

AN AUDIT ON FOSTER CARE SERVICES IN HAMPSHIRE COUNTY;

**INVESTIGATING COMPLAINTS AND  
ALLEGATIONS: THE SUPPORT AVAILABLE AND  
THE PREVENTION OF FUTURE  
COMPLAINTS/ALLEGATIONS**

Kent Road Family Centre

INTER-PROFESSIONAL LEARNING UNIT 2

GROUP 111

*(11 students, 2 facilitators)*

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## **Executive Summary**

### **What is this audit about, why and how it was undertaken**

The focus of the following audit was to investigate the complaints and allegations procedure that Hampshire Children's Services have in place. The purpose of this audit was to pinpoint areas that would benefit from improvement such as support for the foster carers and therefore ultimately lead to a reduction in the number of complaints/allegations being made (section 1.1).

A multidisciplinary team of students has carried out this audit. Initially we researched the current allegations/complaints procedure and the National Minimum Standards, in order to develop our audit criteria. From this background research we devised a questionnaire (section 3.1-3.4, and Appendix 9). Our four key areas were, general information, pre/ during and post allegation/complaint.

We undertook structured interviews using the questionnaire with 23 foster carers that have been involved in an allegation/complaint. This was done over the phone, in their home or on neutral territory depending upon their individual wishes.

### **Essential Findings**

Our results (section 4) have indicated the following:

- Training is available but foster carers are not always making use of it.
- There is not enough information given to foster carers regarding children's past, birth family and therefore their individual needs.
- Lack of counselling services for children within children's services.
- Social workers change frequently and therefore don't know the children as well as they could and in turn relationships of trust are compromised.
- There is a lack of support and information throughout the allegation/complaint procedure.

### **Positive Aspects**

We received extensive positive feedback about the Independent Complaints and Allegations Support Worker (Fostering Support Ltd.) contracted within the previous 36 months.

### Future Recommendations (section 5)

- Research into the reasons why carers aren't attending extra training sessions.
- Accessible counselling services for the child if required.
- More background information about the foster child.
- A need where possible to speed up the allegation/complaints process.
- Better communication between the carers and the department.

### Non Compliance (Referring to the minimum standards, as set in section 2)

- 7.3 ensure that foster carers and social workers work together cooperatively; from our findings this is rare.
- 9.2 and 23.6 states that foster carers must receive training on safe caring skills, our research has shown that this does not always happen.
- 9.7 and 24.6 strives to ensure that foster carers are provided with full information about the foster child, again we found this rarely happens.
- 22.6 is about regular social worker visits and for those visits to have a purpose, this also does not always occur.
- 30.5 is about going to panel and mentions that regular feedback of what's happening should be provided, but many of the people we interviewed, did not feel informed.

### Re – Audit (section 5)

As a group we have not been made aware of any previous audits within Hampshire Children's Services. We would like to make a recommendation for a re audit in two years time. We feel that this re audit should be centred on individuals who have had an allegation/complaint made against them within this two-year time frame.

As a group we were also planning to gather the views and opinions of fostered children, however due to a lack of resources and time constraints this was not possible, therefore we would like to see an audit undertaken in the future.

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## **1.0 INTRODUCTION**

### **1.1 Context of the study**

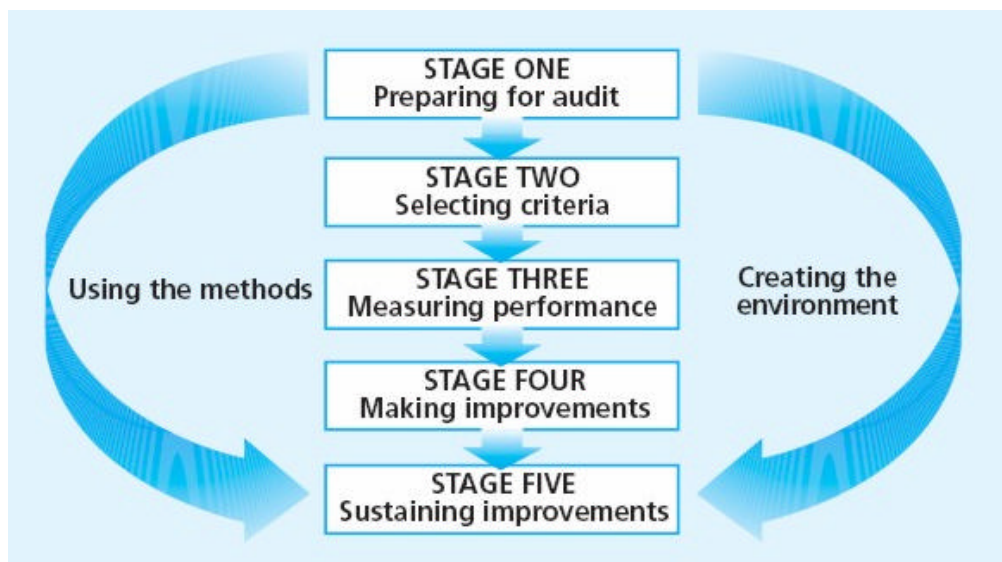
The inquiry into the death of Victoria Climbié and the Chief Inspectors' Safeguarding Report (1) highlighted the existing shortcomings of working to safeguard children's welfare. The inquiry revealed themes identified by previous inquiries resulting in a failure to intervene in time. The themes included: poor co-ordination, a failure to share information, lack of effective training and the absence of anyone with a strong sense of accountability. As a result, the Children Act, 1989 (2) was replaced by the Children Act, 2004 (3) which further stressed the child's welfare as being most paramount. Nevertheless, foster carers and other individuals who have had complaints/allegations made against them should be treated fairly, and should be provided with adequate support through out the investigation process. This is a view supported by the National Foster Care Association (NFCA) (4). The difficulty is that foster carers face extreme challenges beyond that of normal parenthood.

