



Item No. 17

Meeting Date Wednesday 11th September 2024

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

Report By: Karen Dyball, Assistant Chief Officer, Children's Services

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Fostering and Adoption Services Care Inspectorate Activity

Purpose of Report:

To inform the IJB Finance, Audit and Scrutiny Committee of the outcome of the inspection of Glasgow City HSCP's fostering and adoption services and the action plans created as a result of the inspection.

Background/Engagement:

Glasgow City HSCP Fostering and Adoption Services were subject to a short notice inspection which took place between 3rd June and 26th June 2024. The inspection was carried out by the Care Inspectorate.

Governance Route:

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

- HSCP Senior Management Team
- Council Corporate Management Team
- Health Board Corporate Management Team
- Council Committee
- Update requested by IJB
- Other
- Social Work Professional Governance Board
- Not Applicable

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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <ul style="list-style-type: none">a) Note the fostering and adoption inspection findings; andb) Note the fostering action plan.
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Relevance to Integration Joint Board Strategic Plan:
<p>High quality fostering and adoption services are integral to the IJB's strategy for delivering high quality care and effective outcomes for the city's most vulnerable children and young people who need to be cared for away from home.</p> <p>Not only is this part of delivering the IJB Strategic Plan and priorities in relation to Strengthening Communities to Reduce Harm and Building a Sustainable Future but it a cornerstone in relation to the delivery of 'The Promise,' the outcome of the Independent Care Review.</p>

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	<p>Foster Care and adoption services contribute to some of the key National outcomes of improving services and outcomes for children and young people alongside enhanced support for foster carers and adopters to ensure that children and young people who use health and social care services have positive experiences of those services, and have their dignity respected. Key to any improvements is to ensure that children and young people are safe from harm and delivering effective services which make efficient use of health and social care services. Such outcomes are aligned to the HSCP's transformation of Children's services agenda and the desire to shift the balance of care, and secure better outcomes for all children and young people living in the city.</p> <p>Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> <p>Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p>Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p> <p>Outcome 7: People using health and social care services are safe from harm.</p> <p>Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.</p>
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Personnel:	Some staff may be asked to work differently to support the development of tests of change to explore approaches which are effective in meeting children, young people and carers' needs.
Carers:	Foster carers and adopters are key to the effective delivery of services and meeting good permanence outcomes for care experienced children and young people. This paper presents the outcome of recent inspection of the fostering and adoption services, and references proposals for improving the services, carefully considering the findings of the inspection and feedback from children, young people and carers.
Provider Organisations:	None.
Equalities:	The report is referencing current practice and outcomes, and proposals for next steps, and as such an EQIA is not deemed necessary at this stage. The wider Children's Transformation Program, of which the work detailed in this report is a part, has been subject to a recent EQIA. https://glasgowcity.hscp.scot/equalities-impact-assessments
Fairer Scotland Compliance:	The Children's Transformation Programme actively seeks to reduce inequalities and to support children, young people and carers to improve their quality of life and reduce the impact of health and social inequalities.
Financial:	Some of the requirements and recommendations made within the inspection reports may have financial implications which, if to be considered, require further scrutiny.
Legal:	Normal legal processes and procedures for Glasgow City Council will be followed in relation to developing practitioners' roles to support children, young people and carers in accordance with feedback about the service and continuous improvement of the service.
Economic Impact:	Providing children and young people with high quality care makes best use of resources, and helps to ensure positive long-term outcomes, thereby reducing future need for further specialist supports, including Adult Services.
Sustainability:	This work fully aligns with the Christie Commission report the principles of GIRFEC, the children's transformational change programme and the aspirations of 'The Promise,'

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	which emphasise the need to deliver the right high-quality support at the right time to improve outcomes. Given that the key point of leverage to deliver the transformational change programme is to develop practice at the frontline – at the point of interaction with children, young people and their families and carers – the current workforce represents a considerable resource in terms of its contribution to achieving sustainable change across all supports and services to ensure best outcomes.
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Sustainable Procurement and Article 19:	None.
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Risk Implications:	Good support to foster carers and adopters ensures they feel valued. Should this not be provided there is a risk that foster carers will leave the service and either cease to foster or join private or third sector fostering agencies creating a financial risk to the service as well as a risk that care placements cannot be provided when needed. Lack of support for adopters could lead to adoption breakdowns which would be detrimental to all concerned.
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Implications for Glasgow City Council:	None
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Implications for NHS Greater Glasgow & Clyde:	None
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1. Purpose

1.1. To inform the IJB Finance, Audit and Scrutiny Committee of the outcome of the inspection of Glasgow City HSCP’s fostering and adoption services and the action plans created as a result of the inspection.

2. Background

2.1. The Care Inspectorate gave notice on 26th April 2024 of their intention to conduct a short notice inspection of Glasgow City HSCP’s fostering and adoption services. The inspection took place between 3rd June and 26th June 2024, by two lead inspectors from the Care Inspectorate, assisted by four additional inspectors.

