during the matching process. Efforts were made to ascertain the views and wishes of the child or young person in relation to contact with their family. Contact was discussed with carers in pre-approval training and the need to encourage contact was specified in carer's agreements. The supervising social worker visits were expected to monitor contact on a regular basis and record the details on file. Carer reviews assessed the carer's ability to facilitate and promote contact.</p> <p>Discussion with the carers, children and young people visited supported this view. Links with cultural centres, churches and community groups were also encouraged.</p>		

Standard 11 (11.1 - 11.5)

The fostering service ensures that children's opinions, and those of their families and others significant to the child, are sought over all issues that are likely to affect their daily life and their future.

Key Findings and Evidence**Standard met?**

3

There was evidence, from discussion with staff, of a commitment to listen to children and involve them in decisions affecting their lives. Carers' training included an Effective Listening course. Carers' agreements emphasised partnership between all parties. Children and families were included in care planning and both were given LAC consultation forms at the time of their child's review. Children and young people were encouraged to complete end of placement feedback forms.

The Rights and Participation project offered an advocacy service to children and young people. There was access to advocacy and counselling services for children with special communication needs. The young person's guide showed how to make complaints, and the Commission's details were now included in the new guide. A number of the children and young people who returned questionnaires indicated that they were not sure how to make a complaint. However, those seen during the inspection appeared confident in doing so if necessary. The distribution of the new children's guide should ensure that all children have access to this information. Managers should ensure that staff bring this information to the children's attention. Young people's views on the new guide should be sought.

The inspector was informed that carer's children were also consulted and offered support where appropriate.

Standard 12 (12.1 - 12.8)

The fostering service ensures that it provides foster care services which help each child or young person in foster care to receive health care which meets her/his needs for physical, emotional and social development, together with information and training appropriate to her/his age and understanding to enable informed participation in decisions about her/his health needs.

Key Findings and Evidence

Standard met?

3

Lewisham had a designated nurse for LAC, based at Lewisham Primary Care Trust and Lewisham Social Care and Health. She was available to offer advice to carers and children and young people. Young people could have their health assessments carried out in a variety of settings, and in a more informal atmosphere. The designated nurse holds a weekly drop in service at the Leaving Care service premises to raise the health awareness of young people, and they are encouraged to discuss issues of concern. Nurse led health assessments had identified a small number of children who were not registered with a G. P. Following intervention by the nurse, this situation had now been rectified. Inspection of files showed that information regarding young peoples health needs was sought at the time of referral, although not always received. There was also evidence of medical assessments being carried out and the use of specialist services Health issues were regularly monitored through the review process. Carers' agreements reflected expectations of carers to meet placement health needs. The carers' current training programme included first aid, and sexual health awareness issues.

Carers were expected to make sure that the child or young person had regular dental and optician check ups, access to a balanced diet and opportunities for leisure activities. The agency also supported carers in advocating for resources to access any health services the children in their care required. Foster carers were expected to attend the child or young person's LAC review to provide information regarding the child or young person's health needs, and to contribute to the planning and reviewing process.

Standard 13 (13.1 - 13.8)		
The fostering service gives a high priority to meeting the educational needs of each child or young person in foster care and ensures that she/he is encouraged to attain her/his full potential.		
Key Findings and Evidence	Standard met?	3
<p>The agency had established an Education for LAC team, which acts as an advisory board on developments fore LAC. This meets six weekly and includes foster carers and representatives from Social Care and Health, the School Improvement Team, and the LEA's Performance, Quality and Information team. An LAC Out of Education panel meets regularly to consider the placement of children without a school place. The numbers of LAC permanently excluded has fallen over the past three years. There was a specialist-funded post to offer support to children without a school place. The fostering service also had a performance indicator to reduce out of borough placements, where obtaining educational provision could be problematic for the placing authority. The service plan also specified performance indicators for educational attainment.</p> <p>It was an expectation that foster carers should support their foster child or young person educationally, and contribute to the assessment of the children's educational needs and progress in the planning and review process, and through attending PEP meetings. There was evidence from files seen, and carers and children visited that this was happening. The training programme for carers had a module specifically on education. Agreements, reviews and supervising social work visits emphasised the educational needs of the Looked After Child. All carers with young people doing GCSEs had been supplied with a computer. There was also evidence of extra tuition fees had been paid to assist a young person where English was their second language.</p>		