The aim of this audit is to investigate the allegation procedure against foster carers, in Hampshire, and the support available to them whilst maintaining child welfare as set in Every Child Matters (2005) (1) and the Children Act (2004) (3). An imbalance exists between the number of foster carers (447) and fostered children (592) in Hampshire County, illustrating the importance of retaining the services of foster carers. This audit is concerned with the nature and consequences of allegations, the antecedents and future allegation prevention.

The project was carried out by a student multidisciplinary team studying Nursing (4 adult and 1 paediatric), Medicine (3), Occupational Therapy (1), Radiology (1) and Pharmacy (1).

### **1.2 The audit cycle**

Clinical audit is a five stage quality improvement process, that aims to improve care, service user outcomes, professional practice and quality by carrying out a systematic review and implementing change (5). This audit was based on the audit cycle proposed by the National Institute for Clinical Excellence (NICE) (6). See figure 1.1.



**Figure 1.1 clinical audits** can be described as a cycle or a spiral. Within the cycle there are stages that follow the systematic process of: establishing best practice; measuring against criteria; taking action to improve care; and monitoring to sustain improvement. (Adapted from reference 5).

### 1.3 Project in relation to the complete audit cycle

This project was related to the audit cycle as follows:

**Stage 1:** Investigation of the current allegation procedure against foster carers.

**Stage 2:** Ensured the audit adhered with the targets set in stage 1 by proposing the audit criteria.

**Stage 3:** A questionnaire was devised to record experiences of foster carers pre-, during and post-allegation. The ethical and data protection issues were carefully considered.

**Stage 4:** In this stage the data collected in the questionnaire was analysed, and compared to the criteria and standards set in stage 2. The end stage of analysis concludes how well the standards were met.

**Stage 5:** The results of the audit are discussed in this stage together with the recommendations for change.

## **1.4 The structure of the audit report**

1.0 Introduction: The background and context of the study are laid out in this section. A brief literature review, the working model and the participating members are also included.

2.0 Selecting criteria or standards: The method used to develop criteria /standards and explain how they were selected. This section also includes the validity and the involvement of the service user in developing criteria / standards.

3.0 Measuring the level of performance: The process of sampling, data collection and analysis is explained in this section together with ethical considerations.

4.0 Results: The results are compiled and presented in graphical form, where possible.

5.0 Discussion: How ethical considerations were addressed. The way a service is provided to the carers. Limitations and recommendations have also been included.

## **2.0 CRITERION: UNDERSTANDING STANDARDS/AUDIT MEASURES**

### **2.1 Understanding of the chosen standards -**

Any individual concerned about a child, or the child can initiate a complaint/allegation. The complaints/allegations are categorised into 3 levels, depending on severity of misconduct. The group had information from the Minimum Standards & Regulations 2002 (7) for the quality of care expected from foster carers to safeguard children and to prevent complaints/allegations.

### **2.2 The rationale for the choice of standards used**

The National Minimum Standards 2002 (appendix 1) offer a guide to fostering care made under the Children Act 1989 (2) and the Care Standards Act, 2000 (8). The UK National Standards for foster care were produced in 1999 with a code of practice covering all aspects of foster care. This continues to be considered best practice, and the National Regulations, 2002 (7) are mandatory to practice.

### **2.3 The evidence of standards for validity**

These are the areas relevant to the questionnaire:

- The amount of background knowledge known to the foster carers about the child.
- Whether the foster family and child were well matched.
- The amount of support available to the child and foster carer.
- The amount and quality of training available to the foster carers.
- How much counselling the children had received from previous troubles?
- The active involvement of the child's social worker during the placement.
- The amount of communication with all involved throughout the complaints/allegation process
- The foster carers experience of going to panel.

- How the foster carers felt during and after the complaint/allegation, and the enthusiasm to continue fostering.

#### **2.4 Modification to standards**

- Suggestions for modifications;
- The Hampshire County Council booklet provides children with advice on what to do when an incident occurs. However, this fails to address the 10 day legal requirement.
- Standard 15 and Regulation 15 (Appendix 1) states that a child is entitled to counselling but does not take responsibility for assessing or initiating counselling.
- A child can be placed up to 6 weeks in an emergency placement before a full assessment is carried out.

### **3.0 DATA COLLECTION PROCESS**

**3.1** The evidence presented in this audit was collected in the format of a questionnaire (Appendix 9) containing 37 questions. These were divided into four categories to grant a more logical structure:

- General questions- to be indicative of any trends or relationship.
- Pre-allegation questions- to provide insight into Foster Carer's preparation, training and support prior to the placing of a child.
- Pre and post- allegation questions- to draw attention to areas that may require improvement.

The audit team were inexperienced in the field of foster care. Therefore extensive research, informed and guided the collaboration of the questionnaire. A selection of appropriate questions were drawn from an appreciation of the sensitivity of the topic. The creation of a questionnaire was advised and overseen by the Hampshire Children Services department. The completed audit was approved by the Group Facilitator and an experienced Foster Carer. A sample of 23 Foster Carers were selected to participate in the questionnaire. Interviews were conducted in person, on the telephone and completed in the foster carers private time.

**3.2** A questionnaire was selected for data collection to ensure sensitive questioning and confidentiality as well as being less time consuming (9). Questionnaires conducted by telephone are heavily limited by unreliable identity confirmation and a potentially impersonal approach. However, these limitations were accepted due to time and travel restraints. Due to financial limitations a postal questionnaire was impractical and would have delayed collection of data.

The issues that arose from the background research and literature review determined the structure of the questionnaire. It highlighted standards of care that had potential for measurement.

**3.3** Several methods of data analysis were adopted throughout the audit. A combination of qualitative and quantitative research was collected. Data analysis was presented in pie charts,

bar graphs, and percentage calculation. Qualitative data was presented as quotations taken from questionnaire results.

