

Dumfries and Galloway Fostering and Kinship Service Fostering Service

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Dumfries & Galloway Council

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CS2004084441

About the service

Dumfries and Galloway Fostering and Kinship Service provides a fostering service for children and young people who are unable to live at home. The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate in 2011.

The fostering service is delivered by a dedicated team of supervising social workers, social work assistants and management who work across the fostering, adoption and supported lodgings services. Inspections of the adoption and supported lodgings service were undertaken in conjunction with this inspection and separate reports have been completed.

The service recruits and supports carer families to provide a range of fostering placements. The service also provides an intensive support service for fostered young people.

The service aims to:

'Provide high quality care in a family setting - for all children and young people who need it, either to aid their return to their own family, whenever appropriate, or as a permanent substitute'.

What people told us

We spoke with one young person from the service and received views from others through electronic questionnaire responses. Some comments from young people are provided below:

"I speak to (carer) or one of the teachers at school if anything bothering me".

"We get on well, if have a problem we are able to sort it out".

We spoke with three foster carers who were all generally satisfied with the service. Some comments from carers are provided below:

"I've no complaint with service, they've all been pretty good and if I've needed support they're there".

"We are like father and son and the community see us as that".

"I don't feel that get you enough information in advance of placements".

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

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| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our leadership? | 4 - Good |
| How good is our staff team? | 4 - Good |

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| How well is our care and support planned? | 4 - Good |
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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

In cases we sampled, we found children and young people experienced affectionate and warm relationships which offered them security and a sense of stability. We noted carers who spoke fondly of children and were knowledgeable about, and attuned to, their needs. We saw examples of carers working hard to increase their understanding of different languages and cultures to reduce barriers and to ensure experiences for young people which were positive, respectful and inclusive. This was not the experience of all young people who have received support from the service, which was highlighted in one complaint received by the service which was partially upheld.

We saw area team workers retaining caseholding responsibilities, even following change in role to more senior positions, to ensure continuity of worker relationship for young people. We note, however, the significant staffing pressures within area teams and the impact on frequency of face-to-face time that could be spent with young people.

Clear examples were present that the voice of young people in relation to family relationships and other aspects of their day-to-day lives was heard and directly influenced planning. This supported meaningful engagement, trusting relationships and a child-centred approach.

Birth families were seen to be involved and their views to be actively sought and considered with use of interpreters where needed to support this. It is hoped that this would offer meaningful involvement and an increased sense of appropriate influence.

Family placement team workers now also ensure that they spend individual time with children in caring households every second visit as a minimum requirement of the service, building opportunities for positive relationships to be established and sustained and to gather young people's views. In addition, the service was due to commence the Bright Spots Scottish project being piloted by Celcis and Coram Voice which will support the service to explore what children and young people feel about their wellbeing, their care experience and transition to independence. It was also exploring the use of digital technology in their attempts to improve outcomes in this area. We look forward to considering this area at the time of the next inspection.

Where appropriate, legal permanence was seen to be being pursued and, in some cases, achieved timeously.

Appropriate policies and procedures were in place relating to protection matters and in the cases we sampled, found that protection matters which had arisen had been addressed appropriately. We were concerned, however, that mandatory training for carers in this area continues to be poorly attended.

Whilst we recognise that significant efforts have been made to reduce drift and delay for children and young people within Dumfries and Galloway, we found some cases where legal certainty was not being achieved timeously. For some young people, we found their legal certainty 'evolved' over time; in some cases,

resulting in positive destinations of permanent care or adoption being identified and progressed with carers who had already claimed young people in their care.

Attempts were made to ensure brothers and sisters remain together and, in some instances, this was achieved through the use of external placements due to lack of appropriate local resources. We heard during this inspection that this lack of resources has inevitably led to brothers and sisters being unable to live together in some cases. The importance of maintaining these relationships, where young people did not live together, was apparent in cases sampled and in broader discussions. Sibling and family time was supported well by carers and the service. Psychological service input was also provided to assess need of each child and the outcomes related to family relationships being sustained.

Young people were seen to be accessing and achieving in their education settings and we noted the positive impact on confidence, relationships and optimism around opportunities as a result. Good communication between carers, family placement team members and education professionals supported this. Creative approaches to support positive education transitions were seen which acted to reduce anxiety for a young person and allow a successful transition to school.