Standard 14 (14.1 - 14.5)		
The fostering service ensures that their foster care services help to develop skills, competence and knowledge necessary for adult living.		
Key Findings and Evidence	Standard met?	2
<p>Lewisham had a Leaving & After Care service for young people aged 16+, and offered a preparation group for looked after children. A copy of the Leaving Care policy was in the Childcare manual. This service was managed separately from the fostering service.</p> <p>The carer's annual review looks at preparation for independence as part of the competencies of caring. Specific training was included in training programmes for carers on working with teenagers, and helping young people prepare for independence. Carers seen who had teenagers placed were aware of the expectations on them, and understood that they need to provide the young people with age and developmentally appropriate opportunities for learning independence skills. The young people spoken to felt they were consulted and involved in the decision making about their future. However, there was evidence of some young people receiving an unsatisfactory service from the Leaving Care team, and a lack of planning and implementation of Pathway Plans. Changes in social workers had impacted on the quality of the service provided.</p> <p>The agency must ensure consistency in all aspects of their service. Pathway Plans must be completed and implemented for all service users.</p>		

Recruiting, Checking, Managing, Supporting and Training Staff and Foster Carers

The intended outcome for the following set of standards is:

- The people who work in or for the fostering service are suitable to work with children and young people and they are managed, trained and supported in such a way as to ensure the best possible outcomes for children in foster care. The number of staff and carers and their range of qualifications and experience are sufficient to achieve the purposes and functions of the organisation.

Standard 15 (15.1 - 15.8)

Any people working in or for the fostering service are suitable people to work with children and young people and to safeguard and promote their welfare.

Key Findings and Evidence

Standard met?

1

Lewisham's staff recruitment and selection procedures are extensive. Inspection of personnel files showed that staff were appropriately experienced, qualified and that relevant checks were carried out on new staff. Up to date Criminal Record Bureau (CRB) checks were available carried out on all new staff. **However, the council must ensure that the system for updating CRB checks on present staff is operating efficiently. This standard was subject to a previous requirement on this issue.**

Although managers stated that they were carrying out telephone enquiries to verify written references on new staff, **the agency must also ensure that a record of these additional checks are maintained on file.**

The service unit manager was a CRB counter signatory, and the service was able to process all checks on carers. All carers, adult household members, and frequent visitors had enhanced CRB checks on the files examined. The system for renewing CRB checks on carers was confusing, and dates on forms and systems did not always match the actual date the check was received. **A number of back up carers did not have up to date checks. This system must to be clarified, and the situation rectified.**

Any gaps in staff, panel members, or carer's CV's should be followed up, and recorded. Copies of qualifications should be on all files.

Total number of staff of the agency:

31

Number of staff who have left the agency in the past 12 months:

X

Standard 16 (16.1 - 16.16)

Staff are organised and managed in a way that delivers an efficient and effective foster care service.

Key Findings and Evidence

Standard met?

2

Prior to June 2001, the fostering service was part of a range of family placement services. However, re-organisation divided the service into different functions and the teams moved to separate office sites. It had proved difficult to deliver a consistent service from separate sites, and the service was restructured again in June 2004. The three teams had been divided into five teams, which included two recruitment teams and three teams providing support and supervision to carers. Although, they were still not operating from the same office base, there had been more opportunities for staff to meet together to discuss practice and policy issues, and improvements had been made in communication between workers. Team meetings took place regularly. Staff had been adjusting to these changes in management structure, when another restructuring was announced. Whilst inspectors recognised the pace of change had not allowed much room for consultation, staff and carers should be consulted, and kept informed of the further imminent changes, as much as possible.

