

Highland Council Fostering Service Fostering Service

Room 4
Council Offices
Glenurquhart Road
Inverness
IV3 5NX

Telephone: 01463 702 741

Type of inspection:
Announced (short notice)

Completed on:
8 May 2025

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2004082042

About the service

Highland Council Fostering Service provides a fostering and family placement service for children and young people from birth to 18 years and their families, who are assessed as in need of this. The agency recruits and supports carer families throughout the Highland area to provide a range of fostering placements including permanent, long-term, interim and short break.

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

About the inspection

This was a short notice inspection which took place between 8 April 2025 and 8 May 2025. The inspection was carried out 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:

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

We also reviewed survey responses from:

- Thirty-two caregivers.
- Thirteen staff.
- Eight external professionals.

Key messages

- Children and young people experienced enduring loving relationships within caregiver families.
- Staff were knowledgeable and responsive to the support needs of caregivers.
- Caregiver families had access to a range of appropriate training opportunities including adult protection.
- Children and young people were supported to engage in their care planning.
- Permanency planning remains a high priority in the service improvement plan.
- Improvements are required in relation to timely recruitment and assessment of caregivers.
- Caregivers should receive annual reviews in line with best practice.
- The service must review carer approval numbers, the assessment and placing of three or more children and young people on an emergency basis and out with approvals in line with legislation.

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?	5 - Very Good
How good is our staff team?	5 - Very 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?

3 - Adequate

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

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

Caregiver families felt very well supported by the service and enduring relationships were evident. One carer survey told us 'I have always felt very well supported by my social worker and the wider team around them'.

Children & young people's rights were prioritised and promoted. Independent advocacy was sought where appropriate to support children and young people. Caregivers were strong advocates for the young people living with them.

Children and young people experienced highly personalised care and support from caregiver families who understood their needs. Caregivers demonstrated a knowledge of the impact of trauma on children and young people and were attuned to their needs.

We received mixed feedback about children being supported through short breaks. Some children experienced inconsistencies in caregivers. Positive examples were evident where caregivers used their family networks for support to provide an extended family experience. The service is aware of the need to continue to focus on the best interests of children and the need to maintain consistency and limit changes where possible.

Caregiver families worked well with important people in children's lives. We saw examples of caregivers 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.

Children and young people were achieving positive outcomes in education and employment, had access to a range of leisure and social activities and enjoyed holidays with their caregiver families. Children and young people were being supported to have fulfilling lives with high aspirations for success and this positive culture contributed to positive outcomes.

Caregiver families had access to a range of training to support them in their role, including safeguarding and child protection which formed part of mandatory requirements. Caregivers we met with had a strong understanding of the impact of developmental trauma and were thoughtful and reflective in their responses to children and young people.

Some children and young people were not always being kept safe. Whilst protection processes were generally being followed, we identified a few situations which could have been better managed and improved recording would support clearer assessments and the protection of children and young people.

Children and young people's safety and welfare was not enhanced through the consistent use of individualised risk assessments. This meant that caregivers were not provided with individualised risk management plans which would assist them to identify and manage risk at home and in the community. The care to young people would be enhanced by having individual plans which are dynamic tools to help enable caregiver families to provide high standards of care and support. We discussed this during the inspection and are confident that the service is aware of this issue and have plans to progress this.

Young people experienced positive health outcomes because of the care they received. Caregivers were supporting young people to be well-informed about how to lead a healthy lifestyle and positive mental health was a priority. Health needs were comprehensively assessed, and there was a positive role of the Child and Adolescent Mental Health team to promote loving nurturing relationships. Consultations assisted caregivers to consider the impact of trauma and broken attachments and difficult early lives.

Children and young people's ability to develop a positive identity and sense of self was promoted. Staff and caregivers recognised the importance of ensuring children could understand their own unique life story and

complex family dynamics. The children's services wide approach to undertaking therapeutic life story work was sector leading. A worker trained in therapeutic life story work was a valuable addition to the team and we were of the view that many aspects of this life story work evidenced elements of excellent practice.

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

Caregiver families were comprehensively assessed to ensure that they have the capacity to meet the needs of children and young people. Assessment for annual and panel review and permanence approval were generally of a good quality. The areas for improvement relating to caregiver recruitment and assessment and the annual review and panel attendance have been repeated. (AFI 1 & 2)

Some caregiver approvals and young people placed did not meet legislative requirements. Caregivers should not be approved for more than three young people, unless for an exceptional circumstance, and no more than three unrelated young people should be living together unless for an exceptional circumstance and, the service should review their processes for out with approval agreements and subsequent review at panel. (Requirement 1)

Matching processes 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.

The service had strengthened their work regarding permanence plans in order to identify and address the significant drift and delay for some young people. Embedded tracking systems and regular meetings are supporting this work. The area for improvement made at the last inspection was met, however, we encouraged the service to remain focused on this area of work.