Despite the rural settings, children and young people experienced a sense of belonging, achievement and had opportunities to have fun and develop new skills. They were involved in activities of interest and were active members of their communities. Carers supported and encouraged this, recognising the important benefits their involvement in these activities offered.

Whilst most carers we spoke with felt well supported by responsive workers, this was not the case for all and we also noted some instances where carers felt unhappy with pressure to provide care outwith their approval.

Children and young people benefitted from access to primary health services and received support from specialist services where appropriate, with examples of carers being proactive in progressing these supports when necessary. We saw examples of specialist input from psychological services to enable children and young people's needs to be met through equipping caring households with appropriate knowledge and skills.

The LAAC (Looked After and Accommodated Child) Health team were noted to work closely with the service in the provision of pre and post-approval training and in direct work with supporting workers and caring households. We saw this as a key strength in promoting positive outcomes in cases we sampled. In addition, the agency medical advisor was noted to regularly offer prospective carers the opportunity to discuss children's health needs and their implications to improve understanding and support a needs led approach.

We spoke with carers who were committed and motivated to develop the skills needed to effectively support young people, including carrying out independent research. However, we noted in one case that reliance on previous employment experience and sourcing specialist training independently to support the identified needs of a young person. We felt this should not be the responsibility of the carer but the service.

To support carers ensure the safety and wellbeing of children and young people, a broad suite of post approval training was available. We were concerned to see this was being well utilised by only a minority of carers, specifically those approved to offer an intensive support service. We also stressed to the service the need to incorporate at an early stage, training to support carers and young people in their future transition into interdependence as this was not evident. As mentioned previously, we were concerned that mandatory

training for carers in the area of child protection continues to be poorly attended having been subject to a recommendation at the previous inspection. This will now inform a requirement. (See requirement 1).

In the main, we found children and young people received the service which was right for them and provided nurturing, safe, loving experiences based on their individual needs. Children and young people's views and wishes were sought and informed these decisions.

We saw the Signs of Safety methodology being used effectively (including to help carers to identify supports in their own network, thus offering a more natural experience for young people during time away from the caring household) and some good examples of joined up working to achieve positive experiences and outcomes for young people.

Some improvements in addressing the backlog of cases of drift and delay in achieving legal certainty for children and young people identified at the previous inspection was noted. The local authority continued to monitor this and adopt strategies to ensure this continued, including through outsourcing legal services. However, in the cases we sampled we noted ongoing issues for some children and young people in terms of their plans being delayed and the route for legal certainty being identified and achieved. Whilst actions have been taken to make progress in this area since the time of the last inspection, there continues to be ongoing challenges which should to be addressed. (See area for improvement 1).

We saw good multi-agency assessment and review processes in relation to young people. However, reviews of carer approval did not highlight a good level of participation by carers. We would encourage the service to ensure active participation of carers wherever possible.

We noted some inconsistencies around assessment practice for carers, including in relation to reassessment resulting from significant changes within caring households. In some instances, this had been contributory in poor outcomes for some young people as a result of unplanned endings. We welcomed that robust opportunities to reflect on unplanned endings were undertaken and recorded to support learning; however, identified instances where this learning had not influenced practice. This will inform an area for improvement. (See area for improvement 2).

Requirements

1. By 1 April 2022, the service must ensure that the health and wellbeing of children is always appropriately managed. In order to achieve this, the service must ensure all foster carers and prospective adopters attend appropriate training including, but not limited to, child and adult protection.

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 protected from harm abuse, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and

'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 3.24).

Areas for improvement

1. To reduce delays in children achieving permanence, the service should ensure that all alternative care options are considered at an early stage of planning. They should also ensure that all relevant assessments are undertaken timeously and that legal resources are available to progress applications for permanence following panel recommendations.

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

'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1.16).

2. The service should ensure good practice in assessment of carers, including undertaking prompt and robust reassessment and presentation to panel following the identification of any significant changes of circumstances within the caring household.

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

'If I have a carer, their needs are assessed and support provided' (HSCS 4.26); and

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

How good is our leadership?

4 - Good

There have been some significant changes within the management and leadership team since the time of the last inspection. We noted these, along with other relevant information, have been regularly communicated to caregiving households and efforts have been made to minimise the impact on service delivery.

