

East Dunbartonshire Council Fostering Service Fostering Service

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Service provided by:
East Dunbartonshire Council

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About the service

East Dunbartonshire Council Fostering service provides a fostering service for children and young people from birth to 18 years, who are assessed as in need of this type of support and who live or have connections in the East Dunbartonshire area.

The service is delivered through the care planning and placement team (CPPT). The team has a range of responsibilities including adoption, continuing care and kinship care. The inspection of the adoption and continuing care services took place at the same time and the findings of these inspections are provided in separate reports.

About the inspection

This was a short notice announced inspection that took place between 23 October 2023 and 15 November 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 five children and young people using the service
- spoke with 11 caregivers who are supported by the service
- we also received completed MS forms questionnaires from five caregivers
- spoke with five staff and management
- we also received completed MS forms questionnaires from three staff members
- observed practice and daily life
- reviewed documents
- spoke with seven external professionals
- we received one completed MS forms questionnaire from an external professional.

Key messages

- Children experienced high standards of care. They had developed meaningful relationships characterised by security, predictability and love.
- Caregivers provided nurturing, trauma informed care. This was supported by staff who were highly skilled , knowledgeable and responsible.
- Children were supported to maintain meaningful relationships with extended family members, significant birth family members and were involved in the wider community.
- There was evidence of positive outcomes for children. This was supported by high quality assessments of caregivers and in the high-level support provided, following the placement of children.
- Children did not have access to coherent and age-appropriate information about their identity and life story.
- The service has been creative and proactive in their efforts to progress delays for children who require permanent care. We saw the positive impact of this, particularly, on children who were relatively new to the service.
- The views of children were not reflected in multi-agency plans or service-led reviews.
- Multi-agency plans did not accurately reflect and address the care needs of children or detail the role of the service.

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?	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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children and their families, therefore we evaluated this key question as very good.

Children had loving and trusting relationships with their caregivers that promoted a sense of belonging, trust and security. Children were embraced as part of their fostering families and we saw children thriving as a result of this and nurturing and enabling care that was attuned to their needs.

Caregivers had awareness of the impact of trauma on children's development and cared for them in a way that was sensitive and responsive to these experiences.

We saw that children experienced positive outcomes across all areas of their life. This was evident within education where we saw children succeeding and being supported to overcome barriers and achieve their potential. Children who had varied and complex health needs received a high level of care in response to their individual health needs and multi-agency working between their caregivers and relevant agencies.

Caregivers had access to good quality support and learning in preserving their part in a child's life story and in sharing this information sensitively and creatively with the child in their care. However, we did not see evidence of therapeutic life story work being undertaken with children. We did not see examples of a child's whole life story being represented, documented and shared to enable a child to have a clearer sense of their life story and sense of self. It was unclear where the remit for this task lied within the local authority (see area for improvement 1).

Caregivers experienced positive and established relationships with their supervising social workers and greatly valued staff knowledge, skills, commitment, and responsiveness. We were encouraged to hear about the high level of emotional support caregivers experienced from staff, particularly during times of difficulty. We concluded that the skills and commitment of the staff team, combined with enduring relationships, was integral in enabling caregivers to provide therapeutic and individual care. One caregiver commented, "The team always make you feel valued, whether you are speaking to your own supervising social worker, another worker or the team manager. We are a team together, social workers, carers and the young people we look after."

Children received care that ensured that they were kept emotionally and physically safe. Caregivers benefited from access to appropriate training and were engaged in their own learning and development to best equip them in their roles. The range of available training enhanced caregivers' skills and knowledge and the service responded creatively to individual training needs and circumstances.

Caregivers promoted and supported relationships between children and their birth families, in line with each child's plan. The role and importance of brother and sister relationships was well understood. We saw that children were living with their brothers and sisters when this was appropriate. When children could not live with their brothers and sisters, caregivers prioritised these family connections and children were supported to maintain relationships with those who were important to them.

On occasions when a child's foster placement ends in an unplanned way, the service currently undertakes reviews of these endings when a child has been secured with caregivers on a permanent basis. We found that these current procedures to review learning are relatively narrow in scope. We would suggest extending this to fully allow for learning, trends and practice themes that may emerge for all foster placements that breakdown. We discussed this with the service during inspection and the service were aware of this need and intend to review this practice.

The service's assessments of foster carers were of a consistently high standard. These were evidence based and contained an appropriate balance of strengths, vulnerabilities and analysis. The assessment process was collaborative and transparent and based on positive working relationships between foster carers and their supervising social worker. Foster carers reviews took place well within the legal guidelines and foster carers were appropriately involved in their reviews. Review processes were underpinned by the service and foster carers working in partnership together. We did not see children's involvement in the foster carer review process or their views being included. We consider this further within key question 5.

Some children continued to experience drift and delay in having their future secured in permanent care. We saw examples of children being placed with caregivers for significant periods without legal permanence being achieved, despite this being the intended plan. For some children, even when they were with their proposed permanent family, this had a negative impact on their experiences and outcomes.

We were encouraged to see that the service has a key role in monitoring and actively pursuing plans with creative efforts to overcome barriers to permanency being achieved. We were aware of joint-working, training and the mentoring role that has been provided by the service to colleagues within the local authority. We could see the impact this has had, particularly, on the plans of children who are relatively new to the service. These children's plans had progressed in a more timeous way.

The matching of children with caregivers within the service was incredibly strong. This was aided by the quality of foster carer assessments and reviews. The service had a sound knowledge of their foster carers and the mix of skills, abilities and experience they possessed. We discussed with the service the need for this matching process to be recorded more formally. There is the need for a more robust way of recording and evaluation potential matches to ensure that good practice continues even if there are changes to staffing within the service. We look forward to seeing this develop at the next inspection.

Areas for improvement

1. To ensure all children have a clear understanding of their personal history and identity, the service should improve its approach to life story work.

This should include but is not limited to ensuring that all children and young people have access to age-appropriate and coherent information about their family of origin, their care history, and the decisions that were made about where they should live.

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).

How well is our care and support planned?

4 - Good

We found several important strengths that clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had significant positive impact on children's experiences. Therefore, we evaluated this key question as good.

The service had a key role in contributing to multi-agency planning for children. We saw from minutes of reviews and meetings that the service was an effective partner in planning for the holistic needs of children. However, children's plans did not follow SMART (Specific, Measurable, Achievable, Relevant and Time-bound) principles and were not independently reviewed. The role of the foster carer and service was not fully reflected or detailed in the child's plan. We found timescales to be vague and plans static with little progress between reviews. This was particularly relevant when the plan was to progress permanent care.

Children's views and wishes were not sufficiently sought and represented within review processes. We found that newer and existing methods to elicit and represent children's views was not utilised or embedded in practice. We considered that the absence of an independent review of the child's plan had also contributed

to children's views not being adequately considered within the child's planning process (see area for improvement 1).

The service did advocate strongly on behalf of children and we saw examples when this supported timely decision-making and planning. High quality and individualised safer caring plans were in place and these reflected the specific needs of children within fostering families. We considered that these mitigated some of the shortcomings of the looked after child review process.

Areas for improvement

1. To ensure that children are meaningfully and appropriately involved in decision-making about their care, the service should improve how children's views and wishes are sought and represented in care planning.

This should include but not be limited to, ensuring that children are given the appropriate information and opportunity to share their views and these being considered and documented within the planning process.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

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?	5 - Very 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	5 - Very 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	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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