Moray Fostering Service
Fostering Service

The Moray Council
Rose Cottage
PO Box 67
Elgin
IV30 9BX

Telephone: 01343 563 552

Type of inspection:
Announced (short notice)

Completed on:
18 March 2022

Service provided by:
The Moray Council

Service provider number:
SP2003001892

Service no:
CS2004082074

About the service

Moray Fostering Service provides a fostering service for children and young people who are unable to live at home. Inspections of an adult placement (continuing care service) and adoption service have been undertaken and separate reports have been completed.

The service recruits and supports foster carers who provide care to children in need of alternative care.

It should be noted that this inspection took place during the Covid-19 pandemic restrictions and therefore followed a revised procedure for conducting inspections in these circumstances. We spoke with the management team, staff and other professionals and viewed evidence sent to us virtually. We made arrangements to visit adoptive families and children in their homes.

What people told us

Children and young people told us about their positive experiences with foster carers and how they felt included and supported in family life. Carers told us that they felt well supported by the current workers in the fostering team but reflected that the service had been through a lot of change which had impacted on the consistency of their support.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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 have evaluated this key question as weak as strengths are outweighed by significant weaknesses.

Children and young people experienced supportive and enduring relationships with Fostering families that provided them with a sense of belonging. One young person told us 'I don't think of myself as a child in care I feel like I'm someone that lives with my mother figure.....I'm closer to (carer) than I am with any other family member'. We were confident that young people were experiencing love with their needs fully met by committed Fostering families.

Children and young people were supported to use formal advocacy to express views and the "Better Meeting Project" a collaborative art project with care experienced young people in Moray was a good example of children's views driving change. The service was changing its language in line with 'The Promise' recommendations from the Independent Care Review and was considering children and young people's experiences of social work.

Children and young people were achieving positive outcomes in education and had access to a range of leisure and social activities. Fostering families supported children to have fulfilling lives with high aspirations for success. This supportive and positive culture contributed to positive outcomes for children and young people.

Fostering families told us that they felt supported by their current social workers but continuity of relationships had been impacted by staff turnover and changes in management. This, combined with the impact of the Covid-19 pandemic, led to carers feeling disconnected from the wider service with a lack of clarity around who new managers were or the overall vision of the service.

Fostering families worked positively with birth families to support children returning home. We saw examples of siblings living together in the same fostering family but the service needs to improve how it supports the needs for sibling relationships for children who do not live in the same fostering household to build meaningful relationships. This will form an area for improvement (see area for improvement 1).

Children were supported to understand their life story and we saw positive examples of materials produced with photographs and explanations of events appropriate to a child's age and stage of development. We also saw examples that lacked photographs of important people or events that were not child friendly. Some young people's life story information had been lost by the service. This impacts a child's ability to understand their history and their understanding of their reasons for entering care which negatively impacts on their sense of identity (see area for improvement 2).

Fostering families had access to training which included supporting in managing challenging behaviour. Carers and supervising social workers told us that this is an area where carers felt more support was required to assist them in understanding the behaviour of children in their care to keep everyone safe. The service does not have a clear training plan and some carers had not engaged with online models of delivery during the Covid-19 pandemic (see area for improvement 3).

The service should make significant improvements in achieving positive outcomes for children in need of permanent care. We saw examples of drift and delay both in children achieving legal permanence and the identification of appropriate fostering families to meet children's needs. This has meant that children have not experienced the stability and security of a fostering family identified as being able to provide their long term care. This impacted on children's felt permanence and negatively affected longer term planning and will form a requirement (see requirement 1).

Safeguarding practice in the service meant that children in the service were not safe and protected from harm. The decisions made by the service in relation to safeguarding issues were not always consistent, and we noted instances where carers had not notified the service appropriately when incidents occurred. The service should ensure all carers have child protection training so are aware of responsibilities in relation to keeping children safe (see area for improvement 4).

Carers told us that they were not clear about how decisions were made by the service when assessing which carer was best able to meet a child's needs. Carers did not always get full information about the child's needs before they came to live with them. A lack of robust decision making in this area led to unsafe

situations for children and contributed to negative outcomes. The service should ensure that there are robust considerations of a carer's ability to meet the needs of a child in advance of a Fostering arrangement being agreed (see requirement 2).

Requirements

1. By 30 June 2022 the provider must ensure that clear systems are in place to monitor outcomes for children in need of permanent substitute care.

To do this the provider must as a minimum:
a)ensure robust tracking arrangements are in place for children at all stages of their care journey and that drift and delay is addressed at each stage of the process.
b)ensure a robust approach is taken to family finding when children are identified as needing permanent care to ensure that their care needs can met by the right Fostering family.

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

2. By 30 June 2022 the provider must ensure that there is a clear identification of a fostering families ability to meet the needs of a child before the child joins this family.

