

West Lothian Council – Fostering Service Fostering Service

Family Placement Team
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West Lothian Council

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About the service

West Lothian Fostering service, is a fostering agency that recruits and supports foster carers within the West Lothian local authority area.

About the inspection

This was a short notice inspection which took place between 24 October and 15 November 2022. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with three children using the service and had seven responses to our survey. We spoke with 22 foster carers and had 33 responses to our survey.

We spoke with management in the service and 10 staff within the service. We spoke with four children's social workers and had 12 responses to our survey.

Key messages

- Carers in the service were well supported.
- The service was well led by the registered manager.
- The staff team were motivated and had a positive team identity.
- Quality assurance was generally strong but some key areas needed improvement.
- The service should continue to improve its approach to permanence to reduce drift and delay.
- The service should robustly monitor instances where carers are outwith their registration.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We have graded this key question as good, where there are important strengths that clearly outweigh areas for improvement.

Children experienced meaningful, affectionate and secure relationships with their caregiver families. These relationships were based on empathy, compassion, trust, predictability, love and fun. Carers had made enduring commitments to Children in their care to provide long term stability into adulthood.

Carers were recognised as significant people in the decision-making process and carers felt well supported by the service which helped to support positive outcomes. Carers told us "I have always had great support from my social worker regarding any problems I might have" and "They support the foster carers at every point which helps the children's placements to be a happy, caring and supportive experience."

Children had access to formal advocacy when this was required and carers were strong advocates for children ensuring they received appropriate support. Children were able to express their views in relation to the service and a "Having Your Say" group provided a forum for care experienced children to influence service delivery. Welcome packs provided when children began living with carers provided information on their rights and how to provide feedback.

Children experienced highly personalised care and support from caregiver families that understood their individual strengths and preferences. Carers supported children to manage health needs and recover from trauma with a therapeutic approach. The service had a culture of ambition and children were experiencing positive educational outcomes. The "Level up Attainment project" offered support to care experienced children in the local authority area to promote education attainment. Children were active in their community and had opportunities to experience holidays with their carers and were engaged in clubs, voluntary work and employment.

Carers had access to a range of training to support trauma informed practice. A new training programme of mandatory training had been introduced and carers and staff had access to external training. Counselling for children and external consultancy for carers was also available to promote positive mental health and support carers to understand the impact of trauma. Children's health needs were comprehensively assessed and the Looked After Children's nursing team had a key role in ensuring children received appropriate supports.

Children were kept safe through robust safeguarding process. Carers had been trained in online safety and Child Sexual Exploitation and child protection processes were followed appropriately. The service should improve the central recording of child protection issues and ensure that notifications are made in all instances. This will form an area for improvement (see area for improvement 1).

Children experienced continuity of care when short breaks were required and carers were supported to use their own network to support children. This provided stability for children and ensured they had short breaks with adults already known to them.

Carers were supportive of children maintaining family links with parents and siblings. Children and young people were supported to live with their brothers and sisters where this was assessed as appropriate. This reduced further experiences of loss and trauma resulting from separation. We noted in some cases this has resulted in more than three unrelated children and young people residing within a carer household. The service should ensure that panel and the agency decision maker are robust in their decision making if carers are outside of their approval.

We saw positive examples of life story work being undertaken and carers creating memory boxes for children in their care. The quality of life story work was not consistent however and there was no system in place to monitor letter exchange for children. Sibling assessments formed a part of planning for children in need of permanent care but not all workers were confident in undertaking these. We did see examples of one child who did not have a full understanding of their sibling relationships. The service should improve its practice in this area and it will form an area for improvement (see area for improvement 2).

Carers were robustly assessed in accordance with best practice. Some delays in approval had occurred due to an absence of a medical advisor but a new medical advisor is now in place.

Matching the need of children to carers had been identified as a theme in some unplanned ending meetings undertaken by the service. A new matching assessment is now in place to ensure that caregiver families are able to meet the needs of children in their care.

The service had been part of the Permanence and Care Excellence (PACE) programme and continued to monitor permanence practice using this methodology. The service had clear aims and systems in place to evaluate practice but some children experienced drift and delay in achieving permanence. This will form an area for improvement (see area for improvement 3).

Children experienced positive transitions in to continuing care and were made aware of their rights from the age of 14. Welfare assessments were completed and the service had a high number of young people remaining with their carers past the age of 18.

Areas for improvement

1. To support children and young people's safety, the service should improve the recording and monitoring of incidents.

This should include but is not limited to:

- a) Improving central recording of incidents to allow greater analysis
- b) Following guidance for service of record keeping and notification in all instances.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

2. To ensure children and young people enjoy enduring relationships with important family members, the service should develop a consistent approach to life story work, sibling assessments and letter exchange

This should include but is not limited to:

- a) Identifying learning needs for staff in completing life story work and sibling assessment
- b) Developing a central overview for the management of letter exchange

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 manage my relationships with my family, friends or partner in a way that suits my wellbeing" (HSCS, 2.18).

3. To ensure that children in need of permanent substitute care do not experience delay in planning, the service should continue to evaluate practice in relation to Permanence.

This should include but is not limited to, ongoing monitoring of timescales using Permanence and Care Excellence (PACE) methodology to drive improvement.

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).

How good is our leadership?

4 - Good

We have graded this key question as good, where there are important strengths that clearly outweigh areas for improvement.

The service had a comprehensive service development plan in place that followed SMART (Specific, Measurable, Achievable, Realistic, Time-bound) to drive improvement and improve outcomes. The registered manager had driven a number of recent improvements within the service and the team were motivated and engaged with improvement activity. Staff had been allocated practice leads for development and were

committed to achieve change. They benefitted from regular supportive supervision and an annual appraisal system was in place.

