

Orkney Fostering Service Fostering Service

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Type of inspection:
Announced (short notice)

Completed on:
26 September 2022

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004082094

About the service

Orkney 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 aims of the service are:

- 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 children, young people, carers and professionals using online surveys and video technology discussions.
- Discussions with external managers, and staff 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.

What people told us

We spoke with fostering families and reviewed feedback received in response to our surveys. Foster families told us that they viewed the staff group as skilled but under pressure. In addition, they told us:

"It's not got any better... it's got worse."

"The lack of progress is significantly impacting on [their] life."

"Strengths are the individual social workers working in a system that is completely broken."

"We get a yearly form asking for opinions, but I now don't fill it in as the questions don't get answered and we aren't listened to."

"We get a goodie bag every year, but this doesn't make up for needing answers or not getting forms back signed, having to chase everything all the time."

We spoke with a number of professionals, some comments included:

"The fostering service needs to be separated out from children and families. Fostering is in crisis in terms of providing a service to foster carers. Even the experienced carers are at breaking point."

"The fostering and adoption team need to be given the opportunity to do their work, child protection will always take precedence, but the fostering and adoption staff know what they are doing and just need encouraged to get on with it."

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?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	2 - Weak
How well is our care and support planned?	1 - Unsatisfactory

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we assessed that there were a number of strengths, these were compromised by significant weaknesses. As these weaknesses had the potential to have a negative impact on outcomes and the welfare of children and young people, we have made requirements for improvement.

Children and young people living with caregiver families experienced affectionate and meaningful care. Caregivers described examples of advocating on behalf of young people. This active engagement on behalf of children and young people by carers, ensured that they were able to engage in activities.

However, carers themselves reported high levels of stress and anxiety at having to pursue the service for permissions and support. Despite the actions of carers, we assessed that the delays in decision making and action by the service negatively impacted upon children and young people's day to day lives. We found that children and young people who knew that their plan was to move to permanent foster care or forever homes, had no timescales for when or if this would ever occur. Meaning that the practice of the service had a wider ranging impact on the development of children and young people's sense of belonging.

There were examples of care being personalised, with children and young people experiencing support which took into account their individual strengths and preferences. We found that efforts were made to support ongoing relationships and contact with others, including parents where appropriate, and there was a thread throughout care planning in relation to siblings. Children and young people experienced care with caregivers who were committed to supporting their emotional wellbeing and development. The support that they provided was let down by the services failures to effectively communicate with the caregiving group, complete regular visits and reviews and act towards securing permanency. This meant that the planning that took place in the last year did not support the pursuit of stable and secure living arrangements for children and young people.

Caregivers were not supported to develop or learn with no training provided in the last year. Although we did hear about individual staff members providing quality one to one support to carers to support behavioural management or crisis situations. Since the last inspection there had been no training offered to carers, with gaps in carer core training identified as a concern. This concern was identified in the last two inspections (see requirement 1). The full range of service supports were however unavailable due to the redeployment of staff. For carers this meant that opportunities to train, receive additional support or upskill were lost. Experienced caregivers spoke about their frustrations at the lack of support, including respite and training and conveyed a strong understanding of the competing pressures of the wider provider services. Some caregivers indicated their ambivalence about continuing in the role. For newer carers the opportunities to be trained and supported by the staff team were compromised and the recruitment of new carers to build capacity was lost which has the potential to impact on the services ability to offer care in the future.

Caregivers feedback was positive about the relational approach of the staff team with caregivers universally viewing staff as skilled and supportive. However, it was reported that in the last year all staff had duties in other parts of the wider provider provision. This impacted on the support and contact they were able to offer carers, children, and young people. This was evidenced further in our tracking of home visits, supervision of carers and reviews with notable gaps in these areas. The lack of responsiveness during the last year meant that carers witnessed the direct impacts on children and young people with examples given ranging from missing out on overseas holidays, chasing the service for consent forms, and generally a sense of being alone with the care. The overall sense was one where there was no continuous review of needs for children, young people, and their carers but rather a reactive system.

Where the service was responsible for assessing caregiver families, we found this to be comprehensive. However, panels and caregiver reviews were not occurring regularly causing delays in assessment processes and leading to the repetition of assessment steps for young people and carers alike.

Children and young people's access to mental health services and multi-disciplinary connections across children's services were found to have improved. This meant that children and young people had been able to access assessments from specialist services and that staff felt confident that these same services could be accessed for other children and young people. A key element identified by the staff group in this improvement was around ensuring that professional connections between social work, education and health were maintained and supported by senior colleagues.

