

# Fostering Service - Stornoway Fostering Service

Social Work Department  
Sandwick Road  
Stornoway  
HS1 2BW

Telephone: 01851 822 748

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
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**Service provided by:**  
Comhairle Nan Eilean Siar

**Service provider number:**  
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## About the service

Fostering Service - Stornoway is a local authority fostering agency. The service recruits and supports foster carers to provide care for children and young people who cannot live within their birth family. The service is located in Stornoway, with fostering families located throughout the Western Isles.

The service is delivered by a manager and a supervising social worker, who work across the fostering, continuing care and adoption services. Inspections of the three services were undertaken at the same time. Separate reports are available for each of the services.

As the findings of this inspection are based on a sample of children and young people, inspectors cannot assure the quality of experience for every service user.

## About the inspection

This was a short notice announced inspection which took place between 22 April 2024 and 16 May 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 seven foster carers
- spoke with two members of staff and management
- spoke with five external professionals
- spoke to an independent panel chair and Agency Decision Maker
- reviewed documentation
- reviewed survey responses from foster carers, staff, external professionals, and young people.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

## Key messages

- Children and young people benefitted from loving and enduring relationships with their caregivers.
- Caregivers went to significant effort to promote important relationships with birth families.
- Children's sense of identity and security was negatively impacted due to significant drift and delay in planning and a lack of life story work.
- There was limited structured support for fostering families, with support primarily being delivered in response to crisis. Improvements in relation to carer visits, supervision and reviews were needed.
- Insufficient priority was given to caregiver's learning and development needs.
- Quality assurance by external management and a clear development plan must be developed to drive improvement and ensure good practice.
- Children, young people and caregivers' voices should be strengthened in relation to care planning.
- The service needs to improve its assessment and oversight of risk and safer caring within fostering households.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

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

## How well do we support people's wellbeing?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children and young people had meaningful and affectionate relationships within fostering families. Children and young people were valued as individuals, and caregivers tailored care to meet their needs and preferences. Children and young people were included in family life and had a sense of membership within their fostering family.

Caregivers had positive relationships with staff within the service, and appreciated their skills, responsiveness and caring approach. One caregiver told us, "...They always strive to get the best outcomes for the children and are always available to support". Despite this, there was a lack of planned or continual support to fostering families to promote reflective practice. Visits to some fostering households were very infrequent and there was no consistent approach to the supervision of caregivers. This meant that the service did not have clear oversight of need and risk within fostering households, which had the potential to impact on people's safety. As a result, a requirement has been made. (See requirement 1).

Children and young people's views were respected within fostering households. Caregivers were powerful advocates for children and young people and challenged discrimination. Some children and young people had involvement from local advocacy services, however improvements could be made to strengthen links with services. Language used within the service did not always reflect a dignified and rights-based approach to children and young people's care. Improvements are needed to ensure those using the service feel respected and empowered. (See area for improvement 1).

Caregivers and the wider service went to significant effort to ensure children and young people had meaningful relationships with members of their birth family. This included supporting placements for brothers and sisters together. Where this had not been possible, ongoing relationships were promoted and valued. Children and young people were helped to develop a sense of family identity and belonging through these relationships.

Short breaks were encouraged within caregivers' own family, helping children and young people feel part of an extended network of support. The absence of planned short breaks had impacted on the wellbeing of some caregivers. This had potential to place strain on foster placements, something the service should consider as part of improvement planning.

Children and young people were active members of their local community and took part in many clubs and activities. Caregivers worked collaboratively with schools to help children and young people to meet their potential in relation to education. Education plans were individualised and subject to regular review. Overall, children and young people were achieving well and learning skills to help their ongoing development.

A therapeutic approach to care was promoted within the service. However, this was not consolidated through regular learning and development opportunities for caregivers. The expectations for caregivers' training were unclear, there was no plan for future training, and some caregivers had not attended training for many years. This included vital training on protection issues and safer caring. We were concerned about the potential for care to not reflect best practice and have made a requirement. (See requirement 2).

