Rutland County Council

INTERNAL AUDIT REPORT

the **Welland**
Internal Audit Consortium

FOSTERING 2016/17

Issue Date:	13th January 2016	*Issued to:*	Tim O'Neill - Director of People
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FOSTERING 2016/17
EXECUTIVE SUMMARY

1. INTRODUCTION & OVERALL OPINION

Rutland Fostering Service provides a range of placements including long and short term foster care, shared care and placements with connected persons (family and friends). Internal Audit sought to provide assurance over the controls in place to support the robust management of the fostering service including payments to foster carers and compliance with good practice and relevant legislation.

The Council has a well-designed recruitment and assessment process for prospective foster carers and all enquires are followed up with detailed information and guidance provided to all applicants. Foster carer allowances and fees have been set by the Council at a higher rate than the National Minimum Allowance and all foster carer payments reviewed by Internal Audit were accurate, timely and in accordance with council policy.

A sample of nine foster carers (three mainstream and six connected persons) were selected for review. Testing highlighted lengthy delays in the approval of connected persons that has resulted in the Council not complying with the Care Planning, Placement and Case Review Regulations 2010 and placing children in an illegal placement for a period of time. (*At the time of reporting all connected persons reviewed by Internal Audit were approved and have undergone the appropriate checks and assessments.)*

Training and development of foster carers requires improvement. Whilst training records are kept by the Council, it is evident that training is not offered regularly or consistently and personal development plans are not completed to identify the training needs of foster carers.

Further work is also required to ensure that foster carer files are up to date and the necessary supervision and unannounced visits have been undertaken and evidenced. The fostering team should also continue to work with corporate support to ensure all fostering related data is held and disposed of in accordance with the Data Protection Act.

The audit was carried out in accordance with the agreed Audit Planning Record (APR), which outlined the scope, terms and limitations to the audit. It is the Auditor's Opinion that the current overall design and operation of controls provides **Limited Assurance**, as summarised below:

Internal Audit Assurance Opinion		Direction of Travel			
Limited Assurance		n/a			
Risk	**Design**	**Comply**	**Recommendations**		
			H	**M**	**L**
01 - Council fails to recruit, assess, support and retain a range of foster carers to safeguard and meet the need of Looked after Children in Rutland.	**Sufficient Assurance**	**Limited Assurance**	3	1	1
02 - Poor record keeping, leading to non-compliance with legislative requirements and possible reputational damage.	**Sufficient Assurance**	**Sufficient Assurance**	1	0	0
03 - Foster carer payments are not set at a reasonable level or paid in a timely manner.	**Substantial Assurance**	**Substantial Assurance**	0	0	0
Total Number of Recommendations			**4**	**1**	**1**

2. SUMMARY OF FINDINGS

**Risk 1: Council fails to recruit, assess, support and retain
a range of foster carers to safeguard and meet the need of Looked after Children in Rutland.**

Rutland's Fostering Service is developing a recruitment strategy that aims to increase the diversity of foster carers and to be responsive to current and predicted future demands on the service. This strategy was not completed at the time of the audit and was due to be finalised at the end of October 2016. **(See recommendation 1)**

It is evident that the fostering service has taken steps to attract prospective foster carers through a variety of marketing activities such as radio adverts, posters and using the national scheme of 'Fostering Fortnight' to raise awareness. The Council's website provides information on the fostering service, however key documentation such as the Statement of Purpose is not available and the team are aware that improvements could be made to make the website more attractive to prospective foster carers.

The success of any marketing event is always followed up and any enquiries are logged on the Council's social care system (Liquid Logic). As of 20th September 2016 the service had 20 open enquiries. Prospective foster carers are visited by a team member and provided with information and an application form.

All prospective fosters carers are required to complete a three day "skills to foster" course. At the end of the course individuals are much better informed about fostering and are able to determine whether it is something they wish to pursue. Due to low numbers of prospective carers there are few training sessions held which has resulted in some lengthy delays in individuals receiving this training and there have been instances where carers have received the training after being approved. Internal Audit confirmed this to be the case during testing, however the fostering service have already taken action to address this by arranging for prospective foster carers to attend this course at neighbouring local authorities to try and reduce the delay.

Internal Audit initially selected a sample of five foster carers (three mainstream and two connected persons) for review to ensure that they were appropriately assessed and approved in accordance with the Fostering Services National Minimum Standards. Due to issues identified early in the audit testing, specifically in relation to the connected persons, the sample was subsequently extended to include a further four connected persons.