The management and supervision systems in place determined staff workloads and helped to ensure that work was prioritised, monitored and tasks delegated appropriately. Social work staff had clearly defined job descriptions, and there was evidence from examination of files, and interviews with staff and carers that there was a better understanding and less disagreement, than at the previous inspection, of the different roles and responsibilities in working effectively together, to ensure that the child's welfare and best interests were maintained.

The business support staff were supervised by the senior business support manager. A review had been completed of the business support service, and concluded that no increase in staff was necessary, but that a revision of roles and responsibilities of different positions needed to be effected to produce a more efficient service. This position should be monitored, as there was still a general view amongst some staff that business support was inadequate to meet the needs of the service. Job descriptions for these workers were not so clear, and staff were unclear about their future management arrangements.

The workload of business support staff must continue to be monitored, to ensure adequate support is provided to meet the needs of the service.

Staff had access to a copy of the staff handbook, which set out the terms and conditions of employment, and the agency's staffing procedures.

The agency had appropriate administrative procedures to deal with enquiries from prospective foster carers.

A comprehensive programme of training continued to be provided for staff and carers, and in addition, carers were able to access courses run by Southwark and Greenwich local authority fostering services. Carers were encouraged to keep a record of training attended in preparation for their reviews, and in preparing a portfolio for achieving their NVQ qualifications. Managers confirmed that staff, carers and children had access to specialist professional advice.

Standard 17 (17.1 - 17.7)

The fostering service has an adequate number of sufficiently experienced and qualified staff and recruits a range of carers to meet the needs of children and young people for whom it aims to provide a service.

Key Findings and Evidence

Standard met?

2

The new Head of Children's Services was clear that the service needed to invest in the future by employing permanent staff. The fostering service had previously experienced difficulty in recruiting suitably qualified staff to establishment vacancies for both social workers and managers. A decision had been made that there were too many agency staff, and these workers' contracts had been terminated at short notice, although a number were actively encouraged to apply for permanent positions. Weekly advertisements were being placed in the Guardian, and fortnightly panels had been set up to shortlist and interview prospective candidates.

However, in the meantime, a number of teams were short staffed, including the placement team. There was no deputy manager position in this team, and the manager was struggling to meet all the demands on her time. Carers also expressed concern at the continued lack of stability in the social work teams.

A large number of staff worked part time hours. Freelance assessors were also used. Measures had been taken to deal with the staffing difficulties created with having staff on long term sick leave.

Inspectors found that the business support team were also still under pressure with the amount of tasks allocated to them. The team found it difficult to maintain the imputing of the SWIFT system to keep it up to date. The review of business support was completed, but had not recommended further resources.

The agency must achieve a stable staff team in all parts of its fostering service in order to carry out the all the tasks required efficiently.

There was evidence that the agency was taking appropriate steps to improve the range and skills of carers, and there was a formal strategy for the recruitment of carers. The service had access to a specialist consultant to plan their advertising campaign, advice on media issues and design publicity materials. There were management systems in place to provide an analysis of placement need and target recruitment.

There had been an over reliance on residential placements, and the department was keen to increase it's numbers of local carers to reduce this reliance. However, the numbers of carers being approved was still lower than needed to meet demand.

Kusadiki, a fostering service run by Barnardo's and with whom the department had a service agreement was now dealing mainly with kinship placements. This contract was under review. There was also an agreement with Supportive Fostering Service, a local IFA, to recruit carers specifically for use by Lewisham.

There was a clear assessment process that defined the fostering task, and the skills and competencies required from prospective applicants. The stages, content and timescales of the selection process were made clear, and the carers interviewed indicated that they had understood what was entailed in the selection process. The inspectors examined a number of assessments of foster carers, which were of a reasonable standard, but the timescales were too long on some cases examined and observed at panel. However, managers informed inspectors that they were now using a new tracking tool to monitor progress from the point of referral through to approval, which should improve targets in this area.