Children and young people's health needs were well promoted by caregivers, and children had involvement from a range of health services. We were however concerned about children and young people's emotional wellbeing due to drift and delay in decision-making and a lack of SMART (Specific, Measurable, Achievable, Realistic, and Timebound) planning. Some children and young people remained within fostering families for a prolonged period, without having clarity on their permanent care. There were no clear plans to address this within the authority, and a requirement has been made due to the detrimental impact this is likely to have on children and young people's wellbeing. (See requirement 3).

Life story work was not delivered when this was identified as an area of need to support children and young people. Improvements are required to support children and young people to develop a strong sense of identity. (See area for improvement 2).

Assessments carried out by the service evidenced the caregivers' capacity to meet the needs of children and young people. When permanence was identified, the fostering service progressed assessments in a timely way. An inconsistent approach to matching meant that not all placements were subject to sufficient consideration and rigour. Caregivers' needs were not explored within matching documentation, and there was no clear plan for reviewing placements that went over a caregivers' approval. This had the potential to impact on stability for children and young people and we have made an area for improvement. (See area for improvement 3).

## Requirements

1. By 31st July 2024, to ensure a consistent approach to supporting caregivers and ensure comprehensive oversight of needs and risks within fostering households, the Provider must at a minimum:

- a) Develop a policy for minimum frequency of visits to fostering households.
- b) Ensure caregivers have high-quality, regular, and recorded supervision.
- c) Ensure unannounced visits are completed to comply with relevant guidance.

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).

2. By 31st October 2024, to ensure the safety and wellbeing of children and young people, the Provider must carry out an assessment of caregivers' training needs and develop a training plan with timescales to ensure that caregivers' learning and development needs are met. At a minimum, the Provider must:

- a) Clarify the expectations of caregivers in relation to mandatory training.
- b) Provide training to all caregivers in relation to protection issues and safer caring.
- c) Provide training specific to individual caregivers' needs, as identified in the training needs assessment.
- c) Ensure tracking of caregivers' training and learning and development.
- d) Ensure supervision and review documentation records caregivers' learning and development needs.

This is to comply with Regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards which state that: "I am protected from harm abuse, neglect, bullying and exploitation by people who have a

clear understanding of their responsibilities" (HSCS 3.20), and "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 3.24).

3. By 31st October 2024, to improve children and young people's permanent futures, the Provider must at a minimum:

a) 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.

b) Ensure children and young people have SMART (Specific, Measurable, Achievable, Relevant, Timebound) plans in place which drive planning for their future care.

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).

## Areas for improvement

1. To ensure the dignity and respect of children and young people, the service should ensure language is respectful and reflective of a rights-based approach to care and support. The service should review and adapt all relevant documentation, ensuring it is reflective of The Promise and the Health and Social Care Standards.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation" (HSCS 1.1), and "I experience high-quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

2. To ensure children and young people have a clear understanding of their past and are supported to develop a strong sense of identity, the service should improve its approach to life story work. This should include, but not be limited to:

a) Providing life story work to children and young people where this has been assessed as being in their best interests.

b) Provide training to staff and caregivers on supporting life story work.

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).

3. To ensure that decisions are strongly informed by the matching of the needs of the caregiver with the needs of the child or young person, the service should improve its approach to matching. To do this, the service should at a minimum:

a) Develop a referral and matching process for children and young people requiring care from the service. This should include a record of caregivers' strengths and vulnerabilities, and any additional support or training required to meet the child or young person's needs.

b) Any caregiver going over approval should have this highlighted within matching documentation, and have the arrangement reviewed at panel in line with relevant guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am supported and cared for sensitively by people who anticipate issues and are aware of any known vulnerability or frailty" (HSCS 3.18).

## How good is our leadership?

**2 - Weak**

We have made an evaluation of weak for this key question as the strengths identified were outweighed by significant weaknesses. The areas of weakness require necessary action for improvement, therefore requirements have been made.

Senior leaders did not have sufficient oversight of the service to drive improvements. The service had no statement of its aims and objectives. Policies and procedures were outdated and did not reflect the Promise or Health and Social Care Standards. The service did not have an improvement plan and lacked vision for how it would ensure a high standard of care for caregivers, children and young people. As a result, we had little confidence in the service's capacity to drive change. (See requirement 1).

