



Inspection Report on

Cariad Fostering Ltd

**Cariad Fostering Ltd
Sony UK Centre
Pencoed Technology Park
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Date of Publication

20 August 2018

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Description of the service

Cariad Fostering Limited is an independent fostering agency, registered by Care Inspectorate Wales (CIW) in 2009. Susan Richardson is the registered manager and Yvonne Krip is the office/finance manager and responsible individual for the organisation. Cariad has 26 registered foster carers within 15 households who provide care for looked after children between the ages of 0-18 years.

Summary of our findings

1. Overall assessment

Cariad fostering delivers person centred care to vulnerable children with complex needs. Children experience good quality care from skilled, dedicated foster carers who are supported to provide stability and suitable responses to the children's needs. Children's education and health is prioritised and both foster carers and staff are strong advocates for the children. Children have access to a wide range of activities and an ethos of an "extended family" is promoted amongst the carers and children. Staff, are flexible and this is valued by the foster carers. Training has improved, however, safeguarding training is not held regularly and the flexible practice, on two occasions, was detected to have raised safeguarding concerns. The assessment of foster carers and panel management would benefit from a more rigorous, evidence based approach. Monitoring and development of the service is in place but requires improvement in order to reflect children's outcomes in line with the Social Services and Well Being Act 2016.

2. Improvements

- Training has improved due to the use of specialist trainers in subjects such as attachment and sibling rivalry.
- The manager has set up a dedicated panel for foster carer's annual reviews to ensure that they are within timescales

3. Requirements and recommendations

No non-compliance notices were raised at this inspection, however, our recommendations are outlined in section 5 of the report.

1. Well-being

Summary

Children are encouraged to express their views and make decisions. Children are engaged in education which meets their needs and they are supported to be aspirational and to achieve to the best of their ability. Their physical and emotional health is promoted and their general well being is supported by their engagement in activities of their choice. They have fun and enjoy the inclusive activities offered by Cariad.

Our findings

Children are able to express their views and make choices which means that they can participate at a level with which they feel comfortable. Records showed that young people had attended their review meetings and had made positive contributions towards their care plans. If they had been reluctant to attend the meetings a social worker had represented their views at the meeting on their behalf. Young people had accessed advocates regarding particular issues and had engaged with events organised by Voices from Care. We saw that children had made choices in their daily routines which had promoted a sense of their having some control in their lives. For example, children had invited friends to their home for tea, had chosen the after school activities they enjoyed and had decided to change from school dinners to packed lunches. Children are listened to and are encouraged and supported to make choices and decisions.

Children are engaged in education and are encouraged to develop to their full potential. It was evident from our discussions with staff and foster carers that education was a priority for the children being looked after. The records confirmed that children had made significant progress in suitable education placements and that foster carers and the agency staff had advocated strongly on their behalf to achieve this. We saw that some children who had entered their foster placements in pupil referral unit placements had been patiently supported to transition to mainstream placements and to then go on to achieve high academic grades. Foster carers had worked in partnership with school staff to promote consistent care and responses. This had involved for example joint attachment training, completion of personal education plans and literacy support. The children's files showed that with the foster carer's support and encouragement they had achieved dramatic progress in their literacy skills. The manager told us that, due to a lack of response from local authorities, they had paid for extra tuition for several children in order to support their learning. Children are supported and encouraged to be aspirational about their education and to achieve to the best of their ability.

Children are supported to be as healthy as they can be. Their physical, emotional and psychological health needs are addressed and understood by their foster carers. The children's files showed that some had received in house therapeutic support to address mental health issues such as anxiety and trauma with some improvement noted in their resilience. The manager had completed life journey work with a young person due to delays in the local authority provision. Other children were engaged with agencies such as The Child and Adolescent Mental Health Service (CAHMS) and the Barnado's Taith project. Children were registered with the primary health care agencies and they attended regular

appointments with dentists, opticians and GPs as necessary. Their physical health was also promoted by partnership work with the Looked After Children (LAC) nurses in addressing, for example, portion control and exercise to achieve a healthy body mass index (BMI). We saw that foster carers provided children with healthy eating options and structured routines to embed good personal hygiene practices. Children's health needs are monitored and addressed effectively.

