

Aberdeenshire Council - Fostering Service

Fostering Service

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Service provided by:
Aberdeenshire Council

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About the service

Aberdeenshire Council Fostering Service has been registered with the Care Inspectorate since the Care Inspectorate was formed in 2011. It was previously registered with the Care Commission.

Aberdeenshire Council Fostering Service provides a fostering and family placement service for children and young people aged from birth to 18 years who are assessed as in need of alternative family care. The service recruits and supports caregiver families to provide a range of fostering placements to children including, permanent, long terms, interim and short break. The service aims to provide high quality secure and stable fostering family households, offering opportunities for children to grow, develop and realise their potential. 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.

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.

About the inspection

This was an announced (short notice) inspection which took place between 15 January and 21 February 2025. 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 eight people using the service and nine caregivers.
- Spoke with 14 staff and management.
- Spoke with five visiting professionals.
- Observed a permanence and fostering panel.
- Spoke with the panel chair and the agency decision maker.
- Attended two caregiver support groups.
- Analysed survey responses.
- Observed practice and daily life.
- Reviewed a wide range of documents.

The Adult Placement/Continuing Care (AP/CC) service was inspected at the same time and separate reports are available. The same management and staff team deliver the Fostering and AP/CC services inspected, and the evaluations were similar.

A two-year review of Aberdeenshire Fostering and AP/CC services was approaching a concluding phase during our inspection. The plans for transformational change were at an early stage of implementation and about to be impacted by staffing changes in the management structure of the services.

Key messages

- Caregivers were skilled at developing positive, trusting and enduring relationships, and children and young people knew they were loved and respected.
- Children were consulted and listened to by their caregivers and staff, who supported them to express their views and have their voice heard.
- Implementation of a 'staying connected' project complimented work undertaken to explore how best to meet children's needs with significant people in their lives.
- Outcomes for children could be enhanced through delivery of core training and reflective discussions with caregivers.
- There were occasions when caregivers were not reviewed in line with regulations and good practice.
- Complaints should be recorded and monitored in line with the complaint policy and procedures.
- Safer caring and risk assessment planning could be more robust.
- Documentation failed to record considerations in matching, linking, transition planning and how support needs will be met.

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 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. We identified some strengths which just outweighed weaknesses.

Children and young people benefited from meaningful, affectionate and nurturing relationships with their caregivers. Children experienced stability and predictability of care and were considered a valued family member of the caregiver household. They witnessed caregivers maintaining relationships with children they had previously looked after and knew they too would be offered a lifelong relationship, aligning with the commitments in 'The Promise.'

Short breaks were planned and managed well. Caregivers supported each other and the use of family and friends provided consistency of care with an extended family experience. Skilled work was undertaken to ensure children were able to maintain lifelong connections with people who were important to them. Sibling relationships were thoroughly assessed to ensure the right recommendations were made with regards to whether children's needs would best be met living with or apart from brothers and sisters. The local authority has commissioned Barnardo's to jointly deliver the 'Staying Connected' project to ensure brothers and sisters who do not live together are able to have positive and meaningful experiences together.

Children and young people's care was personalised and enriched by caregivers who understood their strengths and preferences. Developing age-appropriate independent living skills was consistently encouraged. Children played an active and responsible role in decisions that affected them. Their choices to participate in various interests and activities were respected and they were encouraged to attend local community groups and events. This promoted their sense of confidence, self-efficacy, resilience and an enhanced sense of belonging in the community. One professional told us, 'The carers are committed to supporting young people adapt into a new life in a new area and become strong members of their community.'

Survey responses from young people highlighted that some were unsure about the complaints procedure, and the service agreed to ensure the complaints process was more accessible to young people. Aberdeenshire Council Complaints Handling Procedure is comprehensive and defines a complaint as 'any expression of dissatisfaction about our action or lack of action, or about the standard of service provided by us or on our behalf.' We identified that some expressions of dissatisfaction had not been recorded or managed in accordance with organisational procedures. Complaint management, recording and monitoring will form an area for improvement in this key question (**see area for improvement 1**).

Children and young people's emotional wellbeing and positive sense of self was enhanced through work undertaken by staff, caregivers and other local authority services available to care experienced people. They had thoughtful and sensitive examples of memory boxes and life story work. Staff and caregivers learnt how to share sensitive information about children's own histories. The work was supported by the Wellbeing Team and Adoption Transitions social worker, who worked directly with children and their caregivers. Educational attainment was enhanced with support services organised by virtual heads.

Many caregivers valued the support from their supervising social worker, recognising their skills, knowledge and responsiveness. When asked what the service does well one caregiver told us, 'Good support and communication from supervising social workers with our team.' Staff and caregiver documentation, however, did not evidence current and up-to-date training in child and adult protection, or trauma informed care. We were not provided with evidence that supervising social workers encouraged reflective discussions or how learning was applied in practice. One professional told us, 'In my experience whilst we have many foster carers who mean well and who can arguably fulfil the parenting role, I feel the fostering approach lacks therapeutic parenting and a trauma informed lens.' To ensure children and young people benefit from the highest quality therapeutic care, in line with the commitments of The Promise, the service should develop a schedule of core or recommended training which includes child and adult protection and a trauma skilled approach. Caregiver attendance should be tracked and monitored, with evidence of reflective practice discussions recorded. This will form a requirement in this key question (**see requirement 1**).