The fostering and adoption and permanence panels provided robust quality assurance. Panel members were experienced and confident in their role and a new independent panel chair had recently been appointed. There was good communication between the panel chairs and the Agency Decision Maker. Panel were notified when carers were taken out with their approval, the panel should be robust in monitoring these situations to ensure that carers have appropriate supports and that approvals continue to be reviewed.

Pre panel check lists and post panel evaluations were completed by panel members as part of their quality assurance role. Panel members were confident in highlighting issues and ensuring that these were passed to the appropriate managers to resolve. There were occasions when panel members had cancelled panel due to issues with the quality of reports provided which contributed to drift and delay for planning for children. The service should improve quality assurance processes for reports prior to panel and this will form an area for improvement (see area for improvement 1). Some carers were overdue review in part due to panel capacity and the impact of covid-19. The service had an action plan to prioritise carer reviews to clear this backlog.

The service undertook meetings to review situations when children moved from carers on an unplanned basis. Some of these did not provide a clear chronology of events or identified clear learning points. The service should improve its practice in relation how it evaluates learning from situations when children experience unplanned moves, this will form an area for improvement (see area for improvement 2).

A range of quality assurance measures were in place to allow for an analysis of practice performance and to maintain an overview of performance. File audits were being undertaken and carer chronologies were in place to document key events. Some quality assurance processes could be strengthened to improve consistency of practice and support positive outcomes. This will form an area for improvement (See area for improvement 3).

Areas for improvement

1. To reduce drift and delay in planning for children the service should improve quality assurance processes in relation to reports submitted to the adoption and permanence panel.

This is 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).

2. To ensure the service can take learning from unplanned endings for children with foster carers, the service should improve how these situations are reviewed.

This should include but is not limited to:

- a) Identifying clear learning points from unplanned ending meetings.
- b) Considering learning that can be taken from unplanned endings within interim care arrangements.

This is 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)

3. To improve performance, the service should further develop quality assurance systems in place.

This should include but is not limited to:

- a) Maintaining an overview of checks for family and friends of carers who provide support.
- b) Improving systems for recording carer training and when mandatory training is required to be completed.

This is 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).

How good is our staff team?

5 - Very Good

We have graded this question as very good where there are major strengths in supporting positive outcomes for people.

Staff consistently formed enduring, trusting and genuine relationships with people being supported by the service. They used their authority appropriately and were highly skilled in supporting caregiver families to manage challenging situations such as resolving conflict. Feedback from all of the caregiver families told us that their supervising social worker was responsive, reliable, and knowledgeable. They trusted them and also noted their worker would challenge their thinking when needed.

Staff were empowered and equipped to deliver good quality practical and emotional support by the team manager. They had opportunities to develop their skills by having practice area leads, opportunity to complete post qualifying training and certificates, felt they would be supported when they identify training specific to their role.

Team meetings, development days, regular supervision, accessibility of informal supervision and busy yet manageable workloads have contributed to the positive morale within the team. Staff benefitted from annual appraisal to review performance and identify future learning goals although these had not been completed by all staff.

The staff team were highly motivated and excited about developing the service and felt they had been included in the service development and were in turn motivated to help the caregiving families and Children to also feel involved this. Relationships with children's social work teams had improved and we saw good examples of joint working between services with regular communication and planning meetings taking place.

There was a good mix of skills and experience within the team and they were supportive of each other. Weekly team meetings allowed for reflective discussions regarding practice issues and information sharing.

Staff were supportive of each other and cover was provided to support colleagues were unavailable. Carers experienced continuity of care from the team and were confident a member of the team, familiar with their situation, would get back to them.

There were a range of approaches to learning and some staff have completed AFKA training in relation to adoption reports and sibling assessment. Many of the staff also had a good understanding of trauma informed practice and therapeutic parenting and had access to external training and consultancy.

How well is our care and support planned?

4 - Good

We have graded this key question as good, where there are important strengths that clearly outweigh areas for improvement.

Children benefitted from robust care planning that reflected their outcomes and wishes. The service advocated for children and there was a joined up approach to care planning with children's social work teams. Regular planning meetings helped to support positive outcomes but some carers felt that communication with children's social workers could be improved.

Carers had family policies which outlined their approach to safer caring in their household. These were updated at least annually or when a child joined a caregiver family. A new form included information relating to the safer caring needs of individual children. When children moved to live with caregiver families, safer caring needs were also considered in the "my plan" document completed as part of initial meetings to plan care.

A new matching assessment now included a risk assessment which will be completed for all children moving to live with caregiver families to ensure that risks identified are appropriately addressed. The impact of these developments on outcomes will be further assessed at the next inspection.

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

Requirements

Requirement 1

In order to ensure that children and young people, where appropriate, are able to achieve permanent placements within an appropriate timescale, the provider must put in place a plan to monitor and review these timescales to ensure there is no drift in care plans. This must be completed by 1 March 2019.

This requirement was made on 31 October 2019.

Action taken on previous requirement

Service engaged with Celcis regarding Permanence and Care Excellence (PACE) programme and has targets in place to monitor performance.

Met - within timescales

Requirement 2

In order to ensure that the improvements outlined in this report can be completed, the provider must conduct an urgent review of workload and capacity within the service, and put a plan in place which will allow the service to meet their key priorities. This must be completed by 1 March 2019.

This requirement was made on 31 October 2019.

Action taken on previous requirement

Review undertaken.

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 provider should implement a robust strategic plan for the development of the fostering service, in partnership with staff, foster carers and young people who use the service and prioritise key areas that need urgent attention.

This area for improvement was made on 31 October 2018.

Action taken since then

Strategic development plan is in place and reviewed regularly to inform service improvement.

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?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good

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

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

How well is our care and support planned?	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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