To do this the provider must as a minimum:
a) have clear a clear referral process which outlines the needs of children needing alternative care from fostering families
b) Identify carer strengths and vulnerabilities in relation to meeting the needs of a specific child and outlining any additional support required to ensure that children's needs are fully met
c) ensure planning meetings take place when children join fostering families to review children's needs
d) ensure panel members have full information for matching panels including minutes of linking meetings.

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

Areas for improvement

1. To promote long term positive relationships between brothers and sisters, the provider should have a plan to facilitate family time between sibling groups who live in different fostering families.

This should include but not be limited to a review of the needs for family time for sibling groups in different fostering families with a plan to facilitate appropriate ongoing relationships between brothers and sisters.

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)

2. To ensure all children have a clear understanding of their past the provider should improve its approach to life story work.

This should include but is not limited to, implementing a consistent approach to gathering and storing important life story information and providing specific training to staff and carers about how life story work should be approached.

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 be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.' (HSCS, 1.29)

3. To support Fostering families to fully support children in their care, the provider should improve the support available to carers in particular in relation to managing challenging behaviour.

This should include but is not limited to the creation of a clear programme of training to create a shared vision of the approach to care to ensure fostering families are fully supported to meet the needs of children.

This is 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)

4. To keep all children safe from harm, the provider should ensure that all foster carers are aware of their responsibilities in relation to child protection.

This should include but is not limited to the provision of specific training in child protection for foster carers.

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

How good is our leadership?   3 – Adequate

We have evaluated this key question as adequate where strengths just outweigh weaknesses but key areas of performance need to improve.

The service had some effective quality assurance systems in place to ensure children's wellbeing is maintained. Performance relating to statutory checks for carers was now effectively monitored to ensure that ongoing statutory requirements were met to ensure the safety of children. The service has new management and governance arrangements in place and has taken steps to monitor performance but this is at an early stage. The service should improve quality assurance systems for monitoring key areas which are outlined in fostering regulations to ensure that children remain safe within their fostering families this will

form a requirement (see requirement 1).

The Fostering and Adoption Panel and Agency Decision Maker provided robust scrutiny to carer review and applications for approval for fostering families and were able to challenge assessments presented to them. A panel advisor role further supported quality assurance but the service needs to improve how social work staff are supported and how practice issues are identified at an earlier stage. We saw examples of delays in decision making caused by information not being available for panel to consider or information being presented which was incomplete. This impacted negatively on outcomes for children and young people by further delaying key decisions about their care (see area for improvement 1).

We did not see evidence of how the service learned from situations where children moved from fostering families on an unplanned basis. Meetings to discuss these were not held in every case and minutes did not demonstrate reflection and learning from these situations. The service should ensure that outcomes for children are constantly reviewed with clear learning and action points identified when unplanned moves occur to improve future outcomes (see area for improvement 2).

A service development plan is in place which outlines a number of areas of improvement for the service. Some of these elements were contained in previous plans so the service needs to evidence how it can move from planning to delivery based on feedback from children, carers and other key stakeholders.

Requirements

1. By 30 June 2022 the provider must ensure that robust quality assurance processes are in place to monitor key areas of performance within fostering regulations with monitoring and review to identify areas of continuous improvement:

To do this, the provider must as a minimum ensure:
a) unannounced visits take place within required timescales
b) individual safer caring plans are reviewed regularly in response to changing need
c) full carer checks are monitored and kept up to date.

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 experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

Areas for improvement

1. To promote positive outcomes, the provider should ensure that all staff understand their roles and responsibilities in relation to quality assurance. This should include but is not limited to improving internal quality assurance processes and ensuring staff are sufficiently supported to practice effectively.

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 promote positive outcomes for all children, the provider should develop a reflective learning culture when unplanned endings have occurred. This should include but is not limited to a clear procedure for how unplanned endings will be reviewed with meetings that identify clear learning and action points for service improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.' (HSCS 4.4).

How good is our staff team?   3 – Adequate

We have evaluated this key question as adequate where strengths just outweigh weaknesses but key areas of performance need to improve.

Staff practice observed through tracked cases reflected values and principles of the Health and Social Care Standards. Fostering families told us that staff had worked hard to build genuine trusting relationships but this had been impacted by high levels of staff turnover in the service. There were improved working relationships with the children's social work team with improved communication and joint working. A shared approach to child's wellbeing across both teams ensured greater consistency of support for children.

Staff had been supported through development sessions run by the service to improve their knowledge and members of the team were also due to undertake external training provided by The Fostering Network. Although these are positive improvements, staff expressed that changes in management meant that they had not had continuity of support and some areas of practice were unclear. Staff had regular supervision but not consistency in their line manager which impacts on the quality of the supportive relationship. Staff also had not had access to a clear induction or annual appraisals.

