

Orkney Fostering Service Fostering Service

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Type of inspection:
Announced (short notice)

Completed on:
19 April 2021

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004082094

About the service

Orkney Council Fostering Service has been registered since 21 December 2005.

Orkney Island Council Fostering Service provides a fostering and family placement service for children and young people aged from 0 to 18 years who are assessed as in need of alternative family care. The service recruits and supports carer families to provide a range of fostering placements to children including, permanent, long-term, interim and short break.

The service told us that during 2020, the service recruited two new fostering families. However two fostering families stopped fostering for various reasons, meaning the overall number of fostering families remained the same. As at 31 December 2020 a total of 12 foster carer households were looking after 12 children and young people.

The aims of the service have recently been reviewed and state:

- To provide quality loving, safe, warm and nurturing family-based care for care-experienced children and young people in Orkney to the age of 18 years.
- To provide a structured and stimulating family-based care for children and young people, that is free from prejudices.
- To treat all children and young people with dignity and respect.
- To recruitment and retain foster carers on Orkney to enable Orkney children and young people to remain in their community.
- To support the findings of The Promise."

We undertook this inspection using virtual methodology which included the use of technology. As part of this process, we undertook the following:

- Obtaining the views of visiting professionals using an e-mail questionnaires and video technology discussions.
- Discussions with external managers, the registered manager and staff using video technology.
- Attendance at a fostering and adoption panel business meeting using video technology.
- Discussions with foster carers using video technology.
- Evaluation of a wide range of electronic documents, including policies and procedures, personal plans, risk assessments and staff records.

This inspection was carried out by inspectors from the Care Inspectorate.

What people told us

We spoke with three fostering families using video technology and observed one young child with their fostering family during one call. Foster carers told us they were generally happy with the support they received from the fostering service. They felt the staff were competent, responsive and approachable. Some comments included:

- "Everyone does the best they can with limited resources."
- "They could be better at communication."
- "They need more permanent staff."
- "The support we get is good."

"Young people are at the heart of the service."

"Delays in planning for children are as much or more about staff than Covid."

We found it difficult to engage with children due to not being on site. We observed one young child with their foster carers. They appeared happy and the foster carers were attentive to needs. We also spoke with the Who Cares? Scotland representative who shared that children who had engaged in the advocacy service felt they were well looked after in foster care and it was important for them to remain in their island community.

Self assessment

We did not ask the service to complete a self assessment

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of staffing	4 - Good
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

During this inspection, we considered a range of information gathered through our discussions with foster carers, supervising social workers, children's social workers, and other stakeholders. We also looked at some records, including personal records and plans and a range of records and documents kept by the service about the care and support of children, young people and their fostering families.

We found children and young people were protected and were being supported by adults they trusted. This allowed them to develop knowledge and skills to keep themselves safe, to understand risks and to make more informed decisions. We considered that an individualised safer caring approach may be a useful step forward. This had already been discussed within the service but was not yet part of their development plan.

As recommended at the previous inspection, the service had taken steps to ensure the care and support needs of young people were identified prior to moving to live with a fostering family and that the impact of new children and young people joining the family was considered and recorded. Foster carers had the opportunity to discuss how they might meet the needs of children coming to live with them.

Children and young people were being supported to have generally high standards of health and all children who had begun using the service had been offered a health assessment. Good access to primary health services ensured that ongoing monitoring of children's health took place regularly. However, we found that when mental health services were needed, these were not always available. We encouraged the service to continue to work with their health partners to ensure that all young people requiring those services could do so without unnecessary delay (**see recommendation 1**).

The quality of permanence planning within the service was poor. Almost all children who were in need of permanent alternative care, were experiencing significant delays in their arrangements for permanent care to be secured. The service was linking with CELCIS (Centre of Excellence for Looked After Children in Scotland) and told us of their plans for improvement in this area. We could see the potential in this planning but at the time of the inspection, delays in planning were having an impact on family life for children, their families and fostering families. The negative impact of delay may be experienced by children throughout their childhood and beyond. Capacity and choice for children to remain in their island community were also compromised (**see requirement 1**).

