

Family Connections Team (Fostering) Fostering Service

Child Care Services
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Type of inspection:
Announced (short notice)

Completed on:
11 October 2024

Service provided by:
Clackmannanshire Council

Service provider number:
SP2003002713

Service no:
CS2004084406

About the service

The Family Connections Team (Fostering) is a fostering service that recruits and supports carers in the Clackmannanshire local authority area.

About the inspection

This was a short notice which took place between 23 September and 11 October 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. We also received information as part of pre-inspection surveys completed by carers, staff and external professionals.

In making our evaluations of the service we spoke with 12 carers, spoke with six staff and management observed practice panel, reviewed documents and spoke with two external professionals.

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.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

Key messages

- Children and young people experienced enduring loving relationships within caregiver families.
- Caregiver families were well supported and relationships with the service had improved.
- Caregiver families had access to a range of appropriate training opportunities.
- Positive educational outcomes were well supported within the local authority area.
- Children and young people were supported to engage in their care planning.
- The service should continue to evaluate outcomes for children and young people in need of permanent alternative care.

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 well is our care and support planned?	5 - Very Good

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/people and clearly outweighed areas for improvement.

Children and young people benefitted from meaningful, affectionate and secure relationships with their caregiver families. Children living with caregiver families were experiencing improved outcomes as a result of the care and support they received.

Caregiver families generally felt well supported by the service. A continued emphasis on consultation and engagement helped caregiver families to feel valued. One carer told us "The service are working hard to ensure everyone is supported, everyone is heard and to ensure we all feel part of the "family".

Caregiver families engaged positively with support groups and a range of social events were arranged that carers and children could attend. This helped to build a sense of community and build relationships between carers. Formal consultation with carers also took place via a fostering Annual General Meeting (AGM). This promoted participation for caregiver families in service improvement. Carers felt that at times action points arising from consultation could be communicated more clearly to further improve participation.

Staff turnover and staff absence had impacted the continuity of support for some carers since the last inspection, one carer told us "Short-staffing means there are periods when I have no supervising social worker, but when I do have one, they are very supportive".

Children and young people had access to external advocacy to ensure their views were heard in relation to care planning. The service also had a clear participation strategy for care experienced young people and had undertaken work to reframe the language of care in line with The Promise.

Children and young people experienced highly personalised care and support from caregiver families who understood their needs. Carers demonstrated a knowledge of the impact of trauma on children and young people and were attuned to their needs. Children and young people had opportunities to engage in community activities and they enjoyed holidays with their caregiver families.

Children and young people in need of short breaks received continuity of support and carers were able to use their family networks for support to provide an extended family experience.

Caregiver families worked well with important people in children's lives. We saw examples of carers working collaboratively with birth parents and a promotion of sibling relationships. Tracking of sibling relationships took place centrally to ensure that family links were maintained.

A strong focus on educational attainment within the authority remains a key strength for the service. Educational outcomes were promoted through the Virtual Headteachers who champion the needs of care experienced children across the local authority area. The educational psychology service was also involved in supporting positive outcomes for children through provision of assessment, consultancy and carer training.

Caregiver families had access to a range of training to support them in their role. Mandatory training expectations were clear and a training calendar was in place outlining a range of learning opportunities available. Carers personal development plans were regularly discussed with supervising social workers and at panel. A positive culture for learning existed in the service and carers were motivated to engage which helped to support positive outcomes for children and young people.

Caregiver families had access to training in relation to safeguarding and child protection which formed part of mandatory requirements. External training on online safety had also been provided to carers to enhance their knowledge and ability to identify potential risks. Carer chronologies were used consistently and were updated regularly which helped the service to maintain an overview of key events for caregiver families.

A plan is in place to implement a model of trauma informed, relationship-based practice but this is not yet embedded. The service should continue its developments in this area.

Children and young people experienced positive health outcomes as a result of the care they received. Children and young people's health needs were comprehensively assessed, and we saw examples of mental health needs being met through specialist interventions from Child and Adolescent Mental Health Services (CAMHS).

Children and young people's life story was promoted through the use of a new app to capture important memories of life events which was being used by carers in the service. A worker trained in therapeutic life story work was also available to undertake specific pieces of individual work with children and young people. A worker in the team had also been trained in therapeutic interventions which enhanced the support available to caregiver families.

A new matching process had improved the quality of assessment when children and young people joined caregiver families. The service continues to monitor outcomes for children in caregiver families with the aim of increasing stability of care arrangements.

