

Scottish Borders Council Fostering Service Fostering Service

Family Placement Team
Integrated Children's Services
Scottish Borders Council, Paton Street
Galashiels
TD1 3AS

Telephone: 01896 662 799

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Service provided by:
Scottish Borders Council

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About the service

Scottish Borders Council Fostering Service 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 Galashiels, with fostering families living throughout the Scottish Borders.

The service, known as the family placement team, is delivered by a manager, two senior social workers, and a team of supervising social workers and resource workers. Staff worked 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 October 2024 and 14 November 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 fostering families, and met with three children living within fostering families
- spoke with 12 members of staff and management
- spoke with two external professionals
- spoke to the independent panel chair and the Agency Decision Maker
- attended a foster carer support group and a fostering panel
- reviewed documentation
- reviewed survey responses from 16 foster carers, 11 external professionals, eight members of staff and seven 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.

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 benefitted from compassionate care and strong relationships with their caregivers.
- Caregivers were well supported by staff, and staff had valued input into planning for children and young people.
- Health and educational outcomes were very positive.
- Time with birth family was well promoted and supported by caregivers and the service.
- Further improvements are needed to ensure transitions into foster care are subject to robust matching considerations.
- The values and ethos of the service require greater clarification, and policies and procedures require updating.
- Improvements are required to the fostering panel to ensure robust decision-making.
- There was insufficient oversight of risk 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?	3 - Adequate
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?

3 - Adequate

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

Children and young people experienced meaningful and affectionate relationships with their caregiver families. Caregivers ensured children and young people's needs were met and supported them to develop a clear sense of membership within their fostering family.

Caregivers were well supported by staff from the service. Caregivers received regular supervision which helped them to work through challenges and develop reflective practice. Staff were responsive and invested in developing meaningful relationships with caregivers. One caregiver told us, "Everyone is absolutely brilliant when I need support or ask questions", and another told us "The family placement team are brilliant at working with you and listening to what to have to say...". Staffing pressures meant some caregivers had experienced a number of changes of supervising social worker in recent years, however the team were now fully staffed, enabling greater consistency. Caregivers had confidence in their support.

Caregivers and the service respected children and young people's rights and wishes. Caregivers advocated passionately to ensure children and young people's needs were met. There was access to independent advocacy and a Champions Board, which helped to drive improvements across the local authority in relation to the Promise. Children and young people received helpful information about the service when they moved into foster care, and also received regular child-friendly newsletters. Children and young people were valued and had their rights protected.

There were strong networks of support for children and young people, and they regularly saw people who were important to them. Short breaks were encouraged within caregivers' own family, helping children and young people feel part of an extended network of support. Caregivers promoted children and young people's time with birth family where appropriate. Where brothers and sisters were not living together, they were supported to have meaningful relationships, with caregivers going to significant effort to make time spent together special. Children and young people were supported to develop a clear sense of family identity and belonging.

Children and young people were well engaged in their local communities and took part in activities that promoted their skills and confidence. Educational outcomes were very positive, with caregivers working collaboratively with schools to help people to achieve. Positive outcomes were supported by Virtual Headteachers and collaboration between the Champions Board and schools. Successes were celebrated in the newsletter and at an awards ceremony. The service held high aspirations for children and young people, helping them to reach their potential.

Caregivers had access to training which helped them to meet children and young people's needs. Solihull training and trauma skilled practice training helped to develop a therapeutic approach to care. Caregivers had also accessed specialised training to meet the needs of individuals in their care. Records of caregiver training were however not clear and mandatory training requirements needed clarification to ensure learning and development needs were prioritised (see KQ 2, requirement 1).

Children in caregiver families were kept safe, and clear child protection procedures were followed when incidents arose. The service should however improve the recording and documentation of these incidents and ensure that they are appropriately notified to the Care Inspectorate. An area for improvement from the previous inspection has been repeated as this was not met (area for improvement 1).

Children and young people had positive health outcomes, with their needs comprehensively assessed when they moved into a fostering household. Children received support from mental health services where this had been assessed as being required. Caregivers valued the importance of life story information and helped to collate important memories for children and young people. Some staff had been trained in therapeutic interventions including Theraplay. Play therapy and other therapeutic services were available locally, and many children and young people were engaged with these supports. Caregivers worked alongside other agencies to ensure children and young people had the support they needed to thrive.