The service had not carried out self-evaluation activity to feed into improvement planning. Caregivers were asked for their views in line with carer reviews and felt listened to by staff within the service. However, they did not have confidence in senior leaders making improvements. One caregiver told us, "Things get bounced back and then it doesn't go any further", and another told us, "There's a lot of empathy but then no strength in decision-making". Caregivers also told us they were not kept updated with changes in the wider service. We were concerned by the low morale among some caregivers, which had potential to impact on the retention of experienced caregivers, and recruitment of new caregivers. (See again requirement 1).

A lack of quality assurance within the service meant that key areas of work were not always carried out. Panel reviews were not held in circumstances where they should have legally taken place. This included for caregivers' first year reviews and for those caregivers dual approved as adopters. Senior leaders had no oversight of this, making them less effective in providing additional safeguards and assurances. This had potential to impact on the quality of care being provided to children and young people, and a further requirement has been made. (See requirement 2).

Robust approval processes were in place for applicants who wished to become caregiver families. Observations and scrutiny of documents assured us that the fostering and adoption panel worked effectively in providing sufficient guidance and challenge to the service. We were however concerned that no panel had been set up to support caregivers to become continuing care caregivers for young people after they turned 18. This had potential to impact on planning for young people at an important part of their lives.

Panel members did not have adequate support, appraisal, or learning opportunities to help guide their practice. Panel member recruitment had also been an area of challenge, contributing to difficulties in arranging panel when required. (See requirement 3).

## Requirements

1. By 31st October 2024, to ensure a clear commitment to continuous improvement, the Provider must at a minimum:

- a) Set out its aims and objectives.
- b) Develop an improvement plan with clear actions and timescales.
- c) Use self-evaluation, including the views of caregivers, children, and young people using the service, to inform and guide these documents.

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 (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 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).

2. By 31st July 2024, the Provider must develop quality assurance systems to ensure compliance with relevant guidance and legislation, and to promote best practice. This should include, but is not limited to:

- a) Developing tracking systems regarding key areas of work. This should include, but not be limited to: carer supervision; unannounced visits; background checks; health and safety checks.
- b) Ensuring caregiver reviews take place within statutory timeframes, including for caregivers dual approved as foster carers and adopters.

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).

3. By 31st October 2024, to ensure the Panel is sufficiently able to provide timely and robust recommendations, which are based upon best practice, the Provider must at a minimum:

- a) Ensure there is a suitably skilled and trained panel to support the assessment and review of caregivers of young people receiving continuing care.
- b) Demonstrate efforts to recruit new panel members.
- c) Provide support and appraisals to panel members.
- d) Provide learning and development opportunities to all panel members.

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 have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisation codes" (HSCS 3.14).

## How good is our staff team?

### 2 - Weak

Whilst there were some strengths in relation to this key question, these were compromised by significant weaknesses which impacted on service delivery. We have therefore evaluated this key question as weak and made a requirement.

Staff within the service were skilled and experienced, which helped them build trusting relationships with caregivers. Staff had access to training and were part of national practice forums. However, the capacity for staff to provide effective interventions to families was limited. The lack of resilience within the service meant that support was continually driven by crisis scenarios or time-specific pieces of work. The wider needs of people being supported by the service were not prioritised. We were concerned that staffing arrangements did not fully reflect the needs of the service. (See requirement 1).

Whilst caregiver families felt staff were responsive towards them, caregivers often carried the responsibility for getting in touch to ask for support. The lack of regular supervision of caregivers compromised the service's assessment of need and risk within fostering households. Important pieces of work, including the assessment of new caregivers, had been delayed. The lack of provision for regular and planned support for those using the service was unsafe and compromised the quality of care being received. (See again requirement 1).

Senior leaders were not aware of the limitations in service delivery due to a lack of oversight of the service. There was no evidence of regular and meaningful communication between the fostering service and senior leaders. Staff supervision and team meetings did not routinely take place. We were concerned that ineffective communication compromised the delivery of high-quality care and support for children, young people, and caregivers and increased the risk of poor outcomes. (See again requirement 1).

