

Highland Council Fostering Service Fostering Service

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Service provided by:
Highland Council

Service provider number:
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CS2004082042

About the service

Highland 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 throughout the Highland area to provide a range of fostering placements including permanent, long-term, interim and short break.

Inspections of an adult placement (continuing care service) and adoption service have been undertaken and separate reports have been completed.

About the inspection

This was a short notice inspection which took place between 19 February and 15 March 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 spoke with:

- Five young people using the service.
- Five caregivers and 12 at the observed support group.
- Eight staff and management.
- Three external professionals.
- Panel chair and the Agency Decision Maker.

We also reviewed survey responses from :

- 44 caregivers.
- 14 staff.
- 17 external professionals.

Key messages

Children experienced supportive, enduring relationships with caregiver families that provided them with a sense of belonging.

Caregivers valued genuine trusting relationships and we assessed that staff were skilled at supporting them.

Matching and transition planning was thoughtfully planned, implemented and recorded.

Caregivers were provided with consultations and therapeutic support from mental health specialists.

Permanency planning had improved through the provision of additional support and guidance from the team.

Improvements were required in relation to the recruitment and assessment of caregivers.

Caregivers should receive annual reviews in line with best practice and attendance at panel would support improved scrutiny and oversight from the panel.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

3 - Adequate

Overall we evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Children and young people had meaningful and affectionate relationships with their caregivers. Caregivers were empathetic, compassionate and understanding about the life experiences of children, young people and their birth families. We were confident that children were experiencing nurture and love with their needs fully met by committed caregivers.

Children and young people experienced highly personalised care provided by caregivers who understood their individual needs. We saw examples of caregivers promoting relationships with important people in the lives of looked after children to support positive identity. Children and young people had positive experiences of relationships with brothers and sisters, and we saw examples of sibling groups living together.

Children and young people were thriving and reaching age-related developmental milestones. Caregivers supported children to have fulfilling lives with high aspirations for success. Children and young people had access to a range of educational and leisure activities. Caregivers were supported to understand the impact of trauma and presenting behaviours. They could access consultations and specific therapeutic interventions from the Child and Adolescent Mental Health Service (CAMHS) team. This enabled caregivers to provide responsive support at times of difficulty, ensuring children felt understood and valued.

Child plans identified involvement and input from a range of professionals and specialists, supporting the child, their family and their placement. This contributed to holistic and comprehensive assessments to promote positive outcomes for children and young people.

The service had made strategic improvements to the provision of life story work for children, with a project plan that was being implemented. Caregivers understood the importance of life story work for children and maintaining a photographic narrative of children's life in their care.

Caregivers were being provided with and attending a range of training opportunities, however, the area for improvement made at the last inspection in relation to the provision and completion of Adult Protection training had not been met and will therefore be repeated (see area for improvement 1).

We saw clearer referral processes and matching documentation. These recorded considerations of a caregiver's ability to meet the needs of a child, in advance of a caregiving arrangement being agreed. This meant that children were kept safe, and outcomes improved.' We discussed with service the need to ensure that matching and risk assessments relating to any children and people sharing a bedroom are considered and recorded.

Safeguarding has been improved through the provision of caregiver training, new individualised safer caring documentation and the completion of unannounced visits in line with guidance.

Improved planning for children in need of permanent substitute care was evident. The service has introduced staff skilled in permanence planning as 'Permanence Champions' and Family-Based Group Decision Making, where the family is supported to identify solutions. Staff also provide permanency consultations and assist in the completion of permanence reports. Some of these are at the early stages of implementation. Despite these improvements drift and delay was still occurring for some children. The length of time to secure permanent placements and the uncertain nature of care proceedings can cause frustrations and anxieties for children and their caregiver families. Addressing drift and delays in permanency planning will form an area for improvement (see area for improvement 2).

There was evidence that prospective caregiver recruitment was negatively impacted due to staff undertaking additional tasks. Assessment times were found to be lengthy with the majority taking over 12 months to complete and therefore not meeting best practice guidance. There is a high demand for caregiver families to provide placements for children and young people and delays in the assessment processes limits this availability and potential choices. Improving assessment timescales will form an area for improvement (see area for improvement 3).

Reviewing caregiver's competencies and ability to meet the needs of children at a Panel is a statutory

requirement. We identified that a significant number of caregiver reviews had not taken place, in line with the services' policy of every two years. Best practice of annual caregiver reviews, with the legislative requirement of presentation at Panel every three years was discussed. Best practice also identifies caregivers' attendance at Panel, at these regulatory timescales. This would improve scrutiny processes and ensure the needs of children are met by their caregivers. This will form an area for improvement (see area for improvement 4).