We heard about enabling and compassionate relationships between children, young people and their carers. Foster carers told us there had been some changes of workers but that the service worked well as a team to support all carer families. Supervising social workers, and carer training supported carers to adopt therapeutic approaches to caring for children helping them to feel loved and valued. However there had been significant changes in social workers for children which had contributed to drift and delays in planning. We saw that supervising social workers maintained regular contact with the foster carer families they supported. Although all contact was recorded, we assessed that a more formalised approach to supervision would support transparency about what had been decided and enable actions to be followed up.

As recommended at the last inspection, there was more clarity around training requirements for mainstream foster carers, but we were less clear about the expectations for carers in the intensive fostering scheme. We also saw that for some carers there had been significant gaps in core training (**see recommendation 2**).

During the pandemic, the service had found creative ways to keep in touch with families and provide fun activities for children. We found that the service utilised social media, newsletters, online activities and groups to support inclusion of children and adopters in ongoing support during the pandemic restrictions. Many foster carers spent time outdoors and we saw examples where children had been encouraged to enjoy the outdoors.

Foster carers had good opportunities to express their views and influence how the service developed. The local authority had commissioned a service from Who Cares? Scotland to provide an advocacy and rights service for children and young people in Orkney. Although we saw that some children had benefitted from this advocacy support, due to the pandemic and restrictions, the service had not been able to develop as they had planned. We did not see that children in foster care knew about the service or could independently seek advocacy support. We assessed the service could do more to inform and support children's rights (**see recommendation 3**).

In conclusion, although we saw strengths, particularly in the quality of day-to-day care for children and young people, the drift and delays in planning for children significantly compromised their opportunities to experience stable, loving families throughout their childhood. These delays also compromised the ability of the service to meet their aims and objectives. Specifically, capacity within the fostering service, limited the options for children requiring foster care to be cared for within their island community. As a result, we have evaluated the quality of care and support as weak.

Requirements

Number of requirements: 1

1. The provider must improve the quality of permanence planning for children to promote stability in children's lives.

In order to achieve this, the service must ensure that:

- Procedures to secure permanent alternative care are embedded in practice
- Staff are supported and feel confident in planning permanent alternative care
- Tracking systems identify where there are gaps and these are addressed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 SSI 2011/210 Regulation 4 (1)(a).

Timescale for Completion: 30 November 2021.

Recommendations

Number of recommendations: 3

1. The service should continue to work with corporate parenting partners to ensure that mental health services are available to children at the point of need.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29).

2. The service should ensure that all foster carers have completed core training requirements.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

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

3. The service should ensure that children and young people can access rights information and advocacy services directly if they wish to do so.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I am supported to understand and uphold my rights' (HSCS 2.3).

Grade: 2 - weak

Quality of staffing

Findings from the inspection

We considered a range of information gathered through our discussions with people. We also looked at some records, including personal records and plans and a range of records and documents kept by the service about staffing.

We found that the family placement staff team had remained consistent since our last inspection. This had led to greater confidence within the team and to staff feeling well supported by each other. Foster carers welcomed the stability within the team and felt the team worked well together to provide support to carer families. Staffing within the area team had been subject to significant change and foster carers told us about the changes of social workers children and young people had experienced and the impact this had had, particularly in respect of permanence planning.

Recent decisions taken by wider management to alleviate pressures on other teams had negatively impacted on the morale of staff. We heard from a number of people that staff across the fostering service were working long hours and additional duties meant that roles and responsibilities were not always clear. We assessed that over time this could negatively impact on the service's ability to grow capacity for foster care in Orkney, to plan effectively for children and to develop the service more generally. We asked the service to continue to monitor this.

We heard consistently that the family placement team staff had developed supportive relationships with children and young people through getting to know them well. We were impressed by the enthusiasm and commitment of staff.

Staff were recruited through safer recruitment practices. Regular support and good quality supervision with a manager and team meetings with colleagues had supported staff to prioritise their work and to take collective responsibility for team tasks. Staff we spoke with were reflective about their practice and had an insight in relation to their own knowledge and skills.