We found in the last inspection that the quality of permanence planning within the service was poor.

With almost all children who needed permanent alternative care, experiencing significant delays. At this current inspection we were unable to evidence progress in securing permanent care for children and young people. We could see the beginnings of improvement and tracking work, as we could at the last inspection, but could not see any positive impact on children and young people's experiences or outcomes. The delays in planning were assessed as having an impact on family life for children, their families and fostering families. 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 (see requirement 2).

Access for children and young people to accessible rights information was unable to be assessed (see area for improvement).

Requirements

1. By 30 December 2022, the provider must ensure that all foster carers have completed core training requirements.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 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, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. By 30 December 2022, 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:

- a) Procedures to secure permanent alternative care are embedded in practice.
- b) Staff are supported and feel confident in planning permanent alternative care.
- c) Assessments are undertaken and children are presented at permanence panel within timescales.

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

Areas for improvement

1. To enable children and young people to be aware of their rights, have their voices heard and respected, the provider should embed awareness of children's rights within the service. This should include, but not be limited to, advocacy services being visible to children and young people and training for all staff.

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

'I am supported to use independent advocacy if I want or need this (HSCS 2.4) and 'I am supported to understand and uphold my rights' (HSCS 2.3).

How good is our leadership?

1 - Unsatisfactory

We made an evaluation of unsatisfactory for this key question. There were weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for children and young people. We have made requirements for carrying out necessary actions as a matter of urgency.

The service has developed a system for tracking and evaluating the outcomes of children and young people using the fostering service. The tracker system is in the early stages of implementation however, we found gaps in the tracking of data which had the potential for children and young people to be missed. We were unable to see any positive impacts at the time of inspection from the use of the tracker on either drift and delay in permanence or on children and young peoples' outcomes. Additionally, service tracking of complaints and child protection concerns were of concern with information being held in different locations. This meant that when reviewing separate documents, we were able to see separate concerns that were not tied to each other. We assessed this as having the potential to lead to poor decision making and negative outcomes for children and young people (see requirement 1).

The effectiveness of the new processes for tracking, and managerial action to evaluate children and young people's care planning and outcomes have not been evidenced. The concerns which were raised at the last inspection remain unaddressed (see requirement 2).

The quality assurance process and direct provision of services is limited by the chronic lack of staff. This currently includes the lack of a registered manager for the fostering service and until recently gaps in positions of external oversight, although positively this later issue is temporarily resolved. Since the last inspection there has been a nine-month period where no fostering or adoption panels took place, which has directly impacted on carer reviews, decision making and progression of planning and on the provision of additional external safeguards and assurances. There has been an acknowledged staff shortage which has led to insufficient capacity to provide core aspects of service and therefore improvement activities have been side-lined. The process of making or embedding change has been since the last inspection and is still hindered by a lack of staff. It is likely that the effectiveness of any improvement actions will be directly linked to staffing numbers across the wider provision.

Requirements

1.
By 30 December 2022, to ensure that children and young people receive quality care and support, the provider must ensure effective tracking and planning for outcomes for children and young people. To do this, the provider must as a minimum:
 - a. Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.
 - b. The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

2.

By 30 December 2022, to provide stability in leadership and evidence the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:

- a. Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.
- b. Ensure a direct line management responsibility.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we assessed that there were a number of strengths, these were compromised by significant weaknesses. As these weaknesses had the potential to have a negative impact on outcomes and the welfare of children and young people, we have made requirements for improvement.

Staff formed genuine relationships with carers. They were skilled in helping to resolve challenging situations and in the provision of specialist advice. However, the redeployment of staff away from the core task of the fostering service directly impacted on the quality and quantity of service provision. This caused delays in the completion of assessments and reviews, impacting negatively on children and young people's daily experience but also on their journey through care.

Continuous learning has been a previous strength of the staff of the service. Since the last inspection access for staff to learning opportunities has lacked breadth and scope. Individual and group training analyses were not found. This meant that access to training occurred on an ad hoc rather than planned basis and may not reflect the needs of the children, young people, carers, or service (see requirement 1). Additionally, there was no system in place that allowed for the incorporation of carers, children's and young people's views into training, supervision, appraisal or wider service planning. Meaning that during this recent period of redeployment of core staff no meaningful consultation took place with key stakeholders.

