

West Lothian Council - Family Based Care Service - Fostering Fostering Service

Family Based Care Service
Strathbrock Partnership Centre
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Telephone: 01506 284440

Type of inspection:
Announced (short notice)

Completed on:
5 November 2025

Service provided by:
West Lothian Council

Service provider number:
SP2003002601

Service no:
CS2004083345

About the service

West Lothian Fostering service provides support to children, young people and their families who are assessed as in need of alternative care arrangements. The service recruits and supports fostering families.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

The inspection of the adult placement and adoption services took place at the same time, and the findings of those inspections are provided in separate reports.

This inspection took place as part of a pilot where we are testing a new inspection model to promote a more proportionate approach within a reduced timescale.

About the inspection

This was an announced inspection which took place on between 20 October 2025 and 5 November 2025. 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 people using the service, 12 of which were part of a caregiver focus group
- spoke with 11 staff and management
- reviewed documents
- spoke with the Agency Decision Maker and Panel chair.

In addition, we reviewed questionnaire results from 22 caregivers, six staff and 15 external professionals and nine panel members.

Key messages

Caregivers were comprehensively assessed and well supported.

Children and young people's views were central to the care they received and the development of the service.

Children and young people's safety could be enhanced through improved risk assessment and consideration of situations where caregivers go out-with their approval.

The service should review their processes after unplanned endings.

Strong leadership in the service was improving quality assurance and improvement.

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

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 evaluated this key question as good where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

Children and young people experienced highly personalised care and support. Caregivers were supported by a knowledgeable staff team who helped them understand the children and young people's individual needs.

The service ensured the rights of children and young people to have meaningful relationships and make new treasured memories with siblings and important people was recognised and actively promoted.

People who want or need to spend time away from their caregiver family can develop a range of relationships out-with the family. We saw examples of caregiver families arranging short breaks with extended family members who had appropriate checks completed.

We saw evidence of siblings being supported to stay together, however, we also noticed that on some occasions this resulted in caregivers being over numbers or having over three unrelated young people in their care or sharing bedrooms.

Children and young people were supported to be active members of their community. There were lots of

examples of children engaging in clubs and taking holidays with caregivers. Young people were having new experiences, having fun and develop skills and interests. Caregiver families supported children and young people to have fulfilling lives with high aspirations. This contributed to positive outcomes in terms of their feelings of belonging and self-worth.

Children and young people were achieving positive outcomes in education and employment and had access to a range of leisure and social activities. We saw some good examples of positive educational outcomes for some young people. Within these, there was evidence of high-quality care provided by committed caregivers and a high level of multi-disciplinary working with a range of professionals.

Children and young people were being supported to develop a wide range of life skills at a pace that was right for them. There was a culture of ambition and celebration. Caregiver families supported children and young people to have fulfilling lives with high aspirations. This contributed to the building of optimism and supporting further progress.

Caregivers were provided with a high level of learning and development opportunities which supported them to provide therapeutic, nurturing family environments.

Children and young people's safety and welfare was not enhanced through the consistent use of individualised risk assessments. This meant that caregivers were not provided with individualised risk management plans which would assist them to identify and manage risk at home and in the community. Individual safer caring plans were not sufficiently detailed to capture risks identified and strategies in place for caregivers and there was a lack of considered risk assessments when young people shared bedrooms with other young people. (AFI 1)

Child protection processes were clear to all staff and caregivers, and we saw examples of the service being part of a multi-agency team to respond to protection concerns.

Caregiving families were comprehensively assessed to ensure they have the capacity to meet the needs of the children and young people they were caring for. Children and young people's views and choices were seen to be central to a comprehensive assessment of their needs, and we saw examples of young people being supported to access Who Cares (Scotland). We acknowledged the wider work which was being done in West Lothian in relation to Children's Rights.

Children and young people were supported to provide their view to caregiver reviews. The service have plans to review these processes in an effort to increase participation from children and young people. Staff had developed good relationships with young people living with families and they used these relationships to ensure their views were sought and shared appropriately.