Turnover in management and staffing has impacted on consistency of support provided to Fostering families and children in the service. One carer told us "Despite all the changes to staffing I do feel I can contact someone if required, professional and respect the efforts made by all, my present social worker is excellent and is there for us all the time but how long will they stay!" The service had not undertaken exit interviews to understand reasons for high staff turnover. Improvements to the levels of staff support provided by the service will form a requirement to outline specific areas of improvement (see requirement 1).

1. By 30 June 2022 the provider must ensure that all staff are fully trained and supported effectively to provide consistent support to Fostering families.

To do this the provider must as a minimum ensure:
a) there is a clear induction process for new staff joining the service
b) there is a clear training plan for all staff
c) all staff have regular access to annual appraisal
d) there is continuity of supervisory relationships for all staff
e) exit interviews are undertaken and information analysed to understand reasons for staff turnover so that this can be addressed.

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 SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will: 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

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 their professional and organisational codes. (HSCS 3.14)

How well is our care and support planned?   3 – Adequate

We have evaluated this key question as adequate where strengths just outweigh weaknesses, but key areas of performance need to improve.

Children were included in their care planning and were able to influence the direction of their care with support from formal advocacy where this was required. Children's reviews were held regularly with children and parents often included in decision making. Language in documentation was in line with 'The Promise' with children's needs and wishes reflected. To strengthen the voice of children and foster carers and to increase the focus on outcomes and achievements, children's reviews should look to include written updates from children, fostering families and the views of the fostering team (see area for improvement 1).

Fostering families were supported to promote safe care with a joint approach to identifying risk undertaken between the fostering team and children's social workers with regular reviews. We saw examples of family policies, some of which were individual to children with a risk assessment completed by the child's social worker. These were not consistently completed and we did not see evidence of how carers and children were involved in discussions. The service should improve the implementation of their approach to ensure that children and carers are included in discussions to promote a shared understanding of potential risks, this will form an area for improvement (see area for improvement 2).

Areas for improvement

1. To promote children's welfare, the provider should ensure that children's reviews reflect the views of the young person and their fostering family. This should include but is not limited to, children, fostering families and fostering team staff providing written updates for children's reviews and improving how it gathers these views prior to meetings taking place.

This is 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 because people have the necessary information and resources.' (HSCS 4.27)

2. To ensure children and fostering families are included in discussions related to safer caring, the service should review its implementation of safer caring plans. This should include but not be limited to, reviewing formats of documentation and improving guidance to staff on how to engage children and Fostering families in safer caring plans.

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

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

Requirements

Requirement 1

The agency must ensure that quality assurance systems are robust and are used effectively in order to monitor that formal/statutory checks for foster carers are always up to date and reviewed appropriately.

This is in order 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.'

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19) Timescale: March 2020

This requirement was made on 23 October 2019.

Action taken on previous requirement
New system in place to monitor checks.

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

To ensure a child centered approach is followed in all cases, the agency must provide comprehensive planning for every child and young person moving on a temporary basis to respite carer. This should involve all key individuals attending a planning meeting, and allow time for introductions to be made. In addition, the agency should, in participation with carers and young people explore alternative options to formal respite care.

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

"I experience high quality care and support because people have the necessary information and resources". (HSCS 4.27) and "I am supported and cared for by people I know so that I can experience consistency and continuity". (HSCS 4.16)

This area for improvement was made on 23 October 2019.

Action taken since then
Met. Nominated carers scheme implemented to improve consistency of short break care.

Previous area for improvement 2

The agency should address problematic staff relationships between and within teams to ensure good quality support for children and their families is always available.

This is to ensure that the quality of care and support and management and leadership is consistent with the Health and Social Care Standards (HSCS) which state: "I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me" (HSCS 3.4), and "My care and support is consistent and stable because people work well together". (HSCS 3.19)

This area for improvement was made on 23 October 2019.

Action taken since then
Met. Improved joint working between children's social work teams and fostering team. Cultural change in fostering team with child at the centre of planning and shared responsibility for positive outcomes.

Previous area for improvement 3

The agency should ensure that the quality of reports being provided to the fostering panel is appropriately scrutinised. This will improve matching considerations and clearly highlight areas of vulnerability. The creation of a panel advisor role would support decision-making within the panel.

This is to ensure that the quality of care and support and management and leadership is consistent with the Health and Social Care Standards (HSCS) which state: "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 23 October 2019.

Action taken since then
Met. Panel advisor role created within the service.

Previous area for improvement 4

The service should devise a development plan that follows SMART principles (Specific, measurable, achievable, relevant and timely) and be regularly reviewed.

This is to ensure that the quality of care and support and management and leadership is consistent with "I use an organisation that is well led and managed" HSCS (4.23). The service should devise a development plan that follows SMART principles (Specific, measurable, achievable, relevant and timely) and be regularly reviewed.

This is to ensure that "I use an organisation that is well led and managed" HSCS (4.23).

This area for improvement was made on 23 October 2019.

Action taken since then

Met. Service development plan is in place.

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	4 – Good
1.2 Children, young people and adults get the most out of life	3 - Adequate
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?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.