We found supervision for staff to have occurred infrequently for the work of the fostering service with varying quality of recording. The structure of some recordings was confusing with unclear direction to action from the discussion. It was unclear how staff were supported through the changing expectations of their roles and the handing over of responsibilities in relation to specific cases (see requirement 2).

1. By 30 December 2022, the provider must ensure that all staff receive sufficient and regular training including child and adult protection training and that an appropriate record is maintained.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) "A provider must make proper provision for the health, welfare and safety of service users" and 15(b)(i) "ensure that person's employed in the provision of the care service receive training appropriate to the work they perform".

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 and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.24).

2. By 30 December 2022, the provider must ensure that all staff receive regular, and good quality formal supervision and that an appropriate record is maintained.

This is necessary in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 3 "A provider shall provide a service in a manner which promotes quality and safety" and 15(b)(i) "ensure that person's employed in the provision of the care service receive training appropriate to the work they perform".

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 and are able to reflect on their practice and follow their professional and organizational codes' (HSCS 3.24).

How well is our care and support planned?

1 - Unsatisfactory

We made an evaluation of unsatisfactory for this key question. There were weaknesses in critical aspects of performance which require immediate remedial action to improve experience and outcomes for children and young people. We have made requirements for carrying out necessary actions as a matter of urgency.

Assessments and care plans for children and young people using the fostering service were of a good quality when we were able to view completed pieces of work. They would however benefit from adopting a SMART process with particular emphasis on the setting of timescales for completion (see requirement 1). In the case tracking that we conducted, we found examples of decisions being made and requests for assessments but then no action occurring. We found gaps in files and recordings. The ability to track a young person's journey through care was not always possible with missing chronologies, poor event recordings and inconsistencies in how staff were recording information and where. The provider has taken steps to address this, and a new IT system will be in place soon. However, the recording system as it currently stands would make it difficult for a young person to be able to understand if they requested their file, why and when decisions were made.

We found that since the last inspection there had been little progress in the completion of assessments, progressing care plans and that regular reviews were not completed. This meant that children and young people's situations had not progressed since the last inspection. Meaning that steps towards longer term goals were not being taken and that review of short-term goals and updating care planning to reflect changing views and wishes was not occurring. This is now the third inspection where this weakness has been found with no evidence of sustained improvement. The impact on outcomes for children and young people has now reached a critical point and immediate remedial action to improve experience and outcomes must occur (see requirement 2).

Requirements

1. By 30 December 2022, to ensure that children, young people and their families care and support needs are accurately reflected in support plans and anticipate future needs. These plans should be responsive, person-centred with goals which are SMART (specific, measurable, achievable, realistic and time-bound). To do this the provider must as a minimum:

- a. Ensure that post adoption support plans identify future needs.
- b. Are informed by a child's care plan and risk assessment.
- c. Reviewed regularly to ensure that adopters needs for post adoption support are met.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am fully involved in assessing my emotional, psychological, social and physical need at an early stage, regularly and when my needs change' (HSCS 1.12) and 'my future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

2. By 30 December 2022, to ensure that children and young people receive timely progression of plans and to understand their past should they wish to review their files, the provider must ensure that all relevant or requested reports, assessments, minutes and related documents are completed, signed, dated and store appropriately.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

Requirements

Requirement 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 (HSCS) 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).

This requirement was made on 19 April 2021.

Action taken on previous requirement

This requirement has not been met and continues.

Not met

Requirement 2

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 (HSCS) 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).

This requirement was made on 19 April 2021.

Action taken on previous requirement

This requirement has not been met and continues.

Not met

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 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 (HSCS) 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 area for improvement was made on 19 April 2021.

Action taken since then

Improved access to mental health services. This area for improvement has been met.

Previous area for improvement 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 (HSCS) 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 area for improvement was made on 19 April 2021.

Action taken since then

This area for improvement has not been met, therefore has now been made a requirement.

Previous area for improvement 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 (HSCS) which state that:

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

This area for improvement was made on 19 April 2021.

Action taken since then

This area for improvement has not been met at inspection and continues.

Previous area for improvement 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 area for improvement was made on 19 April 2021.

Action taken since then

This area for improvement has not been met at inspection, therefore has now been made a requirement.

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?	2 - Weak
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	2 - Weak
1.2 Children, young people and adults get the most out of life	2 - Weak
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	2 - Weak

How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement are led well	1 - Unsatisfactory

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	2 - Weak

How well is our care and support planned?	1 - Unsatisfactory
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	1 - Unsatisfactory

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