**3.4** Confidentiality was maintained by adhering to the Data Protection Act (1998) (10) whereby no identifiable data was used in the report and each member of the audit team remaining within their Professional Codes of Conduct. Deciding upon interviewing venues posed an ethical dilemma. Conducting the interviews in a Family Centre provided a more 'neutral ground' but potentially increased the risk of a breach of confidentiality through Foster Carers identifying other carers involved in the questionnaire. Visiting Foster Carer's homes reduced this risk but caused greater logistic problems for the audit team. The confidentiality of the Carers interviewed at the Family Centre was maintained by the use of private interview rooms and by the knowledge that they were already acquainted and knew of each other's complaint/allegation.

## 4.0. RESULTS

### 4.1. General Questions

#### 4.1.1. Age of foster carers

64% of the foster carers that were questioned were over the age of 50.

#### 4.1.2. Duration

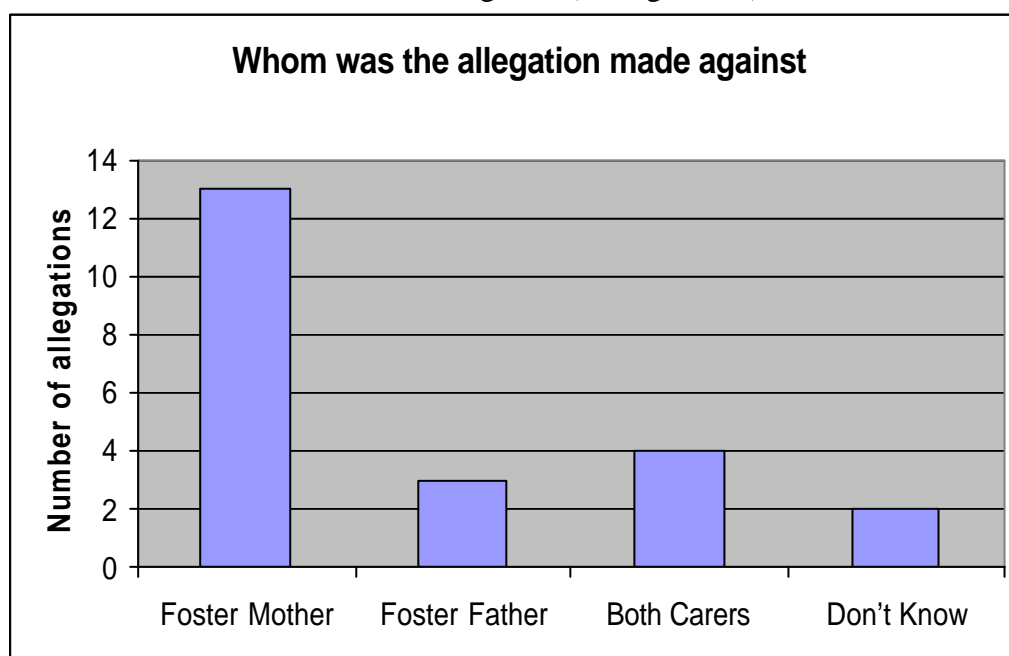
The majority of complaints/allegations were made after the foster carers had been looking after children for more than 6 years (81.8%).

#### 4.1.3. Type of care provided

Long term care was the most common type (63.6%) of care being provided to the foster child involved, respite care being the least common.

#### 4.1.4. Against whom the allegation was made

59% of the complaints/allegations were made against the foster mother alone rather than against the foster father or both the carers together (see figure 4.1).



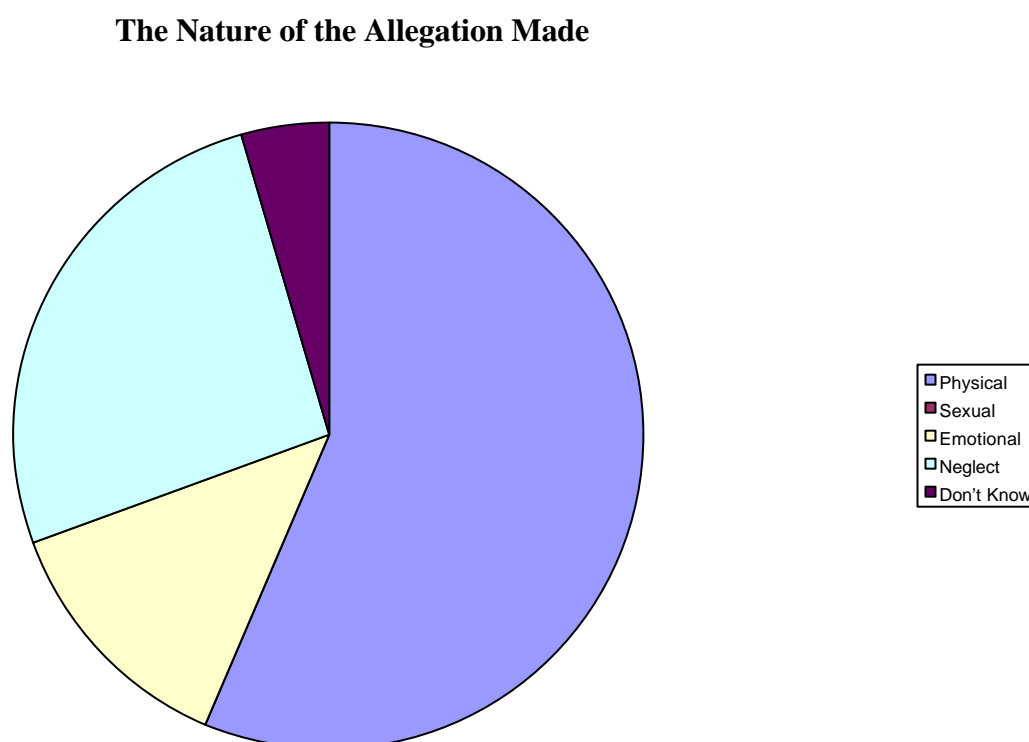
**Figure 4.1.** This graph shows the number of allegations made against the different parties involved in foster caring.