Standard 18 (18.1 - 18.7)

The fostering service is a fair and competent employer, with sound employment practices and good support for its staff and carers.

Key Findings and Evidence**Standard met?****3**

Overall there was evidence that this standard was met. There were job descriptions for all staff in post, and appropriate employment policies, which were clear and informative. Equal opportunities employment practices in relation to the agency's recruitment and interview process were evident. The service had a satisfactory health and safety policy for carers, children and staff. There was an appropriate whistle blowing policy, which was available on the council's intranet.

The department's emergency duty team offered out of hours support to carers. Carers visited and questionnaires received gave positive feedback, and indicated that training and support from supervising social workers was generally good. The agency has management systems in place in respect of carer supervision, appraisal and support. This was evidenced through examination of carers' files.

However, staff expressed their frustration at the announcement of further changes without consultation, and comments included that they "had no vision of what they were working towards". Staff complained that too many decisions were being communicated by e mail without face to face discussion. Senior management should endeavour to ensure that there are opportunities for staff to meet with them to discuss the implications of any major changes in the department.

Standard 19 (19.1 - 19.7)

There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.

Key Findings and Evidence**Standard met?****3**

Most staff were positive about training and the staff appraisal scheme. The quality of supervision was reported to be good. The social care and health division produced an annual Learning and Development training plan. It was aimed that the training needs of staff would be identified via supervision, and that this information would be used to develop the overall training plan. There was evidence that professional development was actively encouraged, with a number of staff doing PQ and Practice Teacher Awards. In house training opportunities were provided for staff, and said to be good. Members of staff reported that they had attended courses appropriate to their training needs. An appropriate training programme for carers had been developed and joint training for staff and carers was established within this programme.

There was an induction programme for new staff, which took place within an agreed timescale. The manager confirmed that new staff had undertaken this. Staff recruited from overseas had a separate induction process.

Supervision was provided to staff, appropriate to levels of experience and hours worked. It was also provided on a more informal basis, as and when the need arose. Inspectors were told that probationary reports, and appraisals were kept on supervision files, which were not examined.

Standard 20 (20.1 - 20.5)		
All staff are properly accountable and supported.		
Key Findings and Evidence	Standard met?	3
<p>Social work staff interviewed informed the inspector that they had contracts of employment, and clearly defined job descriptions. Employees were provided with written procedures and details of their individual responsibilities. Management and staff confirmed that supervision occurred regularly, and staff interviewed reported that they felt supported in their roles. The performance evaluation scheme provided three opportunities a year for appraisal and objective setting.</p> <p>Staff attended regular team meetings, and valued peer group support and the sharing of skills and knowledge. There were clear lines of responsibility and separation of roles between the members of the management group, but these roles were being reviewed under the new restructuring. The business support staff were supervised by the senior business support manager. Supervision was less regular for these workers.</p> <p>Staff reported that although they had been wary of the restructuring that took place in June 2004, it had been handled well by management, and the changes had taken place smoothly. Managers should ensure that regular supervision for all workers is maintained through the continued changes in management structure and personnel.</p>		

Standard 21 (21.1 - 21.6)		
The fostering service has a clear strategy for working with and supporting carers.		
Key Findings and Evidence	Standard met?	3
<p>The fostering procedures manual had been updated, and the manual seen by the inspectors was thorough and comprehensive.</p> <p>Discussion with management, inspection of documents and carers comments confirmed that there was an appropriate and effective strategy for working with and supporting carers. Carers reported that they received good support and supervision, and were clear about the role of the supervising social worker.</p> <p>The agency had several support groups for carers running. Weekend and holiday respite was provided to carers where appropriate.</p> <p>Carers have access to a 24-hour telephone support service.</p> <p>Carers receive regular telephone contact and visits from their supervising social worker. Carers are supported in their attendance at placement agreement meetings, LAC reviews, health and educational meetings, and any other meetings as required.</p> <p>The service had not been able to consistently meet timescales for completing annual reviews, or assessments, and with the reduction of agency staff was, this was likely in the short term to continue to be a problem. The service should develop an action plan to deal with this situation.</p>		

Standard 22 (22.1 - 22.10)

The fostering service is a managed one that provides supervision for foster carers and helps them to develop their skills.

