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**Report To:** Health & Social Care Committee      **Date:** 10 January 2019

**Report By:** Louise Long  
Corporate Director, (Chief Officer)  
Inverclyde HSCP      **Report No:** SW/09/2019/SMcA

**Contact Officer:** Sharon McAlees  
Head of Children's Services  
And Criminal Justice      **Contact No:** 01475 715365

**Subject:** INSPECTION OF FOSTERING SERVICES

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the outcome of the short notice inspection carried out by the Care Inspectorate in respect of Inverclyde's Fostering Service completed on 31st August 2018

## 2.0 SUMMARY

- 2.1 Inverclyde Fostering Service is subject to annual inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body which regulates care services across Scotland ensuring that service users and foster carers receive a high level of care and support
- 2.2 A full public report of the inspection and grades is available on the Care Inspectorate website.
- 2.3 The service was graded on how it performed against two quality themes. The summary of the grades awarded were as follows:

Quality of care and support	5 very good
Quality of management and leadership	5 very good

## 3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the outcome of the inspection.

**Louise Long**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 Inverclyde's Fostering Service is registered with the Care Inspectorate and is inspected on a regular basis. An announced short notice inspection was completed on 31st August 2018.
- 4.2 The inspection focused on two quality themes:
- Quality of Care and Support
  - Quality of Management and Leadership
- 4.3 Following discussions with young people, parents, staff, managers and external professionals, including a review of written evidence, the service was graded as performing a very good standard in both quality themes.
- 4.4 The Care Inspectorate noted that participation of young people had improved since the last inspection with various forums and advocacy in place; the Champions Board was a particular area of strength. The good outcome for children and young people was linked to the high level of support provided to foster carers by the service.
- 4.5 Staff presented as child centred in their approach and were skilled and knowledgeable about the fostering task. The level of support to foster carers was viewed as relevant and proportionate of the needs to foster carers and the children and young people in their care.
- 4.6 The inspectors noted that improvements had been made in the standard of foster home review documentation and timescales since the last inspection and that weekly reviews were now held with the Quality Improvement and Planning Officers to try to prevent drift when planning for children. Written reports for foster home reviews were now more consistent and outcome focused.
- 4.7 The inspectors observed a disruption meeting and were impressed by the depth of knowledge participants had about the young person's experiences and that thorough and relevant information was discussed. Although this was seen as strength, they asked that improvement be made. One area was a more independent chair and this has been taken forward and the Team Lead for Permanence and Adoption will now chair the meetings.
- 4.8 There have been a number of staff changes since the last inspection and team morale has been noted as good. The care and support to foster carers and children has remained a key priority. Cohesion and stability were viewed as an improving picture from the inspector's discussions with staff and carers. Staff appreciated line management support. The co-location of social work staff was seen as a particular strength.
- 4.9 The inspectors discussed with management the need to register as an adult service to take account of the young people who have opted for continuing care and this has been completed.
- 4.10 There were three recommendations from the report.
1. The service should ensure that it obtains robust risk assessments for children that can then inform individual safer caring plans. Information within the documents should be relevant, regularly reviewed, completed in collaboration with social work colleagues and within appropriate timescales.
  2. When a child is being considered for matching through the referral process, the service must ensure that it has all the necessary information required to enable sound decision making prior to placing a child.
  3. The service should review the pattern of placement disruptions and develop an action plan to reduce the unplanned ending of placements.

## 5.0 PROPOSALS

5.1 The Fostering Service has noted the recommendations and these will be included within the service development plan.

## 6.0 IMPLICATIONS

### Finance

6.1 Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
N/A					

### Legal

6.2 No implications

### Human Resources

6.3 No implications

### Equalities

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### Repopulation

6.5 No implications

## 7.0 CONSULTATIONS

7.1 None

## **8.0 LIST OF BACKGROUND PAPERS**

8.1 Inspection Report

# Inverclyde Council Fostering Service Fostering Service

Hector Mc Neil House  
7-8 Clyde Square  
Greenock  
PA15 1NB

Telephone: 01475 715365

**Type of inspection:**

Announced (short notice)

**Completed on:**

31 August 2018

**Service provided by:**

Inverclyde Council

**Service provider number:**

SP2003000212

**Service no:**

CS2005087054

## About the service

Inverclyde Council's Fostering Service has been registered since 12 December 2005, and transferred its registration to the Care Inspectorate on 1 April 2011.

The service provides a fostering and family placement resource for children and young people aged from birth to 18 years who are assessed as needing the service. The service recruits and supports carer families to provide a range of fostering placements including interim, long term and permanent foster carers. Four foster carer households had been approved since the last inspection. At the time of the inspection, one carer household had just been approved and another potential foster care family were in the process of being assessed.