#### 4.1.5. Who the allegation was made by

The complaints/allegations were made by a range of different people, most commonly by the child (31.8%).

#### 4.1.6. The type of abuse reported

56.5% of cases that were discussed involved forms of physical abuse (see figure 4.2.).



**Figure 4.2.** This pie chart shows the amount of allegations made regarding the different forms of abuse.

#### 4.2. Pre-allegation

The consensus from the foster carers was that training and preparation was not sufficient with respect to preventing the allegation. The results suggest not enough is being done by child services to support the child pre-allegation which may have a preventative effect.

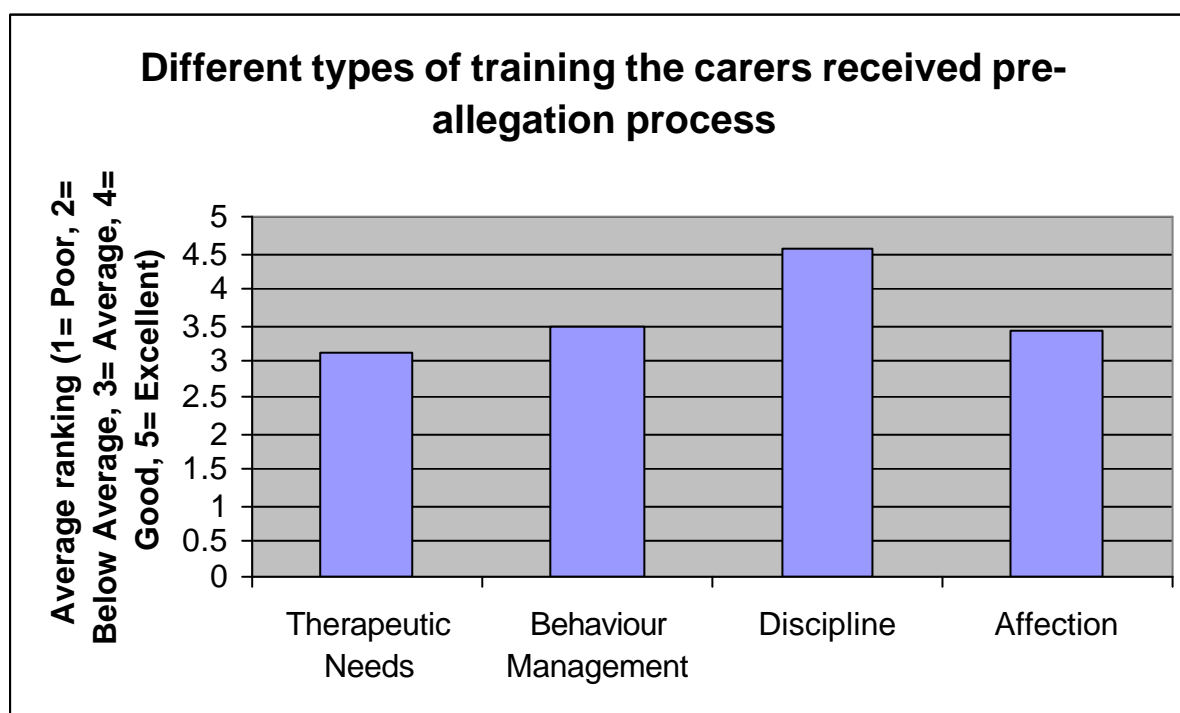
#### 4.2.1. Background Information

54.6% of foster carers felt that the information received about the child prior to its placement in their care was insufficient. Many carers expressed the need to know more about the child's birth family and child's behaviour. Carers who felt the information provided was sufficient felt that:

*'No information needed, like to take the child as they find them'*

#### 4.2.2. Training

63.3% of the foster carers against whom the allegation was made had not progressed through NVQ training. Regarding the following aspects of safe care training (figure 4.3) improvements could be made in all areas, particularly in therapeutic needs and training in how to show affection appropriately.



**Figure 4.3.** This graph shows the ratings of the different types of training the carers received pre-allegation.

It was also found that some foster carers had not completed, or could not remember their 'safe care' training.

### **4.2.3. Preparation**

Foster carers felt that preparation for the placement of a disabled child was insufficient. General preparation of the family was not addressed in 90.9% of cases by any child service's professional. Foster carers felt that this task was a difficult responsibility for them to take on, although they respected that often there is no time for preparation and confidentiality is an issue. Concerns were expressed about the impact of a foster child on poorly prepared birth children.