Key Findings and Evidence

Standard met?

2

Most carers were allocated a supervising social worker, and carers seen confirmed that they have received good support from the service, and their individual workers. The format of supervisory visits ensured a consistent and clear approach by staff.

The authority expected each carer's household to receive a monthly visit, by a supervising social worker, but this had not always been achieved. The service provided to a number of carers living at a distance from London, had seen some improvement, although there was evidence from questionnaires that not all these carers were yet satisfied with the service provided. However, arrangements had been made with another agency to carry out unannounced visits, and these were nearly all completed.

Systems, and sufficient staffing, must continue to be in place to ensure unannounced visits and regular visiting of all carers is carried out.

The agency provided information regarding the complaints' procedure to carers, and those carers interviewed were aware of how to make a complaint. The agency had a system in place to keep a record of any complaints. There was evidence from an examination of the child protection policy and procedures and interviews with staff and carers, that all personnel involved were aware of their role and responsibilities in relation to investigations into allegations of abuse.

The Foster Carer Agreement was in line with Schedule 5 of the Fostering Services Regulations 2001, and carers are given a handbook of policies, procedures and relevant information.

Managers remained very aware of the areas where the service needed to improve and showed continued commitment to addressing concerns, within their budgetary constraints.

Standard 23 (23.1 - 23.9)

The fostering service ensures that foster carers are trained in the skills required to provide high quality care and meet the needs of each child/young person placed in their care.

Key Findings and Evidence**Standard met?**

3

Lewisham runs a wide range of training for carers, under an explicit anti-discrimination policy, and advertised in their Training, Development and Knowledge Sharing Opportunities brochure. Managers planned to undertake an Equalities Impact Assessment of foster care training later in the year. A programme of NVQ training is in operation, with seven carers starting a new programme in June 2004. However, there were some comments from carers about the inconsistent quality of training and assessment being provided on this course. This should be monitored.

A range of core training courses for new carers was provided, including Managing Challenging Behaviour, Moving Children On, Assessing Individual Needs and Circumstances and Child Protection. The pre-approval course for applicants involved existing carers, enabling new carers to benefit from their experience and knowledge. More carers were generally getting involved in planning and running training events, and a mentoring scheme was beginning to get established. Eleven carers had completed the Certificate in Training Practice course during the year.

A recent course on Issues for Men in Foster Care had been very well attended.

The agency tried to ensure that training took place at times convenient for the carers.

A personal development plan was completed with each carer's annual review. The effectiveness of this programme of training and the development of future training was evaluated and reviewed annually.

Records

The intended outcome for the following set of standards is:

- All appropriate records are kept and are accessible in relation to the fostering services and the individual foster carers and foster children.

Standard 24 (24.1 - 24.8)

The fostering service ensures that an up-to-date, comprehensive case record is maintained for each child or young person in foster care which details the nature and quality of care provided and contributes to an understanding of her/his life events. Relevant information from the case records is made available to the child and to anyone involved in her/his care.

Key Findings and Evidence	Standard met?	2
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There were appropriate policies on recording and files examined were reasonably structured. However, from inspection of a selection of children's files, and in particular a small selection of leaving care files, there was evidence that this standard was not consistently met. There were examples of poor or no chronologies of key events on some files, misfiling, and documents, which were not always dated or signed. It was positive that a system of auditing of files was in place, but it was not always evident whether areas needing improvements noted during an audit had been rectified. **Managers must ensure that case files for each young person in foster care provide an up to date, comprehensive record. This was the subject of a previous immediate requirement that remains unmet.** Carers were satisfied they were given good enough background information on the children they cared for. They were encouraged to keep detailed records, and were offered training to improve their skills. Interviews with carers confirmed they were aware of the need to ensure that all information relating to the child or young person was treated confidentially and stored in a secure manner.

