

Renfrewshire Council Fostering Service Fostering Service

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Service provided by: Renfrewshire Council

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About the service

Renfrewshire Fostering Service has been registered since December 2005, and transferred its registration to the Care Inspectorate on 1 April 2011. The agency provides a fostering service for children and young people aged 0-18 years and their families who are assessed as in need of this resource and who live, or have connections in the Renfrewshire area.

About the inspection

This was an announced inspection which took place In January 2023. The inspection was carried out by 2 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 people using the service and their carers
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Additionally, we received and reviewed survey responses from 15 young people, 7 carers, 5 staff and 10 external professionals.

Key messages

Relationships between, children, young people, caregivers and staff were robust and positive.

Children and young people were respected by carers and staff, with individual needs, and interests supported.

Tracking of the completion of core trainings needs to be further developed.

There was a clear culture of ambition and of celebrating success which was led by staff and carers.

Tracking of permanency needs to be improved to ensure consistency of experience and outcomes for all children and young people.

The role of staff in advocating on behalf of carers and young people, through attendance at reviews and the evaluation of plans could be improved.

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 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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

Children and young people had meaningful relationships with their caregivers, with examples of relational strengths around security, predictability, and warmth of care. There were good examples of young people's participation and inclusion activities as part of the normal process, and through additional activities supported by external stakeholders. The strengths in relationships between children, young people and carers were mirrored in the strong connections between caregivers and staff, with enabling and responsive support described. This meant that children, young people, and carers were able to express fully their needs, in relationships which were responsive and adaptive.

Carers and staff respected children and young people, with individual needs, and interests supported. Carers, children and young people were made aware of their rights. Further work could take place to ensure that this is incorporated into training and development plans for carers, and that advocacy supports are

advertised within fostering to children and young people. This would formalise the good practice that we found, ensuring consistency in the how rights-based information was conveyed.

Children and young people received care that met their individual needs and kept them emotionally and physically safe. There was clear analysis by staff around the skills of the carers in relation to children and young people's care requirements and evidence of this analysis being applied in practice. A wide range of high-quality training was offered to carers, however tracking of the completion of core trainings needs to be further developed (see Area for Improvement 1). This will ensure that all carers remain up to date in terms of knowledge and skills which directly benefits children and young people.

Children and young people's contact with family and friends was appropriately supported by carers in line with care plans. The examples provided of support from carers to birth families and the genuine connections based on shared caring of children and young people, was seen as beneficial to outcomes. They ensured the stability of the care whilst also offering continued relational connection.

Children and young people were living with their siblings where appropriate. The valuing of sibling relationships was evident through not only the examples of young people remaining in sibling groups, but also in the consideration of staff in relation to developing sibling relationships between young people not biologically related but placed in caregiver homes together for extended periods of time.

There was a clear culture of ambition and celebrating success which was led by staff and carers. Staff were seen as knowledgeable in accessing education and educational supports and their availability to support children, young people and carers around education was described with positive outcomes directly linked to the support.

Carers, children, and young people were provided with appropriate amounts of information. Staff were able to equip carers to work effectively with children and young people, in ways which were sensitive to their history and developmentally appropriate.

Staff actively supported carers and this benefitted carers, children, and young people by ensuring that additional emotional as well as practical support was provided. Where there were delays in accessing additional supports and specialist input, there was a clear picture that staff had worked to the best of their ability.

The assessment and review process for carer approval was good. Where children and young people were in need of permanent care, we found examples of excellent practice, with clear assessment, adherence to timescales and a focus on keeping the child or young person at the centre of the plan. We were assured that new cases that required permanency decision making would be handled in this effective manner. However, alongside this we also found examples of significant drift and delay for some children already receiving care. This impacted negatively on children and young people's outcomes. The significant delays to assessment, decision making and the delay in activating processes was affected by Covid-19 restrictions and by changes to the providers IT systems. However, the effective tracking of permanency decision making, and ensuring timescales were adhered to, was not robustly evidenced. Individual cases were being monitored through reviews but wider accountability for permanency across the provision must improve. There were examples of pro-active advocacy by the fostering team on behalf of children, young people, and carers however again the evidencing of this could be strengthened.

Improvements to the permanency monitoring process and clarification around lines of accountability, needs to take place to maximise children and young people's wellbeing (see Area for Improvement 2). This will ensure the consistency of experiences and outcomes in relation to permanency. We would expect that the

provider would review historical cases and improve the tracking process. As part of this we would expect to see action from the fostering service to progress these plans within their remit, such as leading tracking, and advocating on behalf of children, young people, and carers.

Areas for improvement

1. To support children and young people's health and wellbeing, the provider should ensure that all foster carers have completed core training requirements.

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 3.14).

2. To support children and young people's care planning, ensuring that children and young people have timely moves to permanent care, the provider should ensure the consistent monitoring of permanence planning is taking place. In order to achieve this, the service should ensure that:

a) Monitoring of permanence is robust and continuous.

b) The service advocates on behalf of children, young people and carers to progress plans within timesframes.

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 well is our care and support planned? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

The strength of relational connection between staff across the provision was evidenced, with examples of these connections supporting positive outcomes for children and young people thorough improved communication and effective decision making. Children and young people were leading positive, healthy, and enjoyable lives and were supported by the active engagement of staff. Planning was clearly communicated to children, young people and carers and there was clear evidence of staff engaging in gaining views. Where planning was the responsibility of other services from the provider there were inconsistencies in how the service monitored the progression of plans and advocated on behalf of children, young people and carers. There were however positive examples of the service actively progressing plans by completing work that was not part of their normal remit. This directly improved outcomes for specific cases. A wider more systemic approach to ensuring that all children and young people's plans are progressed would assist in achieving positive destinations and ensure the effectiveness of the quality assurance process.

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 must ensure that all foster carers including respite carers understand the terms of approval, their role and responsibilities as foster carers and the role and responsibilities of the agency.

National Care Standards, Foster Care and Family Placement Services: Standard 7 Information and advice.

This area for improvement was made on 7 July 2017.

Action taken since then

Previous recommendation now termed area for improvement fully met.

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	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - 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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