### **4.2.4. Awareness of allegation process**

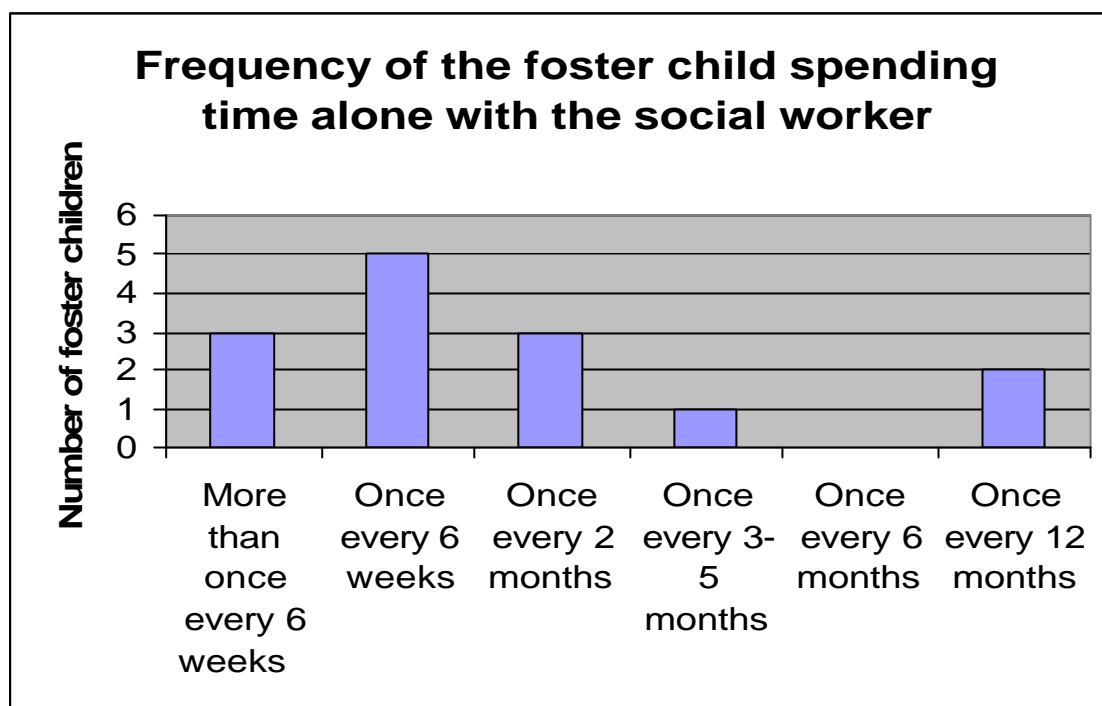
36.4% of carers were not aware of the allegation process prior to their complaint/allegation. Carers felt they were uninformed about what constitutes the different levels of complaints/allegation and updates to the process. Information was considered poorly publicised but easy to get hold of.

### **4.2.5. Counselling**

76.2% of children were not known to receive any form of counselling. Foster carers felt that in 66.6% of these cases, counselling would have benefited these children to come to terms with past events and helped to prevent a future allegation.

### **4.2.6. Allocation of time between child and family placement social worker**

According to the results, 33.3% of foster children do not have allocated time alone with their family placement social worker. 57.1% of visits occurred within the stated 6 week intervals. 14.3% of visits were as infrequent as once a year (see figure 4.4.). Over half of foster carers (56.3%) considered these meetings to be an inadequate (Appendix 3 for quotes).



**Figure 4.4.** This graph shows how long the foster children involved spend with their social worker.

### 4.3 During the Allegation Process

The majority of foster carers felt the complaints/allegation process was a lengthy one in which they felt uninformed and isolated from the system.

#### 4.3.1. Feelings expressed by foster carers

Most commonly the foster carers expressed feelings of being unsupported, upset, self doubt, devastation, guilt and anger (Appendix 4).

#### 4.3.2. Access to information

80% of the foster carers felt they were not updated regularly enough during the complaints/allegation process (Appendix 5).

The Independent Complaints and Allegations Support Worker was a large support to many of the foster carers. However, those subject to allegations before this service was provided (the majority) felt that they had to chase up information regarding the complaint/allegation.

*'I had to push for updates for a year!'*

*'Only Debra (The Independent Complaints and Allegations Support Worker) gave the support I needed'*

Throughout this section of the questionnaire, the lack of communication was a common theme that appeared between the parties involved in the complaints/allegation process (Appendix 6).

#### **4.3.3. Length of the complaints/allegation process**

The majority of foster carers felt the complaints/allegation process was too lengthy. A large number of cases were not resolved for at least 3 months.

*'There should be a set time for the allegation process; I feel a year of my life was wasted!'*

#### **4.3.4. Experience of the panel**

95% of foster carers did not go to the panel for a review within the recommended 28 day period. The majority of people claimed that they *'...just didn't go'* (Q. 29). It appears from this that a large number of foster carers are not clear on this part of the allegation process.

Those that did go to the panel, described mixed feelings on their experience, however, 71% of foster carers reported that they were satisfied with the outcome of the process (Appendix 7 for quotes).

### **4.4. Post-allegation**

#### **4.4.1 Incentive to continue fostering**

Carers gave a range of reasons for their continuation or return to fostering. The majority focussed on the need for a consistent environment for other children in their care (Appendix 8).

#### **4.4.2. Training and support**

A wide variety of post-allegation training mechanisms were suggested, based predominantly on support, communication and education for the whole family (Appendix 10).

## **5.0 INTERPRETATION OF RESULTS**

**5.0.1** The general opinion was that there is a lack of training and preparation that contributed to the complaint/allegation being made. This also links in with the lack of background information supplied on the child to identify their individual needs. Matching with a suitable foster care environment is vital but is not always possible.

**5.0.2** Carers stated they were not aware of this procedure before a complaint was made against them. However more recent cases of complaint/allegations now have the support of the Independent Complaint and Allegations Support Worker.

**5.0.3** Foster carers felt that counselling for the foster child would have prevented the complaint/allegation being made.

**5.0.4** Foster carers also emphasised that the foster child did not have enough time with their allocated Social Worker due to continual changes of staff affecting the build up of trust.

**5.0.5** Varying lengths of time was recorded between the complaint/allegation being made and the final decision. Lack of communication between the department and foster carers left them feeling isolated during the process. 64.6% of foster carers said they were aware of the complaints process, but there still appears to be much confusion.

### **5.1 Recommendations**

**5.1.1** More training is needed in dealing with therapeutic needs of child.

**5.1.2** More prior information of child before placement.

**5.1.3** An audit to find out the length of time between the level of the complaint/allegation and completion of the findings- to assess whether it is complied with and whether foster carers see this as acceptable.

**5.1.4** Counselling to be more readily available to help the child cope with past issues and also help them to adjust to their new living environment.

**5.1.5** To carry out further audit of foster children's views and their experience of the complaints/allegations process.

**5.1.6** Prevention of complaint escalating- introduction of an in house meeting with independent social worker, and family social worker.

**5.1.7** To survey foster carers to find out the reasons why they are not attending offered training courses, issues arising from these findings can then be addressed.

**5.1.8** Foster carers should be immediately informed about the complaint, its severity and potential timescale.

**5.1.9** To conduct a re-audit every 2 years of foster carers having received a complaint/allegation. This will assess the improvement or decline of the service offered by Hampshire County Council to foster carers.