Standard 25 (25.1 - 25.13)

The fostering service's administrative records contain all significant information relevant to the running of the foster care service and as required by regulations.

Key Findings and Evidence**Standard met?****3**

Lewisham use the swift IT system. Managers were able to provide information from both the children's and carers register, as well as a list of complaints and child protection allegations for the inspectors. However, some managers and staff interviewed reported that there was still insufficient business support staff to maintain efficient imputing of data. See Standard 16.

Confidential records were securely stored and an appropriate written policy and operating system for administrative record keeping was in place. The administrative records inspected provided a satisfactory record of information required to run the service. The computerised system had appropriate back up and security safeguards.

The audit form listed information to be included in case records, and action to be carried out to achieve improvement within set timescales.

Lewisham has an "Access to Records" Policy, which provides guidance to staff and carers. Service users are able to see their records in compliance with legal safeguards.

Staff files did not have an index, or separate sections for different information. This would be helpful. Although inspectors were reassured that telephone verification checks were being carried out by managers, this process needs to be recorded on individual staff files at time of appointment. See Standard 15.

Number of current foster placements supported by the agency:

175

Number of placements made by the agency in the last 12 months:

X

Number of placements made by the agency which ended in the past 12 months:

X

Number of new foster carers approved during the last 12 months:

X

Number of foster carers who left the agency during the last 12 months:

X

Current weekly payments to foster parents: Minimum £

258.74

Maximum £

415.29

Fitness of Premises for use as Fostering Service

The intended outcome for the following standard is:

- The premises used as offices by the fostering service are suitable for the purpose.

Standard 26 (26.1 - 26.5)

Premises used as offices by the fostering service are appropriate for the purpose.

Key Findings and Evidence

Standard met?

2

The same issues remained for staff, as reported during the last two inspections. Lawrence House was reported by most staff to be an uncomfortable place to work, with high noise level and a shortage of rooms for meetings and supervision. The office itself is of a reasonable standard, with adequate lighting, ventilation and office furniture. Staff informed inspectors there had been a problem with mice. Both the offices at St. Paul's and Hollydale were older buildings converted to office use. Hollydale had space for training. A proposed move to a building which would house all of the fostering teams was had not yet been actioned.

The agency had satisfactory administrative systems, IT and communication systems. Safeguards are in place in relation to the security of these systems. The SWIFT system was constantly being improved to better meet the needs of the agency.

The premises had a lockable filing system for secure confidential record keeping.

However, **some files and administrative staff were located on different sites to the social workers, resulting in delays in acquiring information necessary to carry out the work. This issue must be addressed within the current reorganisation plans.**

There was an appropriate security system in place to prevent illegal access to the building, including security personnel on reception.

Financial Requirements

The intended outcome for the following set of standards is:

- The agency fostering services are financially viable and appropriate and timely payments are made to foster carers.

Standard 27 (27.1 - 27.3)

The agency ensures it is financially viable at all times and has sufficient financial resources to fulfil its obligations.

Key Findings and Evidence

Standard met?

3

There was a history of budget overspend in children's services, but the new head of Children's Services had negotiated an increase in the core budget for the next financial year. This would provide better funding for the fostering service. An improved budget forecasting system had been introduced and a commissioning unit had been created. The Financial Business Improvement project was said to be useful in projecting and monitoring placement costs for individual children. The Best Value Review had identified the need for increasing the range of local foster care placements and the service had developed contracts with other providers.

Standard 28 (28.1 - 28.7)

The financial processes/systems of the agency are properly operated and maintained in accordance with sound and appropriate accounting standards and practice.