Areas for improvement

1. To ensure that carer families are skilled and supported to care for young adults the service should develop and deliver Adult Protection training to all carer households.

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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. To support long term stability for children and young people the service should ensure that analysis of permanence practice informs continuous improvement and service development. This should include but is not limited to:

- Identifying patterns and trends in relation to permanence practice.
- Taking this learning to inform ongoing development of practice.

Ensure tracking systems in place are used to robustly monitor and evidence improved outcomes.

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

3. To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of care givers and that guidance regarding assessment timescales are adhered to.

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

4. For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration. To do this the provider should, at a minimum, ensure:

- Undertake annual reviews of all caregiver families.
- Ensure that all applicants and caregivers attend panel's and that this adheres to fostering regulation timescales.

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Since the last inspection the service had evidenced the capacity to improve.

Improved quality assurance processes were in place. These enabled some key performance indicators to be monitored and analysed and provide oversight of practice within the team. This contributed to consistency in key elements of practice which promoted children's safety and wellbeing.

We assess there was now a more consistent overview of key processes, such as caregiver checks, caregiver reviews, unannounced visits and safer caring plans. We noted some of quality assurance processes were not up to date and urged attention to this detail to safeguard children and caregivers', and the continued progress of improvement planning.

The requirement from the last inspection relating to the monitoring, reporting and analysis of serious incidents had not been met. Several significant incidents and allegations had not been submitted as notifications to the Care Inspectorate. We were however satisfied that child protection procedures had been followed when allegations of abuse were made. The requirement relating to notifications to the Care Inspectorate will be repeated (see requirement 1).

The service has an experienced panel chair and panel membership was diverse. Caregivers do not at present attend their panel reviews and therefore we were unclear on the independence and scrutiny oversight of carer reviews. Key Question 1 addresses this issue which includes an identified area for improvement.

Panel members have access to a range of learning and development opportunities, however, they were not being supported through annual appraisal. This will form an area for improvement (see area for improvement 1).

Requirements

1. By 31 May 2024, the provider must ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us of all incidents, accidents and allegations of abuse against foster carers in accordance with this guidance.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: 'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. The service should ensure that panel members are provided with regular opportunities for support and that annual appraisals are undertaken.

This is to ensure that practice 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).

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. There were major strengths in supporting positive outcomes for people.

Staff viewed improvements implemented since the last inspection positively. Their practice, observed through tracked cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards. All staff were appropriately registered with the Scottish Social Service Council.

Staff displayed passion for their area of practice and had worked hard to build genuine and trusting relationships with caregivers. Consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Staff appreciated the level of support they received from their visible management team. They received monthly formal supervision in addition to a high level of informal supervision. Monthly team meetings provided staff with an additional reflective space for case discussion and consideration and prioritisation of key tasks.

Staff had access to a new staff appraisal system, introduced after the last inspection. This supported a joint review of progress, and for staff to identify their professional learning and developmental needs. Staff were involved in developing and delivering training sessions to caregivers. An improved range and schedule of internal and external learning and development opportunities had been implemented.

We identified that many policies and procedures had not been reviewed for several years and heard this need had been identified by the management team. Greater clarity from updated policies and procedures will increase staff knowledge, skills and confidence in their role and provide consistency in approach to practice.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were several important strengths which, taken together, clearly outweigh areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

Children were leading positive, healthy, enjoyable and meaningful lives through the implementation of good quality planning. Safer caring plans were in place for all children and young people. These were detailed and individualised to reduce potential risks for everyone in the caregiver household.

Supervising social workers provided progress reports to Care Plan meetings. Children's plans identified

involvement and input from a range of professionals supporting the child and their caregiver family. Care Planning meetings were taking place regularly and in line with timescales. This contributed to comprehensive assessments which promoted positive outcomes for children.

The voice of young people was evidenced through their contributions to their care plans with their voices being seen within assessments and minutes. Formal advocacy was used where required. We asked the service to strengthen their efforts to have the views of young people sought and shared for care giver reviews.

Children and young people's wellbeing was improved through improved assessment and matching of the admission of children and young people to a family.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 December 2022, the provider should ensure children and fostering families are included in discussions related to safer caring. To do this the provider must, at a minimum, ensure:

- The service should review its implementation of safer caring plans.
- The service should review formats of documentation and improving guidance to staff on how to engage children and fostering families in safer caring plans.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6)

This requirement was made on 9 December 2022.