The service provided a clear, up-to-date service improvement plan based on previous requirements, recommendations and the Health and Social Care Standards. This highlighted actions which had been taken to meet the required improvements and also ongoing aspects of development within the service. In addition, the Dumfries and Galloway Fostering Service Plan 2021-2024 was also provided.

Further developments were identified during the course of this inspection in relation to continuing care for young people within the fostering service. Under current arrangements, carers 'convert' to the supported lodgings scheme when continuing to offer support to young people in their care. Plans to register a new adult placement service for the purpose of continuing care which will be linked to the fostering service were described, which we strongly support. These changes should ensure more clarity, streamlined robust processes and importantly continuity and quality of support.

In addition, a significant development reached agreement at Committee during the course of the inspection relating to the introduction of a fee-based scheme. It is hoped this will positively impact the recruitment and retention of foster carers, allowing the service to better meet the needs of vulnerable children within Dumfries and Galloway. This is due to be implemented in April 2022.

We encouraged the service to progress appraisal of panel members and chair as this has been delayed and we will consider this at the next inspection. Attempts have been made to increase the diversity of panel membership and while some limited success was noted, this had been delayed due to circumstances outwith the control of the service. We continue to feel further diversification and efforts to increase independent oversight would be beneficial and look forward to considering this again at the time of the next inspection.

We encouraged the service to continue to enhance their quality assurance systems and highlighted some key areas to them to support this.

How good is our staff team?

4 - Good

As previously noted, there have been some staffing changes and the service were in the process of recruitment at the time of this inspection. The staff team reflected that these changes, whilst initially creating some uncertainty and negatively impacted team morale, have been more recently been positively received, particularly in relation to current team dynamics and management arrangements. Discussions with carers identified that they had felt minimal negative impact resulting from these changes and they continued to feel staff and management were supportive and available.

Carers mostly felt well supported by staff who were responsive, knowledgeable, motivated and committed. One carer stated, "If I tell her (supervising social worker) something that's a problem, it's dealt with straight away".

Regular supervision and annual personal development reviews support staff to identify progress, goals and reflect on practice and wellbeing issues. Staff spoke positively about their current supervisory arrangements and felt well supported at this time. Team meetings and a recent development day worked well in bringing the team together and supporting shared learning and communication opportunities.

Good opportunities for staff to progress personal development goals and share learning, not only across team and with carers but also external organisations, was noted.

The service utilises their social work assistant practitioners and students for a variety of tasks and roles reflecting the needs of the service and individual developmental opportunities for the workers. It was not clear, however, that these opportunities were always well enough supported/supervised or that workers felt well enough equipped for some of these tasks. We offered clear examples to the service and encouraged them to reflect on these and their role in supervising and supporting this. The service acknowledged this and advised that they had recently commenced work to clarify appropriate duties and responsibilities for these roles. We will consider this aspect of service delivery at the time of the next inspection.

How well is our care and support planned?

4 - Good

Young people were supported through the development of and implementation of good quality care plans which were subject to regular multi-agency review. Their views were sought and recorded within these enabling them to meaningfully inform and direct care planning where possible.

Good examples of joined up working to support plans in practice were present, enabling those people who know the young person best and who are involved in their lives to be meaningful active participants.

Safer caring approaches were evident; however, the quality and individuality of plans was variable. Risk assessments were also not always individualised but those we considered were of a good quality.

The Signs of Safety methodology was evident in documentation we considered and was being integrated into supervision and practice. We felt this approach was positive and supported the identification of desired outcomes for young people and potential barriers to these.

Across documentation we identified a lack of the consistent use of chronologies. We encouraged the service to adopt their use consistently to support recording of key events, identification of emerging themes and good practice. We discussed this with the service and were assured that they would review this.

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

Requirements

Requirement 1

The provider requires to improve the timescales for securing children's futures when they are identified in need of permanence and adoption.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a).

Timescale for compliance: 11 April 2021.

This is also to ensure that quality of 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).

This requirement was made on 24 February 2021.

Action taken on previous requirement

This has been assessed as met as clear improvements have been identified. These are considered in the body of this report.