Key Findings and Evidence

Standard met?

3

Information from managers indicated that the financial processes were regularly monitored by management and by the authority's financial department. The director and council members regularly received information on the financial state of the department. There were a written set of principles and standards governing its financial management. From an examination of documentation and interviews with the managers there was evidence of appropriate financial systems for the control and supervision of the agency's financial affairs. A financial management panel had been established, and the service unit manager needed to seek agreement from this panel for any substantial spending. Support and training had been made available to managers dealing with financial control and supervision.

Standard 29 (29.1 - 29.2)

Each foster carer receives an allowance and agreed expenses, which cover the full cost of caring for each child or young person placed with him or her. Payments are made promptly and at the agreed time. Allowances and fees are reviewed annually.

Key Findings and Evidence

Standard met?

3

There was a clear policy on carers' allowances and expenses. This was reviewed on an annual basis. Allowances were banded by the age of the child in placement. Managers recognised that the level of allowances needed to be able to compete realistically with the private sector.

Allowances were now being paid on time, and inspectors found that there were no complaints about late payments during this inspection. However, carers and staff complained about the time it takes to make decisions on additional payments other than standard weekly payments. Also some reported problems linking the Disabled Living Allowance with weekly allowances, for those carers looking after children with disabilities. This should be investigated.

Fostering Panels

The intended outcome for the following set of standards is:

- **Fostering panels are organised efficiently and effectively so as to ensure that good quality decisions are made about the approval of foster carers, in line with the overriding objective to promote and safeguard the welfare of children in foster care.**

Standard 30 (30.1 - 30.9)

Fostering panels have clear written policies and procedures, which are implemented in practice, about the handling of their functions.

Key Findings and Evidence

Standard met?

3

Lewisham had joined with Kusadiki, a local fostering agency run by Barnardo's to form a joint panel. The agencies had written policies and procedures for the function and joint constitution of the panel. From observation of this panel, and discussion with the current panel chair, it was concluded that the panel members were committed and thorough, and took their quality assurance function seriously. Carers were invited to attend panel, and the panel was operating within the regulations. The current chair had relevant background and expertise at a senior level in childcare services. She worked for the department, and managed reviewing officers within Children's services. She informed the inspector that she followed up issues of concern arising from panel with relevant managers, and did not feel there was a conflict of interest with her present post. However, the department should consider appointing an independent chair in the future. The present chair was due to go on maternity leave, and another manager from within Lewisham was to cover for six months. The new appointee had less recent relevant experience, and it is recommended that training for the new chair is provided.

Staff and panel members reported good access to legal advice. However, access to medical advice was said to be more limited, and it was also felt that the panel membership could benefit from an educational input. Lewisham's Director of Children's Social Care was identified as the decision maker for recommendations concerning Lewisham carers made by the panel, and the assistant director at Barnardo's was identified as the decision maker for Kusadiki carers. However, the panel chair had not met the decision maker for Kusadiki. It is recommended that a meeting should be arranged with both decision makers and chair to ensure consistency in decisions made, and that the panel functions and membership should be reviewed to ensure both agencies are satisfied with its operation.

The panel is held fortnightly. Papers are sent out a week in advance. The administration, prior to panel, is dealt with by a business support worker, and the panel minutes are produced by the chair's personal assistant. Efforts were made to ensure the recommendations of the panel, were considered by the decision maker within appropriate timescales. However, there was evidence that minutes sometimes took too long as there was no back up for the panel minute taker when she was off sick or on leave.

At the panel observed, appropriate issues were raised, and no recommendation was made on one case, as the information provided was not sufficient. Up to date CRB and medical checks were outstanding for a number of carers, and back up carers on reviews being considered. These should be obtained before new panel recommendations are made. It was also noted that recommendations made were not always read out to the whole panel and formalised with everyone. A draft wording of the recommendation to be made should be read out to all panel members, so that everyone is clear of the outcome of the discussion.