## **5.2 Compliance/Variations from Standards**

**5.2.1** The National Minimum Standards (Department of Health 2002a) (Appendix 1) have set out guidelines for local authorities and fostering services to comply with. From the interpretation of the results certain standards have been identified, which are being met or need further improvement on. These are as follows:

**5.2.2** Standard 8.1 identifies the need for careful matching of a foster child with a suitable carer. Standard 8.7 states that a child should have a period of introduction to a new foster family. These are not always being met possibly because of lack of carers and emergency placements.

**5.2.3** Standard 9.7 and Standard 24.1 state the importance of carers and those involved in the care of the foster child to have access to full and relevant information. This doesn't appear to be happening due to a lack of communication between the department and the foster carers and also possible ethical issues arising from the sensitivity of the information involved.

**5.2.4** Standard 22.9 relates to the information about investigation procedures being made known to foster carers. This is being met, as information is readily available but not being enforced on foster carers.

**5.2.5** Regulation 15 of The Fostering Services Regulations (DoH 2002b) (7) states that the child is entitled to counselling. But there is no regulation or standard for assessment to initiate counselling for the child. In some cases counselling was requested but not provided.

### **5.3 Ethics**

Ethical issues identified prior to the audit are addressed in section 3.4

The ethical issues that have been identified from our findings and recommendations are as follows:

**5.3.1** How much sensitive information should be released to potential foster parents without affecting the placement of the child.

**5.3.2** Would the provision of more past history of the child result in a bias with regards to quality of care.

**5.3.3** There are issues arising from the number of organisations (e.g. schools and counselling) involved with the child and their access to sensitive and confidential information.

**5.3.4** Is it beneficial for foster carers to know all the detailed information of their complaint/allegation e.g. who made the complaint and what type was the complaint?

## **5.4 Limitations**

**5.4.1** Notes were taken during face to face and telephone interviews which included asking for extensive opinions from the foster carers of the complaints/allegations process, unless answers were written verbatim, misinterpretation could have occurred.

**5.4.2** There was a lack of experience within the group in carrying out an audit of this nature.

**5.4.3** Due to time constraints, a pilot study could not be conducted; this meant that irrelevant anomalies could not be removed from the questionnaire, possibly leading to a lack of focus with some of the questions.

**5.4.4** There was also no time to adapt the questionnaire to ask foster children their opinions of the complaints/allegation process.

**5.4.5** A larger sample size would have given greater weight to the results.

**5.4.6** There was no set timescale for identified complaints/allegations, the implication of this was that some cases occurred before training and the Independent Allegations/Complaints Support Worker was introduced.

## **5.5 Dissemination**

**5.5.1** All interviewed foster carers will be sent a copy of the final report; all were given the opportunity to attend the presentation.

**5.5.2** The findings of the report were presented to representatives from Children's Services, Hampshire County Council and the Independent Complaints/Allegations Support Worker. The presentation session also included a question and answer session.

## 6.0 REFERENCES

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## Appendix 1

Standard 4.2 There are clear roles for managers and staff and well established lines of communication and of accountability between managers, staff and carers.

Standard 4.5 The fostering service informs carers, managers and staff of their responsibility to declare any possible conflicts of interest.

Standard 6.2 The foster home can comfortably accommodate all who live there. It is inspected annually to make sure that it meets the needs of foster children.

Standard 6.5 If the child has been abused or has abuse another child, then the child's needs and the needs of all other children in the home are assessed before a decision is made to allow sharing of bedrooms. The outcome of the assessment is recorded in writing.

Standard 7.2 Each child and her/his family have access to foster care services which recognise and address her/his needs in terms of gender, religion, ethnic origin, language, culture, disability and sexuality. If a foster placement has to be made in an emergency and no suitable placement is available in terms of the above, then steps are taken to achieve the above within 6 weeks.

Standard 8.1 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 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.

Standard 8.7 Where practicable, each child has the opportunity for a period of introduction to a proposed foster carer so she/he can express an informed view about the placement and become familiar with the carer, the carers family, and any pets before moving in. Information for carers explains that this approach is used when possible.

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Standard 9.2 Training for foster carers included training in caring for a child who has been abused, safe caring skills, managing behaviour and recognising signs of abuse and on ways of boosting and maintaining the child's self-esteem.

Standard 9.3 Safe caring guidelines are provided, based on a written policy, for each foster home, in consultation with the carer and any one else in the household. The guidelines are cleared with child's social worker and are explained clearly and appropriately to the child.

Standard 9.4 The fostering service makes clear to the foster carers that corporal punishment is not acceptable and that includes smacking, slapping, shaking and all other humiliating forms of treatment or punishment. This is set out clearly in written information for foster carers.

Standard 9.5 Management systems are in place to collate and evaluate information on the circumstances, number and outcome of all allegations of neglect or abuse of a child in foster care. The information is scrutinised regularly.

Standard 9.7 Each foster carer is provided with full information about the foster child and her/his family to enable to protect the foster child, their own children, other children for whom they have responsibility and themselves.

Standard 10.2 There are clear procedures setting out how appropriate contact arrangements for each child in foster care are established, maintained, monitored and reviewed.

Standard 11.5 The fostering service ensures that children in foster care know how to raise concerns or complaints, and ensures that they receive prompt feedback on any concerns or complaints raised.

Standard 15.7 States that all educationalist, psychologists, and therapist are to be professionally qualified and appropriately trained when working with children in foster care.

Standard 16.9 Staff and carers undertake ongoing training and appropriate professional and skills development. Carers maintain a training portfolio.

Standard 18.3 Out of hour's management and support services are available for foster carers.

Standard 18.4 There are management systems for carer supervision, appraisal and support.

Standard 20.2 All staff have clear written details of the duties and responsibilities expected of them, together with policies and procedures of the organisation.