At the time of the last inspection new matching paperwork and processes had been introduced. Matching documentation evidenced considered matching and consideration of situations where caregivers would go out with their approval. We identified lengthy delays for some caregivers who have children and young people living with them out-with their approval. The service should review their processes for out-with approval agreements and should ensure that any emergency authorisation for changes to caregiver approval is returned without delay to panel for consideration and review. (AFI 2)

The service has taken active steps to reduce drift and delay for children requiring permanent alternative care. Delays in decision making, assessments or processes were identified by the service who took proactive steps, to address these. The service has had success in reducing the delays, and there had been progress in securing permanent families for a number of children and young people.

Areas for improvement

1. To keep children and young people safe the service should ensure that there are robust risk assessment practices and that risk assessments are in place for all children and young people which are regularly reviewed when circumstances change. The service should also ensure that bedroom sharing risk assessments form part of this assessment where required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To support children and young people to experience their care in a safe and planned way, with full consideration of needs and strengths within a caring household, the service should ensure they develop clear policy and procedure which details clear timescales for review and return to panel for situations where children and young people are living with caregivers out with their approval.

This is to ensure that care and support is consistent with the Health and Social care Standards (HSCS) which state that "My care and support is consistent and stable because people work well together" (HSCS 3.19) and "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 leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

We identified progress in relation to quality assurance and oversight and were confident that there was continuous evaluation of people's experiences and outcomes to ensure they received the best care and support.

There was strong, visible and transparent management team which supported quality assurance and improved self-evaluation and improvement planning. There was continuous evaluation of people's outcomes and experiences to ensure they received the best possible care and support.

There was a culture of learning within the service which genuinely valued the voices of people being supported. People who use the service felt empowered to give feedback and raise concerns.

People's views were central to the process of evaluation, and they were well-informed about any changes.

The staff team benefitted from the fostering service manager providing regular supervision and support. The manager was described as approachable, supportive and knowledgeable. Staff were confident that if they had any uncertainties, they would receive good guidance and support.

The Panel and Agency Decision Maker provided scrutiny to carer review and applications for approval for care giving families and were able to challenge assessments presented to them. The service had not yet implemented an appraisal process for the panel chair or panel members. The service were aware of this and have this on their development plan which will support confidence in the skills and competence of panel members. (AFI 1)

We found that there were not always consistent approaches and clarity in relation to caregiver approvals.

Further work is required to ensure that all caregivers have an accurate approval which matches the assessment of their capacity to provide safe, nurturing and individualise care. (AFI 2)

The area for improvement made at the last inspection relating to unplanned endings had not been met and will therefore be repeated. (AFI 3)

Areas for improvement

1. To ensure panel members feel confident in their role, and that those attending panel have confidence that panel members are competent in their role the service should, at a minimum, have clear training expectations, and provide an annual appraisal of panel members and the panel chair.

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, are able to reflect on their practice and follow professional and organisational codes' (HSCS 3.14).

2. Children, young people and caregivers get the service which is right for them through achieving clarity and good practice in respect of caregiver approval. To do this, the provider must as a minimum, undertake an immediate review of all caregiver approvals and ensure these reflect national descriptors and is in line with guidance and regulations.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am in the right place to experience the care and support I need and want' (HSCS 1.20) and; 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

3. To ensure the service can take learning from unplanned endings for children and young people with caregivers, 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)

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

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).

This area for improvement was made on 17 November 2022.

Action taken since then

The service have improved their central recording of incidents and we were confident that they were following guidance for service recording and notifications.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 17 November 2022.

Action taken since then

We saw improvements in life story work, sibling assessments and letter exchange.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 17 November 2022.

Action taken since then

The service has an overview of permanency planning. We saw evidence of the service supporting the progression of permanency for some children and young people and good collaborative working with locality teams.

This area for improvement has been met.

Previous area for improvement 4

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).

This area for improvement was made on 17 November 2022.

Action taken since then

We saw that there were improved processes to monitor the submission of reports to the adoption and permanence panel.

This area for improvement has been met.

Previous area for improvement 5

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)

This area for improvement was made on 17 November 2022.

Action taken since then

The service have acknowledged that further work is required regarding unplanned endings and this included on the development plan.

The service has made limited progress on this area for improvement and therefore it will be repeated.

Previous area for improvement 6

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)

This area for improvement was made on 17 November 2022.

Action taken since then

The service evidenced improved quality assurance systems which maintained an overview of both carers and their family and friends who provide support. Systems to record carer training had improved and the service continue to consider further developments to strengthen this area of practice.

This area for improvement has been 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
1.2 Children, young people and adults get the most out of life	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

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