The chair has met with fostering team to discuss the quality of the reports presented to panel, and she confirmed that this area has improved. She also reported that the panel has recently been used more for initial consultations on complicated cases. Joint training with social workers was undertaken in 2004.

Short-Term Breaks

The intended outcome for the following set of standards is:

- When foster care is provided as a short-term break for a child, the arrangement recognises that the parents remain the main carers for the child.

Standard 31 (31.1 - 31.2)

Where a fostering service provides short-term breaks for children in foster care, they have policies and procedures, implemented in practice, to meet the particular needs of children receiving short-term breaks.

Key Findings and Evidence	Standard met?	2
<p>The respite care scheme provided short breaks for children with disabilities who were on the disability register. The service aimed to provide children with a maximum of 30 days / overnight stays a year. The respite care team became part of the general fostering service in April 2004. A number of staff experienced in disability issues had left the service, and there was concern expressed by some staff that they did not have the relevant expertise to provide a good service to families caring for children with disabilities. Carers interviewed also commented on the lack of knowledge of workers on disability issues, and a high turn over of staff allocated to the children. It was not clear how well the needs of children receiving short-term breaks were now being met. There were, however, appropriate policies and procedures,</p> <p>Training must be provided to all staff working with families caring for children with disabilities to ensure their special needs are appropriately assessed.</p>		

Family and Friends as Carers

The intended outcome for the following set of standards is:

- **Local authority fostering services' policies and procedures for assessing, approving, supporting and training foster carers recognise the particular contribution that can be made by and the particular needs of family and friends as carers.**

Standard 32 (32.1 - 32.4)

These standards are all relevant to carers who are family and friends of the child, but there is recognition of the particular relationship and position of family and friend carers.

Key Findings and Evidence	Standard met?	3
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There was evidence of continued improvement in the service being provided to carers, who were family and friends of the children placed. There were currently twenty five kinship carers. Many of the assessments were led by court timetables, and were mainly done by workers employed through an agency. The rest were carried out by Kusadiki, or by in house social workers. Kinship carers were assessed using a format similar to BAAF F Form 1, but they were not expected to attend the three day pre approval training. References were taken up, and reports presented to the fostering panel for approval. All approved kinship carers were allocated. Carers were included in the mailing of fostering training events, but as yet no specific training had been planned dealing with the identified needs of this group. The inspectors were told that support groups specifically for these carers were being considered. One manager took responsibility for allocating assessments, but these were then supervised by that particular worker's manager. It is recommended that the overall management of kinship cases is held by one person, in order to better identify the further work needed to continue the improvement in services to kinship carers. It is also recommended that resources to achieve a better service are kept under review, and that the special needs of kinship carers are included in future training programmes.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor _____ **Signature** _____
Date _____

- D.1 Registered Person's or Responsible Local Authority Manager's comments/confirmation relating to the content and accuracy of the report for the above inspection.**

We would welcome comments on the content of this report relating to the Inspection conducted on <enter date(s) of inspection here> and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the CSCI in response to the provider's comments:

Amendments to the report were necessary

Comments were received from the provider

Provider comments/factual amendments were incorporated into the final inspection report YES

Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate YES

Note:

In instances where there is a major difference of view between the Inspector and the Registered Provider responsible Local Authority fostering service Manager both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

Status of the Provider's Action Plan at time of publication of the final inspection report:

Action plan was required YES

Action plan was received at the point of publication YES

Action plan covers all the statutory requirements in a timely fashion YES

Action plan did not cover all the statutory requirements and required further discussion NO

Provider has declined to provide an action plan NO

Other: <enter details here> NO

Public reports

It should be noted that all CSCI inspection reports are public documents. Reports on children's homes are only obtainable on personal application to CSCI offices.

D.3 PROVIDER'S AGREEMENT

Registered Person's or responsible Local Authority Manager's statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I _____ of _____ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.

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S0000043496.V180809.R01

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