Children and young people had the opportunity to express their views in relation to carer reviews. The service is exploring how this feedback can be incorporated in to a digital platform used to gather views for children's reviews to enhance levels of participation.

The role of the supervising social worker in relation to permanence planning had been clearly defined and new procedures in relation to managing transitions were in place which improved the consistency of practice when children were in need of permanent substitute care.

At the last inspection progress had been made in relation to permanence planning through a Resource Allocation group and tracking systems to review the progress of assessments for children living with caregiver families. These tracking systems were under review at the time of inspection and we were not able to evidence progress in relation to improved permanence outcomes for children and young people. The area for improvement at the last inspection in relation to permanence planning will be continued (see area for improvement 1).

Areas for improvement

1. To improve permanence outcomes the provide should ensure that analysis of permanence practice informs continuous improvement and service development.

This should include but is not limited to:

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

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).

How well is our care and support planned?

5 - Very Good

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

Children and young people were able to express their views in relation to care planning. Meetings were conducted in a child friendly manner and children and young people had the opportunity to express their views using digital technology. Access to independent advocacy further supported the ability of children and young people to participate in care planning.

Children and young people were included in reviews of caregiver families and the service was exploring implementing the use of digital technology to support this.

Children and young people experienced an individualised approach to safer caring which ensured their needs were met in caregiver families. Individualised safer caring plans and risk assessments were in place and these were regularly reviewed.

Staff from the Family Connections Team worked collaboratively with children and families social workers to support care planning. They attended meetings, undertook joint visits and understood their role in supporting positive outcomes.

The service has undertaken work to review the language of care in conjunction with care experienced young people from the "Oor Clacks voices" group. This has led to a new policy on language to ensure that social workers write in way that is non judgemental, easy to understand, transparent and that culture and values align within the organisation.

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 carers have up to date knowledge to support them in their caring role the service should improve carer's engagement in core training.

This should include but is not limited to:

- a) Ensuring management oversight of access to core training
- b) Developing a consistent model of practice to inform carer training needs.

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

This area for improvement was made on 13 October 2023.

Action taken since then

- Core training calendar in place providing a range of training from in house, online and external.
- Carers access to Clacks academy e learning platform for mandatory modules which have been clearly defined.
- Service maintaining overview of training and this is monitored in supervision and at panel.
- Plan to develop readiness for care (building on readiness for education model) to enhance relationship based/trauma informed model of care.

Area for improvement has been met.

Previous area for improvement 2

To improve the quality of life story work for children and young people the service should develop a clear implementation plan to improve practice.

This should include but is not limited to:

- a) Planning how therapeutic life story work will be utilised within the service
- b) A clear plan for implementing use of technological solutions for storage of photos/videos of children and young people which helps to form their life story.

This is to ensure that practice is consistent with the Health and Social Care Standards 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 and neglect" (HSCS, 1.29).

This area for improvement was made on 13 October 2023.

Action taken since then

- Worker trained in therapeutic life story work and plan in place for this to be utilised by the service.
- Life story app being used to support carers to record important information.

Area for improvement has been met.

Previous area for improvement 3

To improve permanence outcomes the provide should ensure that analysis of permanence practice informs continuous improvement and service development.

This should include but is not limited to:

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

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).

This area for improvement was made on 13 October 2023.

Action taken since then

Permanence tracker under review at time of inspection. Service unable to evidence how analysis of permanence outcomes informed improvement activity.

This area for improvement has not been met and will be repeated.

Previous area for improvement 4

To ensure transitions for children are well managed the service should review it's practice. This should include but is not limited to:

- a) Reviewing how transitions are planned and managed.
- b) Ensuring that transitions follow best practice principles.

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).

This area for improvement was made on 13 October 2023.

Action taken since then

New guidance in place in relation to transitions and the Family Connections team role in planning for children in need of permanent alternative care.

This area for improvement has been met.

Previous area for improvement 5

To promote positive outcomes for children, the service should ensure that staff have the skills and knowledge required to practice effectively.

This should include but is not limited to:

- a) Devising a training strategy for staff, including individualised training plans.
- b) Clarifying the role of the family placement team in promoting positive outcomes for children in need of permanent substitute care.

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 good practice" (HSCS 4.11).

This area for improvement was made on 13 October 2023.

Action taken since then

- Staff have annual appraisal and PDPs. Constructive conversations used to review progress.
- Training available to staff, Readiness to Care will further enhance training available.

This area for improvement has been met.

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 well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	5 - Very Good

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