At the time of the inspection 38 children from Inverclyde Council were placed within Inverclyde's 34 approved foster care households. Five children had also been placed with external registered foster carers on a permanent basis. Inverclyde council also have a large number of children in kinship care placements. Kinship carers' are assessed and provided with on-going support from the family placement team. Kinship care arrangements are provided by a child's extended family or by a close friend who had a pre-existing relationship with the child.

Inverclyde Council Adoption Service was inspected at the same time and a separate report is available.

The fostering service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

## What people told us

We met with one child during a home visit, observed two very young children, and spoke with twenty five foster carers in total. We also received five responses to questionnaires that were sent to foster carers prior to the inspection starting, and we also spoke with locality social workers.

The majority of the feedback from foster carers we spoke with was very positive, however, we had mixed views within the returned questionnaires. Suggestions about improvements received from foster carers during the inspection were shared with Managers at feedback. We were confident that these comments had been taken seriously and that they are likely to be used to improve service delivery.

Comments from foster carers included:

'We know all the staff and managers right to the top of the team, I can't speak highly enough about Inverclyde'

'Typically the wellbeing assessment is very helpful, but does not tell you about the behaviour of the child'

'A lot of us have been carers with Inverclyde for a long time, and that tells you something'

'Training opportunities have been great so far. I give regular feedback via my social worker which is always fed back. We get feedback forms after panel meetings and training'

'I think they do well at supporting the foster carers to access any resources that may help the children to thrive. I have also always felt that care was taken to make sure I myself felt supported through regular respite breaks'

'We feel it was left to us to push for additional support, tutors especially, we had to request every school session. Without this he would not have gone onto university'

'Our worker had helped us greatly throughout the years, he is knowledgeable and understands the challenges of fostering'

As the findings of this inspection are based on a sample of foster carers, children and young people, Inspectors cannot assure the quality of experience for every single child receiving a service.

## Self assessment

A self assessment was not requested for this Inspection year. The Manager provided us with their 2018/2019 development plan for the service.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	5 - Very Good
<b>Quality of staffing</b>	not assessed
<b>Quality of management and leadership</b>	5 - Very Good

## What the service does well

Foster carers were focused on providing a positive nurturing environment for children and young people and understood that to do this they needed to build positive attachments. Carers informed us that training had improved since the last Inspection and was overall of a very good quality. Foster carers appreciated that they could request specific training which was tailored to the needs of children and young people. An example of this would be training on change, loss and grief, foster carers were also able to request support from independent specialist consultants if they felt they required this. It was evident that carers were motivated to learn and were confident in seeking out additional knowledge through, for example online training.

Participation for children and young people had improved since the last Inspection, with various forums being available for young people to express their views and receive independent advocacy if required. The introduction and development of the Champions Board was a particular area of strength. This type of forum creates a unique space for care experienced young people to meet with key decision makers and elected members to influence the design and delivery of services which directly affect them. The forum provides an opportunity for children and young people's achievements to be celebrated, and to enjoy socialising and engaging in purposeful activities to raise their self esteem.

It was clear that the good outcomes we identified for children and young people were linked to the high level of support provided to foster carers by the service, and through embedded collaborative practice with locality teams. Examples of good outcomes included, young people engaging and attaining to a high level at school, and for some this had led to success at university. Improvements in children's emotional regulation and general wellbeing were noted, and in some cases successful rehabilitation enabling children to return to their birth family. Children's aspirations were encouraged by foster carers and when agreed, opportunities were provided to maintain and build upon important positive relationships with family and friends. The majority of carers informed us that young people were strongly supported by the service during periods of transition.

Staff presented as child centred in their approach and were skilled and knowledgeable about the fostering task. The level of support given was generally proportionate to the needs of the carers and young people in their care.

Home visits and the level of developmental work were increased appropriately if there were any difficulties within the foster home. A particular strength of the service was that staff were confident and able to address any practice issues with carers in a supportive yet robust manner.

Since the last Inspection, there had been improvements in the standard of annual foster care review documentation, and additional weekly meetings were now also being held with independent reviewing officers. These developments enabled foster carer reviews to be held within more appropriate timescales, and written reports presented to the review were now more consistent and outcomes focused. We were advised by the manager and the reviewing officer, that meeting more regularly had been beneficial in terms of identifying areas of drift for any child or young person during the care planning process. We informed managers about the importance of formally reviewing the foster carers family support network during the annual review, which was not currently always covered, and were assured that this would be taken forward.