Requirements

1. By 30 September 2025, the provider must ensure that all caregivers are correctly approved, and assessments of the exceptional placing of over three unrelated young people are robustly assessed. To do this the provider must, at a minimum, ensure:

- all caregiver approvals do not exceed regulations which provides that foster carers should not care for more than three children at one time.
- the assessment and placing of over three young people in a household is only in exceptional circumstances (not exceeding 28 days).
- best practice should be followed for out with approval agreements and subsequent review at panel.

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

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: '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 4:1).

Areas for improvement

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

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

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

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

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

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Continuous and robust evaluation of people's experiences were in place, to ensure they receive the best possible care and support. Data collection, analysis and solution focussed discussions with colleagues across children's services identified themes and patterns which influenced service improvement plans. Plans were based on research and best practice and subject to regular reviews and updates. They were specific, measurable, achievable, realistic and time bound (SMART).

The Management team's approach to improvement planning was inclusive and empowering. The voices of people who use the service were sought. Staff development days provided opportunities to share data and discuss the relevance in relation to improvement planning. Input from external agencies encouraged open and honest discussion around high standards of care, promoting professional development and consistency in practice. Despite changes within leadership teams over the last year, staff were optimistic and confident with the management teams' vision and improvement plans.

We identified some issues surrounding attention to detail in record keeping and management oversight. The management team acknowledged the importance of accurate and robust recording in relation to complaints management, and ensuring notifications provided were categorised correctly.

Panel members were skilled and experienced. They raised questions in a sensitive manner and challenged appropriately. Panel members were proactive in seeking out training opportunities and had completed self-evaluations. Undertaking annual appraisals of panel members was an area for improvement in the previous inspection. This was not met and will be repeated in this key question (AFI 1).

Areas for improvement

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

This is to ensure that practice is consistent with the Health and Social Care Standards which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff practice, observed through sampled cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards.

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

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

Staff were empowered through strong leadership to be equipped to deliver best quality practical and emotional care and support. A strong culture of reflection and learning was facilitated through team meetings and the development of working groups. We asked the service to strengthen this through the provision of more reflective individual supervision.

The service is considering how best the views of caregivers and young people could also shape staff supervision and appraisal.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

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 were being supported to express their views. Access to independent advocacy further supported the ability of children and young people to participate in care planning.

Staff 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.

Participation and the views of children and young people for reviews of caregiver families could be

strengthened as we saw no examples of children and young people expressing their views in relation to caregiver reviews. The service already has this included on their service development plan.

Children and young people experienced an individualised approach to safer caring which ensured their needs were met in caregiver families. Individualised safer caring plans were completed and regularly reviewed. Individual risk assessments were not consistently undertaken by the service. The care to children and young people would be enhanced by having individual plans which are dynamic tools to help enable caregiver families to provide high standards of care and support.

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

Requirements

Requirement 1

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

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

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

This requirement was made on 15 March 2024.

Action taken on previous requirement

The service evidenced improved awareness of the Care Inspectorate guidance and there has been a notable improvement in the submission of notifications. This requirement has been met, however, we ask that the service continue to review the guidance and oversight of notifications as we identified some incidents which had not been notified and others which had been incorrectly notified.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

This area for improvement was made on 15 March 2024.

Action taken since then

The service have provided evidence that the majority of care giver families have completed Adult Protection training.

This area for improvement has been met.

Previous area for improvement 2

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

- Identifying patterns and trends in relation to permanence practice.
- Taking this learning to inform ongoing development of practice.
- Ensure tracking systems in place are used to robustly monitor and evidence improved outcomes.

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

This area for improvement was made on 15 March 2024.

Action taken since then

We found that the service have continued to analyse permanence practice and that at both a service level and strategic level this is supporting the understanding of drift and delay. This area for improvement has been met, however, we ask that the service continue to work to address the key themes impacting on drift and delay.

Previous area for improvement 3

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

assessment timescales are adhered to.

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

This area for improvement was made on 15 March 2024.

Action taken since then

During this inspection we found that there continue to be delays in the recruitment and assessment of care givers. We heard that the service are working hard to develop a recruitment campaign and have considered actions required to target delays in assessment. We look forward to reviewing the impact of these at the next inspection.

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

Previous area for improvement 4

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

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

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

This area for improvement was made on 15 March 2024.

Action taken since then

We saw evidence of the service making efforts to address the out of date caregiver reviews and panels and we saw an increased attendance of caregivers at panel. There are still, however, a number of caregivers with out of date reviews and the service is not yet annually reviewing caregivers in line with best practice.

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

Previous area for improvement 5

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

This is to ensure that practice is consistent with the Health and Social Care Standards which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 15 March 2024.

Action taken since then

Whilst we heard that there is a plan for future appraisals of panel members, these have not yet taken place and therefore this area for improvement has not been met and will be repeated.

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?	5 - Very Good
2.2 Quality assurance and improvement are led well	5 - Very Good

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

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.