Staff were committed to continuous professional development and learning and to providing high quality support for children, young people and foster carers. This was ably supported by an ambitious learning and development plan for staff. Staff also told us about financial support to complete training in child protection, practice teaching and mental health.

Staff had taken responsibility for identified development work including, for example, participation and foster carer training materials.

In conclusion, we saw a number of important strengths within the service in relation to staffing. Well supported, well trained staff will have a significant positive impact on how children, young people and carer

families experience the service. The wider, more recent issues around morale do need to be addressed to ensure continued staffing stability and continued positive outcomes. We have assessed the quality of staffing as good

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We considered a range of information gathered through our discussion with people. We also looked at some records including personal records and plans and range of records and documents kept by the service relating to management and leadership.

Due to the pandemic restrictions, we conducted this inspection remotely. We appreciate the assistance that was given to us by the management team throughout the process.

The manager of the fostering service was well known and accessible to people being supported by the service. While we acknowledged the positive impact the consistent presence and diligent work of the manager had, we also considered the impact that successive changes of staff at all levels had on the capacity of the service to make and sustain improvement. We saw that senior managers had worked hard to drive improvement more widely within the service. Planning was in place to support current staffing levels. Policies and procedures had been developed to support consistent staff practice, and further planning was taking place to ensure future stability in the management team and in staffing. We agreed that this should drive more sustained improvement in future.

All changes had been communicated to fostering families through the quarterly newsletter. Given the level of change we noted the organisational structure with the fostering handbook was out of date and needed to be updated.

Since the last inspection, the service had reviewed their aims and objectives and their service development plan which they had shared with carer families. We assessed the plans were pertinent to the areas within the service in need of development but that the plans could be more detailed and used more as working documents. The production of a management report would also provide transparency for carer families and stakeholders on the work of the service, the priorities for change and help put development plans in a context of service delivery. Overall it would support the communication of the manager's vision for the service (**see recommendation 1**).

We saw a number of measures taken by the service to ensure the quality of their work, however some key processes could be significantly improved. There was a need for the service to ensure that records were

signed, dated and filed appropriately. The absence of records had impacted directly on timely planning for children (**see requirement 1**).

There was also a need for the service to maintain an overview of permanence planning. We noted this had been maintained previously but successive changes in staffing, had meant the responsibility for maintaining this was less clear. Such an overview would support the fostering service to identify gaps and measure improvement over time (**see requirement 1** under the theme of Care and Support).

In general, quality assurance activities within the organisation were found to be held at management level, however we thought the service should continue to all support staff to professionally challenge and support overall practice.

We encouraged the service to support a rights based approach to their work ensuring that children being cared for by fostering families knew their rights and could access advocacy and rights advice independently should they wish to do so.

Since the last inspection, the panel met more regularly, and the service had invested in panel member appraisals. We noted a growing confidence in the panel to appropriately challenge decision making and provide additional safeguards to planning. The chief social work officer had very recently taken over the role of agency decision maker and had good plans to link with the fostering panel.

In conclusion, we assessed that there were clear strengths in relation to management and leadership. However, we have also highlighted the need for improvement in some key areas such as information governance and permanence. Given the further likely changes in staffing, we assessed that this compromised the capacity of the fostering service to make and sustain the wider changes which were needed to improve the longer term outcomes for children and young people using the service. This has informed the grade of weak for management and leadership.

Requirements

Number of requirements: 1

1. The provider must ensure that all relevant reports, assessments, minutes and related documentation are signed, dated, and stored in a centralised system. This is to support timely progression of plans and to assist children and young people in adulthood to understand their past should they wish to review their files.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and in order to comply with SSI 2011/210 Regulation 4 (1)(a).

Timescale: 30 November 2021.

Recommendations

Number of recommendations: 1

1. The management vision for the service should be better explained and planning around how to achieve desired outcomes needs to be more specific.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

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

Grade: 2 - weak

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

Previous requirements

Requirement 1

The provider must ensure that the health and wellbeing of children is always appropriately managed.