We identified that staff in each children's service had relevant skills, knowledge and resources that could improve outcomes for children and young people if shared. Closer working relationships, sharing of knowledge and equity in learning opportunities across children's services will form an area for improvement in this key question (**see area for improvement 2**).

Caregiver families were comprehensively assessed by the service to ensure they have the capacity to meet the needs of the children and young people they were caring for. Recommendations for approval were clear, and consistent with the strengths, learning needs and wishes of foster carers. We were told that, 'We were not provided with clear and comprehensive records of matching considerations and transition planning.' Documenting these key considerations alongside support needs when vulnerabilities were identified was not included in the service review improvement plan. Comprehensive and robust recording of matching and transition planning will form a requirement in this key question (**see requirement 2**).

Fostering panel memberships was diverse with clear panel processes in place. Panel member scrutiny was rigorous and sensitive with feedback provided to improve standards and/or recognise quality. Plans to ensure the voice of the child is heard in caregiver reviews is a priority action of the management team, reinforced by the panel. Timescales for some caregiver reviews were out-of-date, and we were not provided with any documentation which might reassure us of the scale of these delays. One caregiver reported, 'My annual review has not been carried out for 3 years.' The management team were aware that some reviews were out-with timescales, and they were working to address these issues. Ensuring caregivers reviews are tracked and monitored and undertaken in line with regulations and good practice will form an area for improvement in this key question (**see area for improvement 3**).

Requirements

1. By 30 April 2025, to ensure children and young people benefit from the highest quality therapeutic care in line with the commitments of The Promise, the provider must develop a schedule of core or recommended training that supports staff and caregivers to further develop their skills and knowledge.

This should include but not be limited to:

- a) Ensuring the provision of high-quality specialist training in child and adult protection.
- b) Ensuring the provision of high-quality specialist training to support children impacted by trauma.
- c) Ensuring all caregivers engage with child and adult protection and trauma training opportunities provided.
- d) Recording reflective discussions between staff and caregivers, which evidence learning and how it is applied in practice.

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); and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. By 30 April 2025, to ensure caregivers have the capacity to meet the identified needs of individual children, the service must strengthen their recording of the referral, matching and transition processes.

This should include but not be limited to:

- a) Ensuring there is a comprehensive record evidencing considerations in the matching of a child to a caregiver household.
- b) Identifying the capacity of the caregiver to meet the specific needs of each child placed in their care.

- c) Ensuring records include a support plan to mitigate any vulnerabilities identified.
- d) Recording a robust transition plan which is child centred in approach.

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 in the right place to experience the care and support I need and want' (HSCS 1.20); and
'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 promote the safety and welfare of children and young people and their caregiver families, the service should follow their complaints procedure when expressions of dissatisfaction are raised. To achieve this the fostering service should have a clear knowledge of the complaints procedure, and this should be shared with all staff and caregivers.

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).

2. To ensure children and young people receive high-quality care and support, the provider should encourage collaborative practices and the sharing of relevant skills, knowledge and resources across staff in all children's services.

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 experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

3. To ensure that caregiver performance and professional development is appropriately reviewed and supported, the service should ensure that all caregiver reviews take place within statutory timescales.

This is to comply with Regulation 25 (1) of The Looked After Children (Scotland) Regulations 2009.

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).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. We identified some strengths which just outweighed weaknesses.

Children benefited from high quality personal planning. Plans were generally reviewed in line with statutory requirements. We noted some experienced significant delays and were reassured plans were in place to address this. Multi-agency planning was evident. Supervising social workers and caregivers prioritised attended planning meetings and provided reports. Advocacy services were invited when they were involved. Relevant health and education professionals provided written reports and attended reviews, where appropriate.

Children and young people were at the heart of formal care planning. Their views were represented in reports from all professionals, and they were encouraged to submit their own report 'Having your say.' Staff had attended training around capturing the voices of babies and toddlers. A sensitive approach was applied when it was felt it would not be in the child's best interests to participate in formal planning meetings. One caregiver told us, 'The other child in my care can become extremely anxious around thoughts around care planning so his views are most definitely taken into consideration but without him always being actively involved in planning his own support as this would cause him upset.' Care planning meeting minutes recorded positive responses to whether professional reports had been shared with the child and their caregiver.

We were not provided with any individualised safer caring plans and although a risk template was available it was not utilised as a live and dynamic document. Caregivers were not provided with child specific safe care or risk management plans to assist them work with the child in identifying, managing and mitigating risks in the home and community. Comprehensive safe care plans underpinned by robust and dynamic assessments of need and risk will form a requirement in this key question (**see requirement 1**).

Requirements

1. By 30 April 2025, the provider must ensure that comprehensive and robust safer caring plans are in place for all children.

To do this the provider must as a minimum:

- a) Ensure that individual safer caring plans underpinned by dynamic risk assessments are in place for all children.
- b) Ensure assessments of needs and risks are reviewed regularly, and when circumstances change.

This is to comply with Regulation 4(1)(a) and (d) (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:

'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 choices and wishes' (HSCS 1.15); and

'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

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	4 - Good
1.2 Children, young people and adults get the most out of life	3 - Adequate
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	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

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