Caregivers were comprehensively prepared and assessed by the service. Reviews took place regularly and considered well the strengths and vulnerabilities for caregiver families. The consistent use of chronologies would further improve assessment practice. Foster carer recruitment had been delayed due to staffing pressures, however this was now being addressed. The matching of children and young people to fostering households continued to lack the necessary considerations, or clear process for when caregivers went over their approval. The requirement made at the last inspection has been repeated, due to the continued potential for poor outcomes (requirement 1).

Improvement work in relation to permanence outcomes had been undertaken since the last inspection, with the family placement team having a more proactive role in supporting planning for children when they were identified as in need of permanent substitute care. Training had been provided across the children and families department and a permanence action plan had been implemented. There was however still significant drift and delay for children and young people, which impacted on their wellbeing, as well as foster carer morale. The service should continue to monitor permanence outcomes as part of ongoing improvement work.

Requirements

1. By 28 February 2025, the provider must ensure that there is clear identification that the fostering family has the capacity to meet the needs of the child. To do this the provider must, at a minimum, ensure:

- a) There is a clear referral process which outlines the needs to children needing alternative care.
- b) The strengths and vulnerabilities of carers in relation to meeting the needs of individual children are clearly identified.
- c) Any carers going over approval are returned to panel for discussion within a short period of time.

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 supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18). (1.4).

Areas for improvement

1. To ensure a robust and consistent approach to all child welfare concerns, the service should ensure that all incidents and accidents are appropriately recorded and notified to the Care Inspectorate, including any allegations of abuse against foster carers.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate' and in order to comply with SSI 2011/28 Regulation 4(1)(b). (1.2).

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question, where strengths only just outweighed weaknesses.

There were established systems in place to monitor aspects of service delivery. Quality assurance reports were undertaken at department level, and by the family placement team. Case files audits also took place. Quality assurance enabled leaders to have a clear oversight of the work of the service, however improved recording and greater attention to detail (see again KQ 1, AFI 1) would make this more meaningful to promoting positive outcomes for people using the service.

The panel provided an important role in assuring that the approval and review of foster carers and adopters was carried out comprehensively. Panel benefitted from having an independent chair and experienced panel members, including a care experienced panel member. However, there were no independent panel members on the fostering panel to ensure objectivity and rigor. There had also been a lack of appraisal or development opportunities for panel members in recent years, which had the potential to impact on decision-making. Improvements to the panel are required to ensure best practice and robust decision-making (area for improvement 1).

Outdated policies and procedures caused a lack of clarity for staff and caregivers around key aspects of service delivery, including mandatory caregiver training. Policies and procedures did not reflect the Health and Social Care Standards or The Promise. Improvements are needed to ensure consistency and accountability for the service (requirement 1).

People's views were sought to support the evaluation of the service. A consultation group had been established to gather views in relation to service development, however some caregivers felt there was room for improvement to ensure connection between caregivers and the wider service. One foster carer told us, "I feel we are a means to an end not an integral part of the service". Leaders should consider how to further support meaningful engagement with caregivers to drive improvements in the service.

When there was an unplanned ending to a child or young person's placement, unplanned ending meetings did not clearly identify learning for the service. Improvements are needed to support a reflective culture, and to link more clearly with improvement planning (area for improvement 2).

The vision, aims and values of the service were not made clear. A service development plan was in place to support improvement work identified at the last inspection, and there was also a statement of aims and objectives. However, these documents did not link together to articulate well the wider vision of the service. Team meetings did not feed into improvement work, with a focus instead on practical issues. This impacted on the ability to drive strategic improvement for the service (requirement 2).

Staff were supported in their role, but issues were raised about the culture within the service. This had at times impacted on the capacity of staff to work reflectively to improve outcomes. External managers needed to have greater oversight to ensure the culture was reflective of the value-base of the service (see again requirement 2).

Requirements

1. By 28 February 2025, the provider must ensure that policies and procedures for staff and caregivers are updated to provide clarity of process, and to reflect current legislation, policy, and best practice.

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 experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and, "I use a service and organisation that are well led and managed" (HSCS 4.23).

2. By 28 February 2025, the provider must ensure the vision, aims and values of the service are made clear, and contribute to the development of a positive culture within the service. To do this, the provider must at a minimum:

- a) Review and rewrite the aims and objectives for the service, ensuring these are linked to current policy.
- b) Ensure the service development plan links to the aims and objectives of the service.
- c) Carry out a review of the service, including seeking views of all staff in relation to the culture, and ensure that staff are supported to work reflectively to promote positive outcomes.

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

Areas for improvement

1. To ensure panel members can make informed and balanced decisions in the welfare of children, young people and their families, the service should, at a minimum:

- a) Demonstrate efforts to recruit independent panel members.
- b) Provide regular learning and development opportunities to panel members.
- c) Provide regular appraisals to panel members.