Further improvement work in this area will be needed by the service due to ongoing challenges, forming a recommendation at the time of this inspection.

Met – within timescales

Requirement 2

The provider requires to ensure the safe care of children and support to foster carers at time of crisis.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a).

Timescale for compliance: Immediate on receipt of this report.

This is also to ensure that quality of care and support is consistent with the Health and Social Care Standards which state that:

'I am protected from harm, neglect or abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

This requirement was made on 24 February 2021.

Action taken on previous requirement

This has been assessed as met as clear improvements have been identified.

Met - within timescales

Requirement 3

The provider must ensure staff members complete and refresh child and adult protection training.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a).

Timescale for compliance: 11 April 2021.

This is also to ensure quality of 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 3.24).

This requirement was made on 24 February 2021.

Action taken on previous requirement

This has been assessed as met with all staff having completed the identified training.

Met - within timescales

Requirement 4

The provider is required to ensure the safety of children in foster care with appropriate management responses and robust monitoring where there are safeguarding concerns for children.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a).

Timescale for compliance: Immediate on receipt of this report

This is also to ensure that quality of care and support is consistent with the Health and Social Care Standards which state that:

'I am protected from harm, neglect or abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

and

The service requires to review the circumstances and practices surrounding the case we highlighted as a concern, report on their findings and any lessons learned and provide a copy of this report to the Care Inspectorate.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a).

Timescale for compliance: 11 April 2021.

This requirement was made on 24 February 2021.

Action taken on previous requirement

This has been assessed as met as clear improvements have been identified through the consideration of protection matters since the time of the last inspection.

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

The service should strengthen gathering the views of children living in foster care to give assurance of the quality of care and support and also incorporate any common themes emerging to action points within the development plan.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop.' (HSCS 4.6).

This area for improvement was made on 24 February 2021.

Action taken since then

A number of methods had been introduced to improve this aspect of the service. Ongoing efforts are being made which are detailed in the body of this report.

Previous area for improvement 2

Children's risk assessments should be current, reflective of current need, have a clear action plan to reduce or eliminate risk and be timeously reviewed. Children and young people should be at the heart of this process and their views included.

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

'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6).

This area for improvement was made on 24 February 2021.

Action taken since then

Improved quality of individualised risk assessments were identified which informed care planning. Young people's views were noted to be incorporated.

Previous area for improvement 3

The service management should ensure that foster carers receive mandatory child protection training and further training needed in order to give the best of care to vulnerable children.

This is to ensure that quality of 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 3.24).

This area for improvement was made on 24 February 2021.

Action taken since then

This had not been successfully progressed and will inform a requirement.

Previous area for improvement 4

The service should continue to prioritise the recruitment and retention of foster carers in order to build sufficient capacity within the service to enable good matching for children and maximise support to existing foster carer households.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19).

This area for improvement was made on 24 February 2021.

Action taken since then

This remains an ongoing issue; however, the service continues to prioritise this. It is hoped that a very recent committee agreement regarding the introduction of a fee-based scheme for foster carers will have a significant positive impact on recruitment and retention of carers.

Previous area for improvement 5

The service should continue to strengthen and develop existing quality assurance mechanisms to support an effective service provision.

This is to ensure that Management and Leadership is consistent with the Health and Social Care Standards which state that:

'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

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

This area for improvement was made on 24 February 2021.

Action taken since then

Quality assurance had improved which was found to have had a positive impact. We have encouraged further strengthening of this aspect of management and leadership to support ongoing improvement.

Previous area for improvement 6

The service should seek to increase diversity and independence of panel membership in order to promote transparency and inclusion.

This is to ensure that Management and Leadership is consistent with the Health and Social Care Standards which state that:

'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This area for improvement was made on 24 February 2021.

Action taken since then

The service had successfully appointed independent members to the panel; however, there had been some delays due to circumstances outwith their control. There are further plans to increase independence and diversity and we will consider this further at the point of the next inspection.

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

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| 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 | 4 - Good |
| 1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience | 3 - Adequate |
| 1.4 Children, young people, adults and their caregiver families get the service that is right for them | 3 - Adequate |

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| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement are led well | 4 - Good |

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| How good is our staff team? | 4 - Good |
| 3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families | 4 - Good |

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| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults | 4 - Good |

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