Children and young people are encouraged to be creative, to follow their interests, explore new challenges and experience a sense of achievement. The files we saw showed that children had engaged in new and fun activities of their choice at school and with their foster carers. The range of activities included football, karate, cookery, scouts, swimming and soft play. Some children had been supported to overcome fears to enable them to participate in activities for the first time which had boosted their confidence; while other children had participated in their activity of choice to a high level. This had demanded their dedication and their carer's unstinting support in terms of travel and time. A social worker at a review meeting had commented "*the carers go above and beyond to ensure that X has access to appropriate activities...often travelling long distances.*" The fostering agency had also laid on activities throughout the year for the children including ice skating, trampolining, quad biking and barbeques which the children had enjoyed. Children are able to do things which they enjoy which can promote their confidence and self-esteem.

2. Care and Support

Summary

Children receive timely care from skilled foster carers who persevere to sustain placements. Children have good relationships with their carers and placement stability is promoted by the responsive support the foster carers receive from their supervising social workers. Safeguarding training is not regular and we are aware of three occasions when practice compromised the safeguarding of children and the staff.

Our findings

Children receive the right care at the right time in the way they want it. We saw that children were supported by skilled foster carers who understood their needs and provided responsive care. A number of the children had experienced many placement moves prior to their placements with Cariad and the foster carers attempted to reduce the children's anxiety by, for example, meeting children at the same location after school every day. Emotion cards had been used to assist children to express how they were feeling and the inclusion of simple either/or choices in daily life had promoted a sense of control for some children. The files showed that carers were pleased to note that, with their encouragement, children were starting to simply have fun and play and to let go of past responsibilities. Carer's skills were also apparent from records which showed how they had allowed children to dictate the pace of any demonstration of physical affection. Social workers told us that the foster carers were "absolutely fantastic and couldn't be praised enough for their commitment" and that they "had turned the children's lives around". Children's wide range of needs are anticipated and met in a skilful manner.

Children have good relationships with foster carers and staff who provide stability, warmth and a sense of belonging. The directors and staff spoke passionately of their desire to promote the stability of the children placed with foster carers. They felt that the small size of the agency and its ethos of being like an extended family promoted a wider sense of stability and belonging for the children. Due to the regular children's events and the mutual provision of respite care between foster carers, they informed us that lasting friendships had formed between foster and birth children across the agency. A social worker told us that the events had "a really nice family feel and broke down the stigma of being fostered as staff brought their own children to the events". Of the sixteen current placements, four placements duration were of five to six years, one was of four years, five were of one to two years duration and a further five had been in place for less than one year. The records of visits showed that the supervising social workers were responsive to foster carers' needs, which the foster carers told us, then helped them to sustain the children's placements. We heard, for example of how support visits had been carried out during the evening so that a male carer who worked full time could participate. We were told that this inclusive practice had increased his motivation and understanding of the young person's needs. A social worker told us that respite was planned and was with carers familiar to the children, with whom they had built up a relationship. The children's files revealed that they were included in family holidays and events and were forming positive attachments to their carers. They were making friendships and feeling sufficiently comfortable to express affection towards their carers. Children had commented in their LAC reviews "*I am happy*", "*I love my house and my bed*". Children are settled and are making positive relationships.