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).

2. To ensure a culture that promotes learning from when things go wrong, improvements are required to unplanned ending meetings. The service should, at a minimum:

- a) Ensure key details (including a chronology, child's full details, caregivers' approval status) are clearly recorded.

- b) Ensure learning points and themes are well articulated.
- c) Include a discussion about whether or not there will be a return to panel.
- d) Ensure meetings are chaired by somebody who can offer a level of objectivity.

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 and young people and clearly outweighed areas for improvement.

Staff were committed to their practice and reflected the values and principles of the Health and Social Care Standards. One staff member told us "I have found that the service is extremely child centred. Workers have a great relationship with the child's social worker and the team around the child, allowing for collaborative and person centred working to take place".

Staff valued the quality of peer support and felt they worked well together as a team. The team were experienced and had a range of professional experience which supported them in their role with the Family Placement Team.

Staff had regular supervision and were generally positive about the support from direct line manager. The recording of supervision could be improved as these were handwritten records which lacked detail about the content of discussions in some cases.

Staff had access to training, including external training and expectations regarding training were clear. Staff were generally positive about the training opportunities available, one staff member told us "I have been given the opportunity to take part in training through Scottish Borders Council and when I have identified training myself relating to a particular child's needs this has been supported".

Staff however did not have access to appraisal and did not have individualised training plans and there was no overall team skills analysis or training plan. The service should ensure that staff have access to appraisal and that individual learning plans and a team training plan are in place to ensure the team has up to date knowledge to support positive outcomes for children. (area for improvement 1).

Areas for improvement

1. To ensure staff are equipped to provide high quality support, the service should clearly identify staff learning needs linked to the strategic vision for the service. This should include but is not limited to:

- a) Ensuring staff have access to annual appraisals to identify individual learning needs
- b) Creating a team learning plan linked to the strategic vision for the service.

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

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

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question, where strengths only just outweighed weaknesses.

Children and young people had plans that were subject to multi-agency review. Plans were not always SMART (Specific, Measurable, Achievable, Realistic and Timebound), which had contributed to delayed decision-making. Improvement work in relation to permanence planning is ongoing across the authority to ensure children and young people have timely decisions made in relation to their care.

The local authority promoted children and young people's engagement with planning. Digital platforms allowed children and young people to communicate their views for reviews and other decision-making forums. Caregivers provided comprehensive reports and attended review meetings, helping to advocate for children and young people's needs and wishes. Caregivers sometimes felt that they weren't as involved in planning as they should be. One caregiver told us, "Listen to the carers and understand that we know the children better than they ever will". The provider should consider how to ensure caregivers feel listened to in relation to planning.

We identified circumstances where independent advocacy would have strengthened care planning. While advocacy was available, this had not been well used, something the service should make improvements to, to ensure children and young people have strong voices in relation to care planning (area for improvement 1).

Staff from the family placement team took time to develop positive relationships with children and young people, and carer supervision had a focus on children's needs to ensure oversight. A member of staff told us, "We often have a great relationship with the children who are looked after as we see them frequently, sometimes more so than their social worker". Staff from the service had also helped to drive planning, and collaborate well with other professionals when there were challenges. The capacity for staff to be involved fully in planning was reduced when the service was short staffed, however we were told this had now been addressed. Staff being involved in planning had helped children and young people to get the support they needed.

A requirement was made at the last inspection for children and young people to have safer caring plans and risk assessments. Individualised safer caring plans were now being used and these provided a helpful overview of children and young people's needs within fostering households. Risk assessments were used at the point of a child moving into a fostering household but there was no consistent approach to reviewing or updating these, even after incidents of concern. This meant that there was not enough oversight of risk within some fostering households, so this requirement will be repeated (requirement 1).

Some records held by the service lacked basic details, including dates. The service have been asked to review forms and documents to ensure they support the clear recording of basic information.

Requirements

1. By 28 February 2025, the provider must ensure that there is clear identification that the fostering family has the capacity to meet the needs of the child. To do this the provider must, at a minimum, ensure:

- a) There is a clear referral process which outlines the needs to children needing alternative care.
- b) The strengths and vulnerabilities of carers in relation to meeting the needs of individual children are clearly identified.
- c) Any carers going over approval are returned to panel for discussion within a short period of time.

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 supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

Areas for improvement

1. To ensure that children and young people have strong voices in relation to their care and support, independent advocacy should be considered for all children and young people, particularly for those who disagree with, or who are being negatively impacted by, elements of their care plan.

