

Falkirk Council Fostering Service Fostering Service

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Announced (short notice)

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Falkirk Council

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Service no:
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About the service

Falkirk Council Fostering Service has been registered with the Care Inspectorate since the Care Inspectorate was formed in 2011.

Falkirk Council Fostering Service provides a fostering and family placement service for children and young people from birth to 18 years and their families, who are assessed as in need of this. The agency recruits and supports carer families to provide a range of fostering placements to children, including permanent, long term, interim and short break.

The service aims to provide a choice of foster carer placements appropriate to children's needs.

About the inspection

This was a short notice announced inspection which took place between 8 January 2024 and 5 February 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met with six children and young people using the service and eleven carers
- spoke with nine members of staff and management
- spoke with four placing social workers
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Children and young people experienced loving and compassionate care and were kept safe.
- Young people's relationships with people who were important to them, including brothers and sisters, were supported.
- Children and young people had access to specialist health support from a speech therapist and clinical psychologist based within the service.
- Caregivers and children would benefit from a more consistent level of support from the service.
- There were some gaps in the service's oversight of quality assurance.
- The service needs to ensure individual safer care plans and risk assessments are in place for all children and young people.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children/young people and clearly outweighed areas for improvement.

Children and young people experienced loving, compassionate care within their caregiving families. Children were supported to feel secure, valued as individuals and understood. One young person said, "I feel safe here. I didn't feel safe before".

Caregiver families are comprehensively assessed, with clear conclusions reached about the capacity of families to meet the needs of children and young people.

Young people usually benefitted from a child centred approach to the use of short breaks and experienced consistency by being cared for by the same people on a regular basis. The service encouraged the development of family and friends networks, so young people could be looked after by people they knew. This was supported by appropriate checks and proportionate assessment.

Foster carers thoughtfully supported sibling relationships, allowing children who were living apart to maintain these important relationships even when this was challenging. Efforts were made to keep children together with their brothers and sisters wherever possible or to reunite children when they had been separated.

Children and young people were supported to thrive and meet their potential in all areas of life. Many young people coped well at school and were supported to meet their potential in learning. When young people were not receiving the support that they needed within education, caregivers and the service advocated to have this addressed. Young people's achievements and efforts in a wide range of areas were celebrated and young people were actively involved in their communities.

Children and young people were also supported by their caregiver families to lead healthy, active lives and caregivers understood their role in preserving and recording their part of children's life stories. There was good evidence of carers working alongside children to support them to make sense of their family stories and their circumstances.

Caregivers and children had ready access to specialist health support from the team's speech and language therapist and a clinical psychologist. This allowed the service to respond quickly to children's needs, informing helpful multi-agency approaches to support children to thrive. We considered this to be a strength in the service.

Children and young people's safety was promoted by a robust response to child protection concerns. Practice in this area was also supported by specific staff and carer training. Whilst there were some gaps in notifications of incidents to the Care Inspectorate, we were satisfied that these were well monitored internally and that this did not impact upon outcomes for children and young people. We look forward to seeing more consistent practice in this area at the time of the next inspection.

Most caregiver families enjoyed secure and supportive relationships with staff within the service. One foster carer told us, "My supervising social worker is excellent. She is very supportive and is always available to provide advice when required." However, some caregivers did not experience consistent support and guidance. This impacted on their ability to understand and meet the needs of children in their care. This led some carers to end placements, resign from fostering or consider transferring to another agency. **(See Area for improvement 1)**

Foster carers had access to a wide range of appropriate training and development opportunities. Carers reflected that this helped them to better respond to the needs of the children in their care. However, a more flexible approach could be taken to ensure all carers can attend training. Additionally, it was apparent that for several carer families, only one registered foster carer routinely attended training, including mandatory training. **(See Area for improvement 2)**

Children and young people benefitted from robust processes monitoring their long term planning. This has led to more timeous decision making for many children although progress in this area has been hampered by the high turnover of staff within the children's locality teams. Workers from the family placement service had taken on additional tasks to complete permanence paperwork for some children, helping plans to progress without further delay. However, there continue to be a number of children in interim foster care who have experienced delays in decision making about their future, causing confusion or anxiety.

Practice around the matching of children and young people with caregiver families was usually well considered and based on a good understanding of the strengths and learning needs of foster carers. However, the rationale for matching was not reflected in carer or young people's files. In some instances, where young people were placed in an emergency, this lack of robust matching was directly associated with unplanned endings and disruption. **(See Area for improvement 3)**

Areas for improvement

1. In order for children and young people to consistently benefit from carers who are well supported, the service should ensure a consistent approach in the supervision and support of caregiver families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support is consistent and stable because people work well together' (HSCS 3.19); and

'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity' (HSCS 4.17).

