Learning from a Review of the Fostering and Adoption Services
Warwickshire County Council

Looking at some of the themes from a recent independent review of the Adoption & Fostering Services in Warwickshire, this document considers the importance of how the sharing of information between teams contributes to the robust and accurate assessment of carers. Adopting a child is different from fostering; both carry an imperative on the carer to provide for and respond to the child’s needs, but in very different circumstances. The impact on carers themselves will vary and their suitability and support needs may be very different. Professionals must be not be misguided by a view that someone who has been positively assessed as a foster carer is necessarily suitable to adopt a child, and vice versa.

Assessment and Approval by Panel

1. Professionals must be mindful that prospective carers who are being assessed (whether as adopters or foster carers) may try to cover up issues regarding their previous relationships and mental health issues. Whilst it is not uncommon for prospective carers to have experienced significant emotional difficulties in their past, it is expected that these issues are raised by the prospective carers and fully explored with the assessing social worker in order to determine whether the issues have been resolved, and whether the carers would be able to manage the challenges of adopting or fostering.

2. For example, when information is sought from GPs as part of the assessment process, sufficiently probative questions need to be asked of them. They may hold relevant information, or know that other health services have been accessed by their patient (that may hold relevant information) without appreciating that such information is significant to an assessment of the patient as a foster carer or adopter.

3. When children’s social care are considering any individuals as potential foster carers or potential adoptive parents, they should ensure that the potential carers have consented for any pertinent information that has the potential to impact upon their capacity as carers to be shared with children’s social care. When seeking information from health providers, children’s social care should notify them of the basis on which that information is sought and the consent given. This issue was identified in a Serious Case Review in a neighbouring authority.¹

¹Leicestershire and Rutland Safeguarding Children Board (2016) Child B Serious Case Review.

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4. The review of the Adoption Service highlighted a lack of quality assurance, specifically little evidence of robust management oversight of Panel recommendations and social work reports.

5. There was little evidence of a culture of information being shared between Children’s, Fostering and Adoption teams, including "soft" information. Professionals should have a clear understanding of the full history of a carer’s involvement with any of the teams within the Council, and a working knowledge of the finer details of that involvement.

6. If foster carers are seeking to adopt a child, but wish to continue fostering children, the motivation for this needs to rigorously explored. If the motivation is financial, while it may not be terminal to an assessment of them, this must be shared with the fostering team. Adoption for a child which comes without ongoing financial support from the local authority will contribute to any financial pressures in the household. Further, if the adopters are persuaded to cease fostering, this will also contribute to the financial pressures.

7. Assessing social workers must be very aware of any misguided acceptance that foster carers are suitable persons to adopt, due to their experience as foster carers, and because they had been approved as foster carers, and vice versa. The assessing social worker must also be probative when requesting information and a reference from the allocated fostering or adoption worker.

8. There is a significant amount of information obtained and analysed for an adoption assessment (which is then presented to Adoption Panel) which must be cross-referenced with the fostering assessment of carers, and shared with the Fostering team. There must be professional curiosity about all of the information provided by an assessing social worker team, and any gaps in the information provided must be picked up by quality assurance processes within either the Adoption Service or the Panel.

9. There must also be a positive flow of information from the fostering team to the adoption team. Once information and references have been provided for an adoption assessment, further relevant information which emerges should be passed on. For example, if an allegation is made against a foster carer by a child in their care, or any other complaints or concerns.

10. Recommendations from Adoption Panel must be followed up and communicated directly to those social work teams concerned. There must be review mechanisms in place to ensure that recommendations are followed up and shared.

11. The importance of fostering and adoption teams sharing information that is known to their service, which may impact upon the approval of prospective foster carers/adopters, is crucial if assessments are to be accurate and if vulnerable children are to be protected.

**Monitoring and Review of Foster Carers**

12. The need for regular and consistent supervision of foster placements is crucial for the safeguarding of children, especially nonverbal/pre-school children. One challenge may be staffing. Foster carers should not be left to self-report or raise concerns; this does not support continuity of understanding and monitoring of a fostering household.

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13. Fostering Panel should always be provided with accurate and full information, meaning that any recommendations made by panels are properly informed and sufficiently protective for vulnerable children.

14. Fostering Panel must challenge the accuracy of the information presented to them, especially where there has been limited contact between the Fostering Team and the foster carers during their review period. Both social workers and the Fostering Panel need to consider and question whether information is missing or unavailable to them, when reports are prepared and presented to Panel.

15. At each annual review, any comments, concerns or complaints raised during the period since the last review should be considered, and a full discussion of any training needs or requirements for formal change of status which might arise out of this. The 2002 Regulations stipulate that the fostering service provider when reviewing a foster home should “make such enquiries and obtain such information as it considers necessary in order to review whether the person continues to be suitable to act as a foster parent”.

Placement of Children

16. When children are being placed – in either a foster placement or an adoptive placement - there is a need to take into consideration the closeness in age of children already in a placement. The social worker responsible for the placement must consider the impact on the child being placed and any other children already in the household, and must liaise closely with the social worker responsible for the other child/ren, and if there was any cause for concern about the care provided by the carer to any previously placed children.

Record Keeping for Information Sharing

17. Accurate record keeping is of course essential, but the author must be mindful that any other professional accessing the system – especially if the author is not contactable for some reason – can easily see if there are particular issues about foster carers or children currently placed in their care.

18. The review of the Fostering Service found that recording was broadly within guidelines, in that it was timely and detailed. However, there was a lack of analysis and on several occasions there were discrepancies in the detail. It is even more important if foster carers are being assessed as adopters, as the Adoption Service will need clear and accurate records of the performance of foster carers and whether there have been any issues in a placement.

19. The same assessment can be made of the management oversight of the fostering and adoption social work practice in Warwickshire. There is evidence of managers’ comments and some supervision but the analysis was lacking, and there were few indications of management direction.

20. Particular issues that should be viewed as concerning within a foster placement, and analysed more thoroughly, are:

   (a) How placements break down or disrupt, and if this should result in a review of the performance of the foster carers;

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(b) how foster carers speak about children in their care, whether foster carers
struggle with particular types of behaviour, and whether this highlights any
training and development that is required, or need for a review of their
performance;
(c) the willingness of foster carers to undertake training and development;
(d) how foster carers communicate with professionals and parents of children placed
in their care; and,
(e) how changes in circumstances for foster carers may impact upon their
capabilities as carers, for examples, periods of stress or financial difficulty, and
what support can be identified to mitigate any impact upon the care they provide
to children.

21. It should not be assumed that within a fostering household, the foster ‘mother’
assumes the majority of the caring; if this is the case at the start of a couple’s
fostering career, circumstances may change and there must be a continuous and
critical analysis of both of the carer’s development needs. Such assumptions about
the division of caring responsibilities can lead to any complaints that arise being dealt
with on a case by case basis, and not looked at holistically.

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may be staffing. Foster carers should not be left to self-report or raise concerns; this
does not support continuity of understanding and monitoring of a fostering
household. If there is a prolonged period when an allocated social worker is on leave,
then the management oversight becomes more critical.

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meaning that any recommendations made by panels are properly informed and
sufficiently protective for vulnerable children.

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