The fostering and permanence panel provided an important quality assurance mechanism for the service, and we observed an advice panel carrying this task out effectively during the inspection. We were impressed by individual panel members' knowledge and expertise, as well as their ability to reflect on difficult issues objectively. The panel clearly understood the importance of remaining child focused, and demonstrated thoughtful and sound decision making throughout.

When placements for young people ended prematurely, the service always held meetings to provide all key individuals (including the young person when appropriate), with an opportunity to share information, agree the factors that led to a sudden end and identify learning opportunities. We observed one of these meetings during this Inspection, and were impressed by the participants in depth knowledge about the young persons experiences, and the thorough and relevant discussions that took place. Although this type of practice was considered as an area of strength, we asked managers to consider making some further improvements, please see 'what the service could do better'.

There had been a number of changes within the staff team, since the last inspection including a change of manager, new workers had been recruited and changes to the way cases had been allocated. Despite these sometimes unsettling changes, the care and support of foster carers and their children had remained a key priority. Creating stability and cohesion throughout the service had also been a focus for managers, and it was evident that there was an improving picture from our discussions with staff and carers. Staff informed us that morale within the team was good, and new members of staff advised that they had been provided with a helpful and appropriate induction, and that they had been made to feel very welcome.

Staff appreciated line management support, and told us that they were provided with regular supervision and training opportunities to help them carry out their work. The co-location of social work services was seen by all as a real strength and we would agree that this appears to have helped maintain respectful relationships with other social work staff which were in the best interests of children.

We discussed with Managers the necessity to register the service as an adult placement provider with the Care Inspectorate. This is in line with the Scottish Governments Continuing Care Agenda where the aim is to provide young people with a more graduated transition out of care, reducing the risk of multiple disruptions and helping them to maintain supportive relationships. In terms of Inverclyde's young people, this will enable them to have a seamless transition from foster care to supported care, as carers' will be dual approved. Managers were receptive to taking this forward and were proactive in their approach to securing young people's futures. We will look at this area during the next service Inspection.

## What the service could do better



The following are areas identified to build on current practice regarding sudden end of placement meetings:

1. The service should decide on a timeframe regarding when meetings should be held following the sudden end of a placement. It is important that these meetings are not held too soon after the placement breakdown when participants may be traumatised, or held too long after when participants may be less able to recall contributing factors.
2. At the time of the invitation to the meeting, a written report should be requested from interested parties. It is imperative that as much information as possible is provided to the chair in advance to allow time for analysis.
3. It is important that the person chairing the meeting is independent and always able to give an objective view of the circumstances. The service should make sure that an appropriate person is always identified to carry out this role.

At the last Inspection we recommended that improvements were required in relation to having a consistent and robust approach to the implementation of individual safer caring policies alongside risk assessments for children and young people. When we examined these documents during this Inspection, we continued to find weaknesses in areas such as, timescales for them to be completed and some records not holding up to date or accurate information. This will form a repeat recommendation (1)

Referral information about children and young people (including chronologies) received from social work teams could vary in terms of what was provided and when. While we were confident that staff were proactive in trying to obtain relevant information which carers require, we discussed with management the need to strengthen this area with social work colleagues over what information is required by carers prior to a child being placed. This will form recommendation (2)

During the Inspection we noted that a theme appeared to exist in relation to permanent placements for young people ending suddenly as carers struggled to support children through adolescence. Managers agreed that this is an area that requires attention, and we would ask the service to review the pattern of placement disruptions and develop a plan to reduce the unplanned ending of placements. This will form recommendation (3)

During the inspection, we noted that the service had not submitted all notifications to the Care Inspectorate. We discussed with management the need to develop a more robust system to ensure accidents and incidents are reported in a timely manner.

The areas we have identified for improvement did not call into question the overall very good practice highlighted within this report.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. The service should ensure that they obtain robust risk assessments for children that can then inform individual safer caring plans. Information within the documents should be relevant, regularly reviewed, completed in collaboration with social work colleagues and within an appropriate timeframe.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am protected from harm, because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

2. When a child is being considered for matching through the referral process, the service must ensure that it has all the necessary information required to enable sound decision making prior to placing a child.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me" (HSCS 3.4).

3. The service should review the pattern of placement disruptions and develop an action plan to reduce the unplanned ending of placements.

This is to ensure care and support is consistent with the Health and Social Care Standards 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).

## Complaints

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

## Inspection and grading history

Date	Type	Gradings	
12 Aug 2016	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
8 Jan 2015	Announced (short notice)	Care and support Environment Staffing	5 - Very good Not assessed 5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good
28 Feb 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
14 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 5 - Very good 5 - Very good
24 Mar 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
31 Mar 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

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