2. To support children and young people's health and wellbeing, the provider should ensure that all foster carers have completed core training requirements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

3. To improve outcomes for young people, the service should further strengthen their referral and matching processes to ensure that there is a clear identification of a fostering family's ability to meet the needs of a child before the child joins this family. This should ensure that the needs of existing children in the fostering family have been included.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had a clear Specific, Measurable, Achievable, Realistic and Timebound (SMART) service development plans in place and managers were aware of the systems that should be in place to ensure a continuous and robust evaluation of people's outcomes and experiences.

There had also been significant improvement work undertaken around ensuring consistency in the quality of reports being submitted to panel and in ensuring the team have a good understanding of the statutory duties of fostering services.

There are robust, transparent, safe and effective approval processes in place for applicants who wish to become caregiver families. Observations and scrutiny of documents assured us that the fostering and adoption panel works effectively. The panel provided an appropriate level of guidance and challenge to the service.

At the last inspection an area for improvement was made addressing the need for robust and well implemented quality assurance. The service had created a file audit system, however, its use had not been consistent. Therefore there had been no significant impact upon the performance of the team or on outcomes for carers and young people. Leaders within the service had a broad sense of what was working well within the service and what needed to improve. However, a lack of regular file audit meant that the detail of exactly where there were gaps and lapses in practice or progress made was not fully known. We noted some significant delays in meeting statutory timescales for panel reviews of carers and other statutory checks. **(See Requirement 1)**

When things went wrong with a young person's care and support, there was no consistent process in place to allow for reflection on the needs of the young people or the learning needs of the caregivers. One social worker told us that in recent years a young person had moved between five different fostering households without any meetings taking place to discuss these endings. The service needs to develop a consistent, robust and child centred approach to learning, following any unplanned endings. **(See Area for improvement 1)**

Requirements

1. By 5 May 2024, the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview and improvement work.

To do this the provider must as a minimum:

- a) Implement systems for tracking key areas and benchmark progress, including statutory checks, unannounced visits, panel review and unplanned endings.
- b) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to, carer supervision records, risk assessments, safer caring plans and adoption support planning.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

Areas for improvement

1. To ensure stability in children's lives the provider should, improve processes following unplanned endings and disruptions.

This should include but not be limited to:

- a) Developing a clear process outlining the actions to be considered after every unplanned ending or disruption.
- b) Identify learning from unplanned endings and disruptions and the implications for practice that should be actioned.
- c) Ensure to follow procedures with timely return to panel where this is assessed as required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children/young people and clearly outweighed areas for improvement.

The staff team were, on the whole, very skilled at building enduring and trusting relationships with caregivers.

Staff had access to a wide range of appropriate and relevant training and development opportunities. Although, how this training was translated into practice was not always apparent. The service had a plan in place to encourage reflection following training, which we anticipated would support the teams development.

Where there were clear learning needs for individual staff members, we found that these were well understood and supported. Appropriate training and development opportunities were sought to ensure all staff members are equipped to continue to meet the expectations of the supervising social worker role.

Supervision of staff generally took place on a regular basis with supervision agreements in place. There was a good balance between discussing case work priorities and staff wellbeing, with evidence of challenge and reflection.

However, staff appraisals have not been routinely used and there was no evidence of formal individual staff development plans being in place. This related to a previous area for improvement, which has not been met and will be continued. **(See Area for improvement 1)**

Areas for improvement

1. To ensure children, young people and caregivers benefit from the support of a skilled and knowledgeable staff team, the service should undertake a staff training audit and develop a robust system to ensure a management overview.

This should include but not be limited to, embedding the practice of regular staff appraisals.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children's needs and views were at the heart of planning and the quality of children's plans, as put in place at looked after child reviews, was high. It was evident that supervising social workers within the service, were actively involved in the child's planning process and that a multidisciplinary approach was taken. However, we heard that staff shortages within the children's locality teams meant that not all children had their plans reviewed in accordance with statutory timescales and carers did not always feel involved in the planning process. One carer commented, "Communication could be better and sometimes feel left out the loop a bit about plans for the children in our care".

The quality of children's experiences in relation to planning and review was therefore not consistent due to capacity issues within the wider local authority.

The fostering service has a clear plan for the introduction of individualised safer caring plans for children and young people living with caregiver families. We found that at the present time, these are not in place for every child. Some foster carers only had a general family plan in place, which does not consider the needs of individual children and young people within the household.