Testing highlighted some areas of good practice around evidencing fostering panel recommendations and informing foster carers of the panel's decision. The panel is also subject to an annual review and has access to medical and legal advice. Minutes of fostering panel meetings were on file where appropriate and the foster carers were invited to attend their panel meeting. Furthermore for all approved foster carers in the sample, the necessary checks, as required by Children's Act 1989, were undertaken and evidenced.

Internal Audit's review did however highlight the following control weaknesses:

- At the time of audit, in September 2016, one 'connected person' foster carer had not been approved and a child had been placed with this family member since December 2015. In accordance with the Care Planning, Placement and Case Review (England) Regulations 2010, the child's assessment must have been completed and approval given for the placement by the end of March 2016 (16 weeks) or an extension in exceptional circumstances given for a further eight weeks making the absolute deadline in May 2016. As a result the child was in an illegal placement at the time of audit. At the time of audit testing, a practice alert was raised and since then a viability assessment in respect of the carer has been completed and approved by a senior manager.
- A connected person's assessment was not completed and approved within the required 16 weeks for three out of six in the sample and there was no evidence of a temporary approval or an extension.

- Two out of three mainstream foster carers did not receive a panel recommendation of approval within the required eight months of their application. **(See recommendation 2)**

The fostering service has designed a comprehensive induction programme for all approved foster carers and there is an induction checklist that documents all the necessary steps that must be completed. Currently, foster carers and social workers do not sign the checklist to confirm they have received/delivered the induction training. In all cases reviewed by Internal Audit, evidence of a completed induction checklist could not be located. (**See recommendation 3)**

It is important for foster carers to maintain an ongoing training and development portfolio which demonstrates how they are meeting the skills required of them by the fostering service. The Fostering Services Team Assistant maintains a record of any training received on Liquid Logic. On review, it is evident that the provision and delivery of training to foster carers has been inconsistent and it could be seen that the majority of carers in the audit sample had either not received any training or no training for a long period of time.

A suitable template for a foster carer personal development plan (PDP) has been designed however it has not been implemented and none of the carers in the audit sample had a PDP on file. As a result, the Council is not meeting the Fostering Services National Minimum Standards and carers may not be receiving the support and guidance required to undertake training and development that is appropriate to their needs and experience. (**See Recommendation 4)**

The fostering service is clear and transparent with their foster carers about the level of support available to them and how to access such support. Support groups take place three times a year and a record is maintained and minutes are circulated to all carers. All carers are granted membership of The Fostering Network which provides advice, information and support to carers including a helpline both in office hours and outside of office hours. The Emergency Duty Team EDT (based in Leicester) can also offer telephone advice and has access to placement information and emergency placements with foster carers.

Each foster carer has an allocated Supervising Social Worker who provides monthly supervision and ongoing support. Due to staff changes and lack of resources, supervision meetings and unannounced visits have not been carried out on a regular and consistent basis. Evidence of regular supervision meetings between the social worker and the foster carers was not available for 22% of the sample. An unannounced visit had not taken place for three foster carers and one unannounced visit had not been documented. (**See Recommendation 5)**

All foster carers must sign a Foster Carer Agreement and terms and conditions on an annual basis. Testing highlighted that three connected persons had not signed a foster carer agreement. (**See Recommendation 5)**.

A foster carer annual review is arranged by the relevant Supervising Social Worker who will collect the written views of foster children, the carer, the child's social worker and the carer's children. Of the nine cases reviewed by Internal Audit, an annual review took place in all cases where it was applicable and one annual review was in progress and awaiting a Team Manager review.

All foster carers receive a handbook which details local policy, information about fostering terms and conditions and guidance about requirements concerning care and control of children and other procedures. The handbook was last reviewed and updated in January 2016 and all carers were provided with a paper copy of the handbook. A 'Coming into Care Booklet' is given to each child in foster care. The booklet provides details of key contacts as well as the child's care plan, pathway plan, placement plan and personal education plan. A review of the booklet found it to be out of date and it provides a link to a website for more information on the child's rights which no longer exists. This

has been raised with the children's social care team and an action has been put in place to ensure that the booklet is reviewed and updated.

The Council's complaints process is documented in the fostering services' Statement of Purpose. Two unresolved complaints were open as of 1st November 2016 and sufficient evidence of the original complaint, correspondence, reports and outcomes had been retained.

The Council has commissioned "tri.x" (an online web based company) to develop their procedures manual for children's services and then keep it up to date. Updates are carried out twice a year, the next update is taking place in January 2017.