In order to achieve this, the service must ensure by March 2020 the following:

- They make appropriate arrangements to comprehensively assess the health needs of children and young people using the fostering service.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27); 'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity' (HSCS 4.17); and in order to comply with SSI 2011/210 Regulation 4 (1)(a).

This requirement was made on 2 September 2019.

Action taken on previous requirement

We noted that all young people had received or were offered a health assessment

Met - within timescales

Requirement 2

The provider must ensure that by March 2020 reviews of foster carers take place at prescribed intervals and following any significant events.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and in order to comply with SSI 2009/210 Regulation 25.

This requirement was made on 2 September 2019.

Action taken on previous requirement

At the time of the inspection, all foster care reviews had taken place.

Met - within timescales

Requirement 3

The provider must ensure by 30 September 2019 that incidents and accidents are appropriately notified to the Care Inspectorate.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18); and in order to comply with SSI 2011/28 Regulation 4(1)(b).

This requirement was made on 2 September 2019.

Action taken on previous requirement

Appropriate notifications had been received

Met - outwith timescales

Requirement 4

The provider must ensure by 30 September 2019 a sufficiently robust overview of the fostering panel such that letters are sent out timeously to avoid unnecessary delays for children and foster carers.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I use a service and organisation that are well led and managed' (HSCS 4.23); and in order to comply with SSI 2009/210 Regulation 22(3).

This requirement was made on 2 September 2019.

Action taken on previous requirement

New panel systems had been developed.

Met - within timescales

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

Previous recommendations

Recommendation 1

In order to ensure that foster carers are appropriately prepared for their role, the service should:

- Clearly articulate their expectations in relation to carer training to their foster carers.
- Ensure that any programme of training can be delivered effectively, and
- Maintain an overview of carer training to ensure that any updates to core training are identified and planned.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

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

This recommendation was made on 2 September 2019.

Action taken on previous recommendation

The service had reviewed their foster care agreements for mainstream foster carers which clearly articulated the expectations with regard to core, mandatory training requirements. This included areas of protection, trauma aware approaches to care, contact, transitions, recording and finance. A management overview system was in place to monitor compliance including attendance at support groups. However, we noted that not all carers had attended core training. We have continued this recommendation (**see recommendation 2**).

Recommendation 2

In order to ensure that appropriate decisions are made in relation to placing children with foster cares, the service should review their process of matching and risk management and ensure that plans are individualised and well recorded.

This is in order to ensure that 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).

This recommendation was made on 2 September 2019.

Action taken on previous recommendation

The service had developed a Looked After and Accommodated Children (LAAC) referral form and a risk assessment template. We thought the LAAC referral form was detailed and helpful in assessing the needs of any child/young person needing placed. It contained an analysis of risk and the strengths and potential impacts on families and potential vulnerabilities of proposed placement arrangements. We assessed the form as extremely helpful but were not able to assess how well it was used in practice.

Recommendation 3

In order to ensure that foster carers are available to provide nurturing care for children, the service should address fostering arrangements and the approval ranges of foster carers.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29).

This recommendation was made on 2 September 2019.

Action taken on previous recommendation

Foster carer approval ranges have been considered at the time of the carer review and amended accordingly.

Recommendation 4

The management vision for the service should be better explained and planning around how to achieve desired outcomes needs to be more specific.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

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

This recommendation was made on 2 September 2019.

Action taken on previous recommendation

The service had developed and consulted on service development planning. However we thought these could provide clearer detail about how actions would be achieved. We also considered that a service report would put planned changes into the context of overall change (see recommendation 1 under management and leadership).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
2 Sep 2019	Announced	Care and support 3 - Adequate Environment Not assessed Staffing Not assessed Management and leadership 3 - Adequate
20 Oct 2017	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
25 Nov 2015	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
27 Feb 2015	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
13 Mar 2014	Announced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
8 Mar 2012	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
18 Aug 2010	Announced	Care and support 4 - Good Environment Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	4 - Good 4 - Good
7 Oct 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate 3 - Adequate
12 Nov 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 3 - Adequate

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