Children are safe and protected from abuse, however, safeguarding training is not regular and practice compromised professional boundaries on three occasions. Most of the staff and foster carers had not undertaken regular and timely safeguarding training. Records showed that of the 28 foster carers listed on their training schedule, 14 had completed safeguarding training between 2011 and 2014, four had completed training between 2015 and 2017 and ten had no safeguarding training dates recorded. Of the two supervising social workers, one had completed safeguarding training in 2016, the other in 2010 and of the directors; one had completed safeguarding training in 2011, the other in 2014. Prior to the end of the inspection safeguarding training was set up for all staff for July 2018. Not all the children's files we viewed had safer caring agreements in place and those that were in place were not always signed by the supervising social workers and foster carers and required updating. The foster carers for the children, had, however, completed safer caring training in 2017. We were told that the additional layer of safeguarding provided by regular one to one visits/ interviews between the supervising social worker or director and foster child (where age appropriate) were taking place both formally and informally. The records we saw, however, showed that these visits had been sporadic and had not taken place in accordance with the termly intervals outlined in the statement of purpose. Prior to the end of the inspection the directors created a chart to monitor this activity. Some foster carer recordings evidenced unsafe practice, which had ceased after a period of months but we could not find any reference to this in the supervising social worker's visit records. The records for unsafe practice which had been addressed were not sufficiently detailed or timely. We were told that staff were working hard to assist foster carers who struggled with recording; slow progress was noted with the interventions to date. Discussions with the directors and staff revealed that they had provided well intentioned crisis support to foster carers, however, this had demonstrated a blurring of professional boundaries. No formal written risk assessments had been made for these interventions which had in themselves created safeguarding risks. At a meeting between the directors and CIW, the directors assured us that such practice would not be repeated in the future. The absence of regular safeguarding training and the occasional lack of maintenance of professional boundaries is compromising safeguarding practice.

3. Leadership and Management

Summary

The leaders are caring and responsive; however, the statement of purpose, monitoring and the management of panel requires improvement. Training has improved and the staff and foster carers feel supported and valued.

Our findings

Children and foster carers cannot always be confident that they can understand the care and support opportunities which are available to them. Foster carers told us that they were familiar with the statement of purpose which was regularly updated. The statement of purpose outlined that fortnightly visits were offered to the foster carers, however, records showed that visits tended to vary between six weekly to two to three monthly interspersed with short periods of consecutive daily visits at points of stress. The directors told us that they wanted foster carers to be re-assured that regular support was available to them, however, they accepted that if fortnightly visits were universally taken up by foster carers they would probably struggle to meet them alongside all the other demands of their work. They intend to remove the offer of fortnightly visits from their statement of purpose. As mentioned previously, the provision of termly, one to one visits to foster children were also not evidenced in the agency's records. The directors agreed to reinforce this target and to create a form which would evidence any future structured or informal one to one contact between foster children and staff. Children's social workers told us that communication was regular; however, they had not initially been aware that the agency's preference was for social worker's to contact the supervising social worker and not the foster carer directly. The children's guide was colourful and generally age appropriate, however, it required updating due to staff changes and some of the language needed to be changed as it was not particularly sensitive. The documents and guides for the service require some amendments.

Children benefit from a service where the well-being and support of foster carers and staff is given priority. Overall foster carers told us that they felt "completely supported" by the staff and directors who they felt they could contact at any time. They added "*when you think you have come to a dead end Cariad will help you see there are things you can still do.*" Some carers felt that the manager's responses to crisis situations could be undermining on occasions and the issue of a lack of timely support following a placement breakdown was raised. Aside from visits, the social workers phoned the carers regularly and attended meetings with them. Similarly, the staff spoke highly of their manager, who they said promoted the achievement of a healthy work /life balance and along with regular supervision, was available to them when they needed support or advice. The supervising social workers who had previously worked for local authorities told us that they "*felt like they were doing something of value*" as they were able to respond in a much more flexible manner which prioritised the children's needs. They both assured us that they felt able to challenge any poor practice of foster carers and gave us recent examples of this supervisory element of their role. A comprehensive training schedule was in place which foster carers and staff accessed. Aside from courses designed to improve skills such as behaviour management, first aid, sibling rivalry, there were also courses to promote well-being such as mindfulness and stress management. The foster carers told us that, following

their feedback, the training had greatly improved over the last year. They felt that this had been due to the use of specialist trainers, who had delivered training on subjects such as attachment and sibling rivalry. A foster carer told us that this training “*had saved her placement*” as she had been able to use it to make sense of a foster child’s behaviour and adapt her responses accordingly. Foster carers told us that they would like to see the use of a closed social media group to communicate with the managers regarding training and meetings. Staff and foster carers feel supported and training is improving.