Risk 2: Poor record keeping, leading to non-compliance with legislative requirements and possible reputational damage.

The fostering service currently maintains paper files and also electronic files on Liquid Logic.

Paper files are held in the fostering services office in a locked cabinet. The key to the cabinet is kept secure in a key safe and only members of the fostering team have access. Staff are required to use sealed 'orange bags' to transport confidential information off the Council premises. This was observed in practice during the audit.

Access to liquid logic is granted only upon approval and access requires a valid username and password. Liquid logic is currently unable to produce meaningful user access reports because the reports do not show all "read only" users. Therefore Internal Audit are unable to provide any assurance that user access to fostering records online is accurate, up to date or secure. *An additional internal audit review will be conducted in 2017 to provide assurance in this area.*

The fostering procedures manual on Tri.x provides detail on what information should be obtained and how it should be recorded and the Council's draft Document Retention and Records Management Policy states how long fostering related documents should be retained for. A full review of what records the fostering service currently retains has not yet been undertaken and there is a potential risk that data is being held for longer than required leading to non-compliance with the Data Protection Act. **(See Recommendation 6)**

Quality assurance reviews of foster carer files are carried out by the Team Manager during the annual review process. Such reviews have been inconsistent due to the Team Manager post being vacant and change over in staff. As a result, the audit highlighted some instances where documentation was missing from files and/or activities had not been carried out. **(See Recommendation 5)**

Risk 3: Foster carer payments are not set at a reasonable level or paid in a timely manner.

All RCC foster carers receive a fostering allowance for each child in placement and a fee payment that is based on the skills of the foster carer. This is paid to foster carers to cover all costs in relation to looking after children and young people.

The Council has clearly set out it's criteria for calculating payments in a "Foster Carer Allowances and Payments Schedule" for 2016/17 and distinguishes between the allowance paid and any fee paid. RCC allowances are based on the National Fostering Network recommended rates and are higher than the National Minimum Allowance for 2016/17 which is set by the Government.

Internal Audit reviewed a sample of 25 allowance payments and 25 fee payments paid between September 2015 and September 2016 and testing confirmed that each payment was made accurately and timely in accordance with the Council's agreed allowance and payments schedule.

The fostering service has good controls in place for processing payments to foster carers on a weekly basis. Ten weeks were selected at random for testing to ensure that a payment schedule was accurately created, appropriately approved and paid in a timely manner. All payment schedules reviewed by Internal Audit were prepared by the Team Assistant and approved by the Team Manager. Payments were made promptly at the agreed time each week and agreed to commitment records maintained by the Team Assistant.

Appropriate forms and protocols are in place for foster carers to claim expenses. Internal Audit reviewed a sample of five expense payments selected from the finance system (Agresso) and confirmed that all payments were approved by the Team Manager or Interim Service Manager for Children and Families and could be traced back to valid receipts.

3.   LIMITATIONS TO THE SCOPE OF THE AUDIT

This is an assurance piece of work and an opinion is provided on the effectiveness of arrangements for managing only the risks specified in the Audit Planning Record.

The Auditor's work does not provide any guarantee against material errors, loss or fraud. It does not provide absolute assurance that material error, loss or fraud does not exist.

This audit did not include a review of safeguarding policies and procedures. A wider review on this is to be conducted by Internal Audit during 2016/17.

4.   ACTION PLAN

The following Action Plan provides a number of recommendations to address the findings identified by the audit. If accepted and implemented, these should positively improve the control environment and aid the Council in effectively managing its risks.

ACTION PLAN

Rec No.	ISSUE	RECOMMENDATION	Management Comments	Priority	Officer Responsible	Due date
Risk 1	**Council fails to recruit, assess, support and retain a range of foster carers to safeguard and meet the need of Looked after Children in Rutland.**					
1	Rutland's Fostering Service recruitment strategy has not been completed and finalised.	The Fostering Services Recruitment Strategy should be finalised, implemented and communicated to all relevant personnel. The strategy should be reviewed at regular intervals to ensure that it is being implemented appropriately and in a timely manner.	Agreed	Low	Head of Children's Social Care	Jan 2017
2	Testing highlighted significant delays in the approval of four out of six "connected persons" reviewed by Internal Audit. All of which took longer than 16 weeks as required by the Care Planning, Placement and Case Review Regulations 2010, resulting in the respective children being placed in an illegal placement for a period of time *(all connected person have subsequently been approved)*. Furthermore, two out of three mainstream foster carers were not approved within eight months of their application, resulting in non-compliance with the Fostering Services National Minimum Standards.	Rutland's fostering Services should be notified as soon as the Agency Decision Maker has approved a temporary placement of a child with a connected person to allow the fostering team to carry out a connected person's assessment within the required timescales. A full audit trail of the Agency Decision Maker's approval and notification to the fostering team should be retained.	Agreed	High	Head of Children's Social Care	Jan 2017
3	Whilst there is a comprehensive induction programme in place for new foster carers, the induction checklist is not signed by the foster carer and social worker to confirm that an induction has been received and the appropriate information/training has been given.	The induction checklist should be signed and dated by both the foster carers and the assigned social worker to evidence that an induction has been completed. Checklists should be scanned and saved on the foster carers' file.	Agreed	Medium	Head of Children's Social Care	Jan 2017