1. By 31st October 2024, the Provider must ensure there are adequate numbers of skilled staff equipped to carry out all tasks, responsibilities, and improvement work associated with the service. Staff should be adequately supervised to ensure any gaps in service delivery are identified and actioned. To do this, the provider must, as a minimum:

a) Ensure there are sufficient numbers of suitably skilled and qualified staff working in the service through undertaking a staffing needs assessment.

b) Ensure that formal and recorded supervision of all staff takes place in a timely manner and occurs in line with the provider's policy, for all staff, including leaders.

This is to comply with Regulation 7 of The Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "People have time to support and care for me and to speak with me" (HSCS 3.15), and "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 3.24).

## How well is our care and support planned?

2 - Weak

We evaluated this key question as weak. There were some important strengths, however these were outweighed by significant weaknesses.

Children and young people had plans that were subject to multi-agency review. Children and young people's plans were however not SMART, and decision-making was subject to drift and delay (see key question 1, requirement 3). Staff from within the service advocated to help progress planning, and this had included taking on elements of the role of locality social worker. However, for some children and young people, it had still taken several years for permanence decisions to be made, impacting on their sense of belonging, emotional wellbeing and opportunities for permanence.

Children and young people were supported by their caregivers to express their views and preferences in relation to their care and support. However, their voices could be strengthened in relation to assessment and planning. Documentation did not promote participation, and children did not always know about their plans. A caregiver told us, "There's nobody advocating for the child at all. Child's voice isn't heard". Despite the use of advocacy in some cases, we were not confident that children and young people were empowered to be key drivers in planning their care and support, and an area for improvement has been made. (See area for Improvement 1).

Caregivers were involved in multi-agency planning, however they were not always valued as important contributors to children's plans. Caregivers and staff from the fostering service did not routinely submit reports for care reviews and we identified circumstances where caregivers' views had not been fully represented. Improvements should be made to ensure that information held by staff from within the fostering service and caregivers is given priority with regards to assessment and planning. (See area for Improvement 1).

There was insufficient assessment of risk within fostering households. We saw no evidence of individualised safer caring policies. A generic approach was taken to risk, through having family policies. These were not reflective of children and young people's individual needs. Caregivers had not received any recent training on safer caring and were unclear of the expectations of them in this regard. Risk assessments were also not undertaken, leading to there being no comprehensive way to review risk and need within households. This practice had the potential to compromise children, young people, and caregivers' safety and a requirement has been made for the service to address this urgently. (See requirement 1).

## Requirements

1. By 31st July 2024 to ensure children, young people and caregivers' health, safety and wellbeing is robustly prioritised and responded to, the Provider must ensure individual safer caring plans and risk assessments are in place for all children and young people. These should be regularly reviewed and updated.

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 am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

### Areas for improvement

1. To ensure children, young people and caregivers' voices are central to assessment and planning, the service should at a minimum:

- a) Ensure children and young people are aware of their plans and are supported to be part of reviews, as determined appropriate.
- b) Ensure children and young people's views and preferences are sought and contained meaningfully within assessments and reviews of their own needs.
- c) Ensure children and young people's views and preferences are sought and represented in assessments and reviews of their caregivers.
- d) Ensure caregivers are supported to provide their views and information on children and young people's needs to multi-agency reviews.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am recognised as an expert in my own experiences, needs and wishes" (HSCS 1.9) and, "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8).

## 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

The service should prioritise the recruitment of more foster carers so that children are placed with foster carers who can best meet their needs.

**This area for improvement was made on 31 January 2019.**

#### Action taken since then

There has been progress in carer recruitment, with new short-break carers approved since the last inspection, who can provide interim care in the future. There continues to be a need for carer recruitment in some geographical areas, which the service is trying to address. Given the progress that has been made, we would consider this to be 'met', however with ongoing work on recruitment to ensure the availability of carers in the right geographical areas.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	2 - Weak
1.2 Children, young people and adults get the most out of life	2 - Weak
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	3 - Adequate
1.4 Children, young people, adults and their caregiver families get the service that is right for them	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	2 - Weak

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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