Children cannot always be confident that the assessment process and panel functions are sufficiently robust to promote good outcomes. The assessments we read were informative, however, they did not focus sufficiently on the skills and competencies required for fostering and there was insufficient depth of exploration of applicant’s potential responses to the issues they may face as foster carers. The evidence base of the assessments was not particularly robust as there was little analysis of the narrative findings in terms of their relevance to the fostering task. Safeguarding was not given sufficient weight and the lack of a strengths and weaknesses analysis did not allow for any consideration to address gaps in knowledge and skills. We did not see any evidence of the use of the range of fostering assessment tools which are available and references were primarily obtained by telephone calls. The panel minutes we viewed were not sufficiently detailed and pertinent questions were not always followed through with applicants. There was no record in the minutes, of the panel’s evidence for reaching their conclusion and recommendation to the agency decision maker. Assessment and panel practice requires improvement.

Children can be confident that they receive high quality care from a service which prioritises their needs, however, the development and monitoring of the service is not always given sufficient attention. We saw that children were making good progress in their placements, and that outcome tracking was being undertaken; however, we recommended that this be adapted to tie in with the Social Services and Well Being Act 2014. The latest quality of care report showed high levels of satisfaction and progress, though engagement with the consultation process had been limited. Discussions with the directors revealed that they had struggled to convene regular panel meetings which meant that foster carers’ annual reviews, although completed on time, were often not able to be presented to panel until several months later. The manager told us that she intended to remedy this situation by holding a dedicated panel for annual reviews in the future. The difficulties of the recruitment of foster carers and panel members were apparent. Four panel members were due to finish up shortly which presented significant challenges for the manager. The manager’s reflective style throughout the inspection process led to a recognition that a focus on management systems, the development of the service and recruitment were the pressing priorities. She recognised that this would require a reduction in her current day to day practice involvement. Monitoring and development of the service requires improvement.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

No areas of non- compliance were identified.

4.2 Recommendations for improvement

We recommended that :

- regular and varied safeguarding training is provided to all staff as a priority;
- crisis support to foster carers is subject to risk assessment;
- safe caring agreements are regularly updated , signed by all parties and placed on file;
- foster carer agreements, placement agreements and consent forms are signed by all parties and kept on file;
- social worker visits forms are signed by the supervising social worker and foster carer;
- children and young people's outcomes are monitored in line with the Social Services and Well Being Act 2014;
- fostering assessments are reviewed to ensure they are more rigorous and evidence based ;
- fostering panel minutes reflect the evidence base for the decisions made regarding approval;
- the manager explore options which might improve the availability and frequency of the fostering panel;
- consideration be given to training for the fostering panel to promote a more rigorous analysis of assessments;
- consideration is given to the foster carer's suggestion of the use of social media to notify them of training/meetings etc;
- support to foster carers following a placement breakdown is discussed with foster carers and a mutually agreed policy is created;
- managers consider alternative methods of supporting foster carers whose recordings are significantly out of date and to ensure that recording practice is regularly addressed to avoid gaps occurring;
- the children's guide is updated and amended.

5. How we undertook this inspection

This was a scheduled full inspection and consisted of the following:

- visits to the fostering agency by two inspectors, on two and half days , totalling 20 hours;discussion with a group of six foster carers;
- discussion with the directors and supervising social workers;
- reading of a comprehensive range of documents including the statement of purpose, children files, staff files, agency policies, quality of care reports, children's guide and panel minutes;
- reading of returned CIW questionnaires
- feedback from children's social workers.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Independent Fostering Agency
Registered Person	Cariad Fostering Ltd
Registered Manager(s)	Susan Richardson
Date of previous Care Inspectorate Wales inspection	11 May 2016
Dates of this Inspection visit(s)	23 and 27 February 2018 and morning of 5 March 2018.
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No, this service does not provide the active Welsh language offer.
Additional Information:	