Rec No.	ISSUE	RECOMMENDATION	Management Comments	Priority	Officer Responsible	Due date
4	Records of foster carer training are held in Liquid Logic, however training is not provided on a regular basis. Furthermore foster carers do not have personal development plans. As a result the Council is not meeting the Fostering Services National Minimum Standards and carers may not be receiving the support and guidance required to undertake training and development that is appropriate to their needs and experience.	All foster carers should be required to complete a Personal Development Plan on an annual basis. Once completed, all PDP's should be reviewed and a training and development plan should be created for all foster carers based on their requirements.	Agreed	High	Head of Children's Social Care	Jan 2017
5	A review of nine foster carer files highlighted that foster carer supervision meetings and unannounced visits have not been carried out in a timely manner and/or appropriately evidenced. Furthermore foster carer agreements for "three connected persons" had not been signed at the time of the audit. These omissions should have been picked up during Team Manager annual reviews however due staff changes and the position being vacant for a period of time these were not identified.	Investigations should be made with Liquid Logic to determine whether reports are available to highlight instances where activities have not taken place and/or documentation is unavailable. If so, these should be produced at regular intervals by the Team Manager and appropriate action taken where necessary. In the meantime, a review of foster carer files should be undertaken during staff supervision meetings.	Agreed	High	Head of Children's Social Care	Jan 2017

Rec No.	ISSUE		RECOMMENDATION	Management Comments	Priority	Officer Responsible	Due date
Risk 2	**Poor record keeping, leading to non-compliance with legislative requirements and possible reputational damage.**						
6	There is an index on each paper file that confirms what information should be kept on file however the fostering team does not have a written policy or schedule that clarifies the purpose, format and content of information to be kept on the fostering service's files, on the child's files and on case files relating to foster carers. A draft document retention schedule provides detail on how long data should be retained, however, the fostering team have not created a detailed document retention schedule or audited their records to see what data they hold. There is a risk that data is being held insecurely and/or for longer than required potentially leading to non-compliance with the Data Protection Act.	1) 2) 3)	The Fostering Team should conducted a data audit to establish what data is held both in paper and electronic format. A document retention schedule should be created for all data held by fostering services based on the schedule template provided by Corporate Services. Regular reviews should then be undertaken to ensure that data is held and destroyed in accordance with the documentation retention schedule and in compliance with the Data Protection Act.	Agreed	High	Head of Children's Social Care	Jan 2017

GLOSSARY

The Auditor's Opinion

The Auditor's Opinion for the assignment is based on the fieldwork carried out to evaluate the design of the controls upon which management relay and to establish the extent to which controls are being complied with. The table below explains what the opinions mean.

Level	Design of Control Framework	Compliance with Controls
SUBSTANTIAL	There is a robust framework of controls making it likely that service objectives will be delivered.	Controls are applied continuously and consistently with only infrequent minor lapses.
SUFFICIENT	The control framework includes key controls that promote the delivery of service objectives.	Controls are applied but there are lapses and/or inconsistencies.
LIMITED	There is a risk that objectives will not be achieved due to the absence of key internal controls.	There have been significant and extensive breakdowns in the application of key controls.
NO	There is an absence of basic controls which results in inability to deliver service objectives.	The fundamental controls are not being operated or complied with.

Category of Recommendations

The Auditor prioritises recommendations to give management an indication of their importance and how urgent it is that they be implemented. By implementing recommendations made managers can mitigate risks to the achievement of service objectives for the area(s) covered by the assignment.

Priority	Impact & Timescale
HIGH	Management action is imperative to ensure that the objectives for the area under review are met.
MEDIUM	Management action is required to avoid significant risks to the achievement of objectives.
LOW	Management action will enhance controls or improve operational efficiency.