Standard 22.5 On approval, carers are given a handbook which covers policies, procedures, guidance, legal information and insurance details, which is updated regularly.

Standard 22.7 There is a system of practical support for carers, including out of hours management support, prompt payment, insurance cover, support for the foster care associations, respite care where appropriate, access to social work support.

Standard 22.8 Information about the procedures for dealing with complaints and representations is widely available. Complaints and representations are recorded and monitored and the outcomes evaluated to inform future provision of services.

Standard 22.9 Information about the procedures to deal with investigations into allegations is made known to foster care staff, carers and children and young people and includes the provision of independent support to the foster carers during an investigation.

Standard 22.10 Records about allegations of abuse are kept monitored and there is a clear policy framework which, outlines the circumstances in which the carer should be removed from the foster care register.

Standard 23.2 Pre-approval and induction training for each carer included opportunities to benefit from the experience and knowledge of existing carers. All new foster carers receive induction training.

Standard 23.5 There is on-going programme of training and self-development for foster carers to develop their skills and tackle any weakness.

Standard 23.8 Each carer's Annual Review includes an appraisal of training and development needs, which is documented in the review report.

Standard 23.9 The effectiveness of training received is evaluated and reviewed annually.

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Standard 24.1 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 in her/his care.

Standard 24.4 The fostering service ensures that the foster carer knows why the child is in foster care and understands the basis for the current placement, its intended duration and purpose, and the details of the child's legal status.

Standard 25.4 Confidential records are stored securely at all times and there is a clear policy on access.

Standard 25.5 Records are in a form which can be readily passed on if a child moves to another placement, or ceases to be looked after or if references are requested on a member of staff or carer.

Standard 25.6 There is a permanent, private, secure record for each child and foster carer referred to or appointed by the organisation. This can, in compliance with legal requirements for safeguards, be seen by the child and by her/his parents or foster carers.

Standard 25.8 There is a procedure on storing and managing confidential information that is known to panel members, staff and specialist advisers.

Standard 25.13 There is a system for keeping records about allegations and complaints and for handling these confidentially and securely. Records of complaints and allegations are clearly recorded on the relevant files for staff, carers and children – including details of the investigation, conclusion reached and action taken. Separate records are also kept which bring together data on allegations and on complaints.

Standard 30.6 Foster panels receive management information about the outcome of foster carers annual reviews.

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Standard 30.7 For local authority panels, the panel monitors the range and type of carers available to the authority in comparison with the needs of children.

Standard 32.2 Local authority fostering services are sensitive to pre-existing relationships in assessing and approving family and friends as foster carers.

Standard 32.3 The support and training needs for family and friends carers are assessed and met in the same way as for any carers.

Regulation 12(1) The fostering service provider shall prepare and implement a written policy which is intended to safeguard children placed with foster parents from abuse or neglect, and sets out the procedures to be followed in the event of any allegation of abuse or neglect.

Regulation 12(2) The procedure shall provide in particular for liaison and co-operation with any authority which is, or may be, making child protection enquires in relation to any child placed by the fostering service provider; the prompt referral to the area authority of any allegation of abuse or neglect affecting any child placed by the fostering service provider; notification of the investigation and outcome of any child protection enquires involving a child placed by the fostering service provider, to the commission; written records to be kept of any allegation of abuse or neglect, and of the action taken in response; consideration to be given to the measures which may be necessary to protect children placed with foster parents following an allegation of abuse or neglect; arrangements to be made for persons working for the purpose of a fostering service, foster parents and children placed by the fostering service, to have access to information which would enable them to contact the area authority. And the commission, regarding any concern about child welfare or safety.

Regulation 15(1) states that the foster child must have access to psychological and psychiatric care or advice.

Regulation 26(1) The functions of the fostering panel in respect of cases referred to it by the fostering service provider are to be consider each application for approval and to recommend whether or not a person is suitable to act as a foster parent; where it recommends approval of an application, to recommend the terms on which the approval is to be given; to recommend whether or not a person remains suitable to act as a foster parent.

Regulation 36(2) where it appears to an area authority that the continuation of a placement would be detrimental to the welfare of the child concerned, the area authority shall remove the child forthwith.

Regulation 38(1) where a child is to be placed in an emergency, a local authority may for a period not exceeding 24 hours place the child with any foster parent approved by the local authority or any other fostering service provider.

Regulation 38(2) where a local authority are satisfied that the immediate placement of a child is necessary, they may place the child with a foster parent after interviewing him, inspecting the accommodation and obtaining information about other persons living in his household, for a period not exceeding six weeks, provided that the person is a relative or friend of the child.

## **Appendix 2**

Wishes for further training were mainly child centred:

*'Training in the family environment rather than in a family centre'*

*'Training given by people who know the child e.g. child's social worker'*

*'Some psychological guidance to help the child'*

*'Training from other carers'*

### **Appendix 3**

*'Social workers never really knew the child'*

*'Social workers were constantly changing'*

*'Social workers made promises they couldn't keep'*

*'Meetings are not focussed enough on the child's' underlying issues (i.e. self harming)'*

### **Appendix 4**

*'I felt at rock bottom; physically and mentally'*

*'It was one of the worst things that could happen'*

*'I had done so much for those children and I feel as though it was thrown back in my face'*

*'You take these children in, give them a good home and this is how they repay you'*

### **Appendix 5**

*'I felt like I wasn't supposed to know, I felt kept in the dark'*

*'I felt like everyone knew what was going on apart from me'*

*'It was 18 months before I even found out an allegation had been made against me'*

## **Appendix 6**

*'The carer needs to be listened to'*

*'More face to face communication is needed'*

*'I used the log book but no one ever referred to it!'*

*'The whole thing could have been avoided if only someone had come straight to me to ask me what had happened'*