Action taken on previous requirement

The service have implemented new individualised safer caring documentation for all children and young people. Carer training has been updated and provided to carers.

Met - within timescales

Requirement 2

By 31 December 2022, the provider must 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. To do this the provider must as a minimum:

- Have clear a clear referral process which outlines the needs of children needing alternative care from fostering families.
- Identify carer strengths and vulnerabilities in relation to meeting the needs of a specific child and outlining any additional support required to ensure that children's needs are fully met.
- Ensure planning meetings take place when children join fostering families to review children's needs.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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)

This requirement was made on 9 December 2022.

Action taken on previous requirement

Improved referral and matching processes were seen and we are confident 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.

Met - within timescales

Requirement 3

By 31 December 2022, the provider must improve the quality of permanence planning for children to promote stability in children's lives. To do this the provider must as a minimum:

- Ensure robust tracking arrangements are in place for children at all stages of their care journey and that drift and delay is addressed at each stage of the process.
- Ensure a robust approach is taken to family finding when children are identified as needing permanent care to ensure that their care needs can met by the right fostering/adoptive family.
- Ensure that clear systems are in place to monitor outcomes for children in need of permanent substitute care. Matching and transition documentation is comprehensive - CGs reviews and Children planning meetings.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1.16)

This requirement was made on 9 December 2022.

Action taken on previous requirement

Permanence outcomes had improved but drift and delay was still occurring for some children. The service needs to evidence how improvements in tracking can identify themes to drive further service development and this will form an area for improvement in this inspection.

Met - within timescales

Requirement 4

By 31 December 2022, the provider must ensure that robust quality assurance processes are in place to monitor key areas of performance within fostering regulations with monitoring and review to identify areas of continuous improvement: To do this, the provider must as a minimum ensure:

- Undertake foster care agreements in line with best practice guidance and statutory requirements.
- Ensure systems are in place for identification and panel review of foster carers and dual registered prospective adopters.
- Ensure that the safety of children and young people is improved through unannounced visits.
- Individual safer caring plans are developed and reviewed regularly in response to changing need.
- Unannounced visits take place within required timescales.
- Full carers checks are monitored and kept up to date.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 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)

This requirement was made on 9 December 2022.

Action taken on previous requirement

We could see that quality assurance processes had improved and there were now trackers in place to monitor key processes.

Met - within timescales

Requirement 5

By 31 December 2022, the provider must ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us of all incidents, accidents and allegations of abuse against foster carers in accordance with this guidance.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: 'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (3.20); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

This requirement was made on 9 December 2022.

Action taken on previous requirement

We were not assured that this requirement had been met and therefore it will be repeated with a new timescale of 31 May 2024.

Not met

Requirement 6

By 31 December 2022, the provider should ensure that care planning documentation for children and young people takes a SMART approach (specific, measurable, achievable, relevant and time-bound). To do this the provider must, at a minimum, ensure:

- Assessed needs are accompanied with detailed action points.
- Professional involvement to support progression of action points is clearly recorded.
- Delay and drift in progressing action points are addressed and recorded.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 9 December 2022.

Action taken on previous requirement

We saw improvements in care planning documentation for most young people we case tracked and were assured that improvements were being progressed.

Met - within timescales

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

To ensure that carer families are skilled and supported to care for young adults the service should develop and deliver Adult Protection training to all carer households.

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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'.

This area for improvement was made on 9 December 2022.

Action taken since then

We saw insufficient provision and attendance of Adult Protection training. This area for improvement will be repeated.

Previous area for improvement 2

To ensure all children have a clear understanding of their past the provider should improve its approach to life story work. This should include but is not limited to, implementing a consistent approach to gathering and storing important life story information and providing specific training to staff and carers about how life story work should be approached.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.' (HSCS, 1.29)

This area for improvement was made on 9 December 2022.

Action taken since then

We saw that progress has been made in relation to the approach to life story work and are assured that improvements will continue.

Previous area for improvement 3

To ensure children and young people have opportunities and benefit from participation in decision that affect them, the provider must evidence of support provided to children and young people to express their views, attend meetings and understand how their needs will be met through care planning processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17) and 'my human rights are central to the organisations that support and care for me' (HSCS 4.1).

This area for improvement was made on 9 December 2022.

Action taken since then

We saw improved evidence of participation of children and young people in decisions that affect them. Children and young people's views are now better evidenced in care planning documentation.

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?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very 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	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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