Safer caring plans should be underpinned by a robust assessment of need and risk and we found that this risk assessment was lacking for all children. This included where there were significant risks apparent. There was a brief tick box 'risk assessment' completed at the time of referral but this was usually not particularly detailed and was not reviewed or updated at any time after the child was placed. This is a significant gap and the service needs to address this urgently. **(See Requirement 1)**

Requirements

1. By 5 May 2024, the provider should ensure children and young people's safety, health and wellbeing to be robustly prioritised and confidently responded to by their caregivers through effective use of safer caring plans and risk assessments.

To do this the service should ensure individual safer caring plans and risk assessments are in place for all children and young people, reviewed and updated regularly.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

So that children and young people experience high quality care and support that is right for them, the service should identify and reduce drift and delay in achieving plans for permanence.

This is to ensure that care and support is consistent with the Health and Social Care Standards 1.16, 'as a child or young person needing permanent alternative care, I experience this without unnecessary delay.'

This area for improvement was made on 12 August 2019.

Action taken since then

Clear processes are in place to monitor and support progress in permanence planning for children and workers within the fostering service are doing additional pieces of work to speed up progress for specific children. However, some children are still experiencing significant drift and delay in permanence planning, so the impact of the measures in place is not consistent.

Previous area for improvement 2

Managers of the children and families teams should work together to develop a system of audit and overview of care plans and children's chronologies, in order to ensure that clear up to date information is available and understood by all professionals in the team around the child.

This is to ensure that care and support is consistent with the Health and Social Care Standards 4:17, 'If I am supported by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity.'

This area for improvement was made on 12 August 2019.

Action taken since then

Children and young people's plans were in place, which included the voice of the child and were largely SMART. We did however find some children's plans had not been reviewed within statutory timescales and when children's reviews were cancelled these were not always rescheduled within an acceptable timeframe.

Previous area for improvement 3

The service should undertake a staff training audit and develop a robust system to ensure a management overview. This will support identification of existing staff skills and also training and development needs within the team, acting to promote positive outcomes for children and young people.

This is to ensure that staffing is consistent with the Health and Social Care Standards (HSCS) which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 12 August 2019.

Action taken since then

The staff team actively participated in a wide range of training and development. Some gaps in practice knowledge had been identified by service leaders and appropriate training had been arranged to address this. However, there is no evidence of staff appraisals or any other mechanism being in place to support a consistent overview of staff skills and developmental needs and there was not always evidence of how attendance at training had been implemented in practice.

This has informed a new area for improvement around staff appraisal and identification of learning needs.

Previous area for improvement 4

The service should ensure that supervision takes place regularly and in line with their supervision policy and that written supervision agreements are in place. We would further ask that systems of staff appraisal and file audit are implemented for all members of staff.

This is to ensure that staffing is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 12 August 2019.

Action taken since then

Staff supervision agreements have been recently put in place for staff members and staff supervision appears to be happening regularly. There was an initial baseline audit of files undertaken in 2022 but this has not been continued or embedded in practice.

The outstanding area of work relating to file audit has been included as part of a new requirement addressing quality assurance.

Previous area for improvement 5

The service should ensure all relevant and key policies and procedures are updated, including adoption procedures in order to promote best practice in the adoption of children.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards (HSCS) which state: 'I receive high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 12 August 2019.

Action taken since then

Work has been undertaken to develop policies and procedures – several of these procedures have not been signed off and are still in draft form. However, as this has been updated and is in operation in the interim we consider this to be met.

However, as detailed in the report, we found that some key policies were not fully understood or being implemented well.

Previous area for improvement 6

The service should undertake the development of a robust development and improvement plan. This should highlight key priorities and how they will be addressed, by whom and when.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards (HSCS) which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 12 August 2019.

Action taken since then

We found that there were robust development plans in place, with some progress in a number of key areas. However, there continued to be several areas in which progress since the last inspection has been minimal due to the impact of management changes and the COVID pandemic.

Previous area for improvement 7

The service should ensure that quality assurance systems are robust and used effectively, in order to guarantee a shared management overview and to support the identification of areas for improvement and monitor progress in addressing these.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards (HSCS) which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 12 August 2019.

Action taken since then

There has been some progress in this area, particularly around the preparation of reports for panel and in the recording of accidents and incidents. However, overall we did not find that quality assurance mechanisms were sufficiently robust or embedded to properly support and monitor improvement. There were significant gaps in practice in several areas including statutory obligations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

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