## **Appendix 7**

*'It has left a scar'*

*'They were very apologetic which made me feel very relieved'*

*'It is a necessary evil'*

## **Appendix 8**

*'The child's stability comes first, didn't want to disrupt them'*

*'There were other children being cared for, things can't just stop'*

Other carers identified belief in their innocence

*'Didn't feel guilty so I didn't feel that I should stop caring'*

## Appendix 9

### **A QUESTIONNAIRE INVESTIGATING COMPLAINTS AND ALLEGATIONS: THE SUPPORT AVAILABLE AND THE PREVENTION OF FUTURE COMPLAINTS/ALLEGATIONS**

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***ALL INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL***

#### **General Questions**

1. How old are you? (*Please tick*)

21-29                       30-39

40-49                       50+

2. How old was the foster child at the time of the complaint/allegation? (*Please tick*)

0-4                       5-9

10-14                       15+

3. How long had you been fostering children at the time of the complaint/allegation?

\_\_\_\_\_months \_\_\_\_\_years

4. How many other children were living in your house at the time of the complaint/allegation? (Birth children and foster children)

\_\_\_\_\_children

5. What type of care was being provided to the foster child? (*Please tick*)

Short Term                       Long Term                       Respite

6. Against whom was the complaint/allegation made? (E.g. foster mother/foster father/other member of family etc)

\_\_\_\_\_

7. Who made the complaint/allegation? (E.g. the child/social worker/yourself/your partner/other etc)

\_\_\_\_\_

8. What was the nature of the allegation made? (E.g. physical abuse/sexual abuse/emotional abuse/neglect etc)

\_\_\_\_\_

#### **Pre Complaint/Allegation Questions**

9. Did you receive adequate background information on the child before they were placed with you? (*Please tick*)

Yes  No

10. If you answered 'No' to the previous question, what else would you liked to have known about the child?

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11. Do you feel the child was matched well with you? (E.g. do you feel you had the experience or abilities to deal with the child?)

Please comment:

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12. Have you had the opportunity to progress through any NVQ training during the time you have been fostering children? (*Please tick*)

Yes  No

NVQ Level (*if applicable*) \_\_\_\_\_

13. Did/Do you receive enough information (in each of the sections) in your training and supervision to help prevent allegations and complaints? (*Please circle your score for each of the below:*

Therapeutic needs:

1	2	3	4	5
Poor	Below Average	Average	Good	Excellent

Behaviour management:

1	2	3	4	5
Poor	Below Average	Average	Good	Excellent

Discipline:

1	2	3	4	5
Poor	Below Average	Average	Good	Excellent

Affection:

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Poor</i>	<i>Below Average</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>

14. Do you have any suggestions to improve the support, supervision or training that you have received?? If so, please comment:

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15. Please describe any preparation other members of your family received prior to the child being placed with you (from you or another professional) and comment if you feel that this was adequate.

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16. Were you aware of the allegation process before the complaint/allegation was made? (Please tick)

Yes \_\_\_ No \_\_\_

17. If yes, was this information easy to get hold of?

Yes \_\_\_ No \_\_\_

Any comments for improvement:

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18. Did the child receive counselling regarding their past issues before or during being placed with you? (Please tick)

Yes \_\_\_ (please see a) No \_\_\_(please see b)

18a. Do you feel that this counselling helped the child? (Please tick)

Yes\_\_\_ No\_\_\_

18b. Do you feel that counselling would have helped the child, and prevented an allegation? (Please tick)

Yes\_\_\_ No\_\_\_

19. Is your child allocated time alone with their social worker? *(Please tick)*

Yes\_\_ No\_\_

If yes, how frequently and for what length of time?

Frequency:\_\_\_\_\_

Length of time: \_\_\_\_\_

20. Do you feel that this time was adequate for the child? *(Please tick)*

Yes \_\_ No \_\_

Any comments:

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21. Have you found the foster care peer support groups useful? *(Please tick)*

Yes \_\_ No \_\_

Any comments:

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22. Do you know who the Independent Complaints and Allegations Support Worker is? *(Please tick)*

Yes \_\_ No \_\_

If yes, do you know how to gain contact with her?

Yes \_\_ No \_\_

**During the Complaint/Allegation Process**

23. Please describe how you felt during the complaint/allegation process:

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24. Did you feel regularly updated during the complaint/allegation process? (*Please tick*)

Yes  No  Any \_\_\_\_\_ comments: \_\_\_\_\_

25. Please tell us about any external support or advice you received during the complaint/allegation process (This can include the Allegation Support Officer):

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26. Did you have any children removed from your care during the complaint/allegation process? (*Please tick*)

Yes  No  Any \_\_\_\_\_ comments: \_\_\_\_\_

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27. How long before a final decision was made after the time of the complaint/allegation? \_\_\_\_\_

28. After a final decision was made, did you go to the panel within 4 weeks? (*Please tick*)

Yes  No

29. If you answered 'No' to the previous question, how long was it before you went to the panel? \_\_\_\_\_

30. Please describe your experience of the panel:

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31. Can you think of any ways in which your experience could have been improved?

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32. Were you satisfied with the outcome of the complaint/allegation process? (*Please tick*)

Yes  No  Any comments:

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**Post Complaint/Allegation**

33. Can you tell us what kept you focussed through the complaint/allegation process and what enabled you to carry on fostering after?

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34. Do you feel that if you had received more information on the child, the complaint/allegation may have been prevented? (*Please tick*)

Yes  No  Any comments:

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35. What type of training or support (if any) would have been of benefit to you or your family following the resolution of the complaint/allegation? (*Please tick*)

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36. How quickly did you return to fostering after the complaint/allegation?

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37. What type of complaint/allegation support would you like to see in the future?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Any further comments:

\_\_\_\_\_

**THANK YOU FOR YOUR TIME AND HELP IN COMPLETING THIS QUESTIONNAIRE**

### **Appendix 10**

- More background info on the children at request
- A speedier allegations process
- Social workers establishing good relationships with carers
- Better communication between all parties involved

- A single person to identify as the 'person on your side
- The foster carer should be informed of the allegation sooner
- Police should not be involved so quickly.