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 use independent advocacy if I want or need this" (HSCS 2.5).

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

Requirements

Requirement 1

By 30 September 2022, the provider must ensure that all children in need of permanent care have their assessments completed and plans carried out without unnecessary delay. To do this the provider must, at a minimum, ensure:

- a) All children in need of permanent fostering have their plans reviewed by managers.
- b) Managers maintain an overview of all timescales taken when planning for children in need of permanent

foster care and address and resource any delays.

c) Assessments are carried out and children are presented at permanence panel within timescales.

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); and in order 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). (1.4).

This requirement was made on 29 June 2022.

Action taken on previous requirement

Action has been taken across the local authority in an effort to address drift and delay in permanence planning for children and young people. Tracking systems were now established to ensure the family placement team had oversight of permanence plans. Permanence planning meetings were chaired by the family placement team to review plans of children in need of permanent substitute care and permanence timescales were monitored by quality assurance systems. Training for staff on permanence had been provided following the last inspection. However, timeframes for achieving permanence were still very long and a lack of SMART (Specific, Measurable, Achievable, Realistic and Time-bound) planning or consideration of alternative legal routes contributed to delays. We were satisfied this requirement had been met in the context of the inspection of the fostering and adoption services, however we would recommend the authority carry out further review and improvement work to support progress.

Met - within timescales

Requirement 2

By 30 September 2022, the provider must ensure that there is clear identification that the fostering family has the capacity to meet the needs of the child. To do this the provider must, at a minimum, ensure:

- a) There is a clear referral process which outlines the needs to children needing alternative care.
- b) The strengths and vulnerabilities of carers in relation to meeting the needs of individual children are clearly identified.
- c) Any carers going over approval are returned to panel for discussion within a short period of time.

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 supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18). (1.4).

This requirement was made on 29 June 2022.

Action taken on previous requirement

The service had implemented a three-staged model of referral and matching. However, this had not been used in a consistent way. We identified that matching considerations were not always robust, with a lack of focus on the strengths and vulnerabilities of the fostering family. Matching did not always take into account factors including the carers' approval, planned short breaks, or the potential impact on children already living in the household. We also identified an inconsistent approach to managing caregivers going over their approval. Whilst we acknowledge pressures and legal duties for the local authority, it is important that the matching considerations are still comprehensive and provide a clear record of the decisions being made. While some work has been carried out in relation to this requirement, it has not been fully met and will therefore be repeated.

Not met

Requirement 3

By 30 September 2022, the provider must ensure that young people are cared for by confident foster carers who follow best practice in relation to promoting physical and emotional safety. To do this the provider must as a minimum:

- a) Implement detailed risk management assessments.
- b) Implement individual safer caring plans.

This is to comply with Regulation 5(1) 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 29 June 2022.

Action taken on previous requirement

Individualised safer caring plans were now in place, and these generally provided a good oversight of children and young people's needs within fostering households. However, risk assessments were not consistently used during a child's care journey. We saw these being used at the point of a child being placed into a fostering family, but there was no clear guidance, or understanding from staff, on when these should be updated. This meant that for some children in fostering households, risk assessments were not up to date and were not reflective of current circumstances. This requirement has not been fully met and will be repeated.

Not met

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 a robust and consistent approach to all child welfare concerns, the service should ensure that all incidents and accidents are appropriately recorded and notified to the Care Inspectorate, including any allegations of abuse against foster carers.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate' and in order to comply with SSI 2011/28 Regulation 4(1)(b). (1.2).

This area for improvement was made on 29 June 2022.

Action taken since then

We continued to identify examples of notifications, including protection concerns, not being notified to the Care Inspectorate in line with guidance. Information was not always recorded clearly, and the recording system required improvement to support consistency. The service should also clarify their own guidance on recording allegations against caregivers to ensure this is aligned with Care Inspectorate guidance. This area for improvement has not been met and will be repeated.

Previous area for improvement 2

To best promote the dignity of children and young people, the service should review its use of language to ensure that this is in line with the recommendations of The Promise.

This should include ceasing the use of the term 'respite', instead using the national placement descriptor of 'short break'.

This is 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'.

This area for improvement was made on 29 June 2022.

Action taken since then

The service had carried out work to ensure respectful language was now used and the correct approval category of 'short break' was widely in use. Work was being carried out across the authority through the Promise workstream to improve the use of language and a 'reframing language' document had been distributed. This area for improvement has been met, however policies and procedures need to be updated, which we discuss in key question 2 (see Key Question 2, requirement 1).

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?	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
5.2 Parents, carers and family members are involved	3 - Adequate

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