2.2. In preparation, the inspectors reviewed existing information which included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the previous inspection.

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- 2.3. In advance, the fostering and adoption service uploaded evidence to SharePoint folders, and issued questionnaires to staff, foster carers, adopters, other key stakeholders children and young people.
- 2.4. While there are separate lead Inspectors and processes for each of the services, some provided evidence and inspection activity overlapped, for example in relation to permanence planning.
- 2.5. For both the fostering and adoption inspections, activity was largely conducted remotely, via Microsoft Teams, though the inspectors were available to meet in person with carers, adopters, children, and young people. They also conducted some in person focus groups with staff, reviewed documents and observed aspects of practice including fostering and adoption panels.
- 2.6. The fostering inspectors consulted with 6 young people and had survey responses from 12 young people. 55 foster carer questionnaires were returned, and 4 carers were spoken to in person. 23 staff including Social Worker, Team Leaders and Assistant Service Managers were spoken to in addition to the 29 staff survey responses (joint fostering and adoption staff). 28 survey responses were also received from external professionals and other key stakeholders.
- 2.7. The adoption inspectors spoke with 4 adoptive families, had pre inspection survey responses from 28 adopters. They also spoke with 14 staff and management and had 29 survey responses (joint adoption and fostering), spoke with 3 placing Social Workers and had 15 responses from external professionals and stakeholders.

3. Care Inspection grades

- 3.1 Areas of inspection for both services focused on four key Quality Indicators which are as follows:
 - How well do we support people's well-being?
 - How good is our leadership?
 - How good is our staff team?
 - How well is our care and support planned?

The Care Inspectorate use a six-point scoring system where 1 is unsatisfactory and 6 is excellent. the Care Inspectorate system selects the lowest score across the subheadings and awards this s the overall score for that Quality Indicator.

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Fostering Service

How well do we support people's wellbeing?	3 - Adequate
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.	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 – Weak
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their care giver families.	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

Adoption Service

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	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.	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?	4 - Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their care giver families.	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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Key themes, recommendations, and Requirements

- 4.1 The key messages from the Care Inspectorate are:
- Our children and young people experience loving, nurturing, and compassionate care from their care givers.
 - Care givers were well supported by staff and benefited from secure and enduring relationships.
 - Young people were able to remain with their foster families past the age of 18 years.
 - Children's connections to family and important people were well assessed.
 - Care givers were compressively assessed.
 - Post adoption support planning had improved.
 - Systems were in place to monitor outcomes for children in need of alternative substitute care.
 - In fostering they felt that quality assurance oversight and more effective use of existing tools needed to improve.
 - Staffing stability and good learning/ development opportunities had made a positive impact on staff morale.
 - The fostering service needs to review its regulatory compliance of the use of short breaks, care givers presentation to panel after significant events and that annual Foster Care reviews are happening for all approved carer households.
- 4.2 Inspectors can specify requirements (which are mandatory) and can also highlight areas for improvement. The fostering service has five requirements and four areas for improvement. The Care Inspectorate set a deadline for competition of requirements as 31st October 2024 but with a recognition that work would begin but not necessarily be completed within that time frame.
- 4.3 The adoption service has no requirements, but five areas for improvement.
- 4.4 Robust and detailed action plans have been developed and are being implemented to address identified requirements and areas for improvement across both services. See Appendix 1 for the fostering action plan.
- 4.5 At the time of the inspection in June 2024, the Service Manager for the Fostering Service was retiring, and a new Fostering lead Service Manager had been appointed. She has reviewed the inspection findings and has contributed to the action plan. The registered manager for the adoption service remains unchanged.
- 4.6 The fostering and adoption inspection reports are now published and available on the Care Inspectorate website.

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5. Recommendations

5.1 The IJB Finance, Audit and Scrutiny is asked to:

- a) note the fostering and adoption inspection findings; and
- b) note the fostering action plan.

Fostering Inspection Action Plan 2024

How well do we support people's wellbeing? – 3 ADEQUATE		
Requirements (1)		
Requirement	Progress as at August 2024	Responsible
<p>1. By 31 October 2024, the provider must ensure that all young people over the age of 18 years are being cared for by caregivers who are assessed and approved to do so. To do this the provider must as a minimum:</p> <p>a) ensure that their processes meet the requirements of continuing care b) assess and approve carers looking after this age group as adult placement carers c) promote the young person's right to welfare assessments d) ensure carer registration accurately reflects the carers assessment and approval.</p> <p>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).</p> <p>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).</p>	<ul style="list-style-type: none"> • Application has been submitted to register as an adult placement service. • Recruitment of Panel members to ensure independence and diversity is in progress. • Procedural guidance is being drafted and will be presented to SW Governance Board on 8th October 2024. • This guidance will then be shared with staff team, Panel members, carers and young people. • A Promise Participation Worker is now linked to Families for Children to support with the development of adult placement Panel as well as to promote participation of young people in this forum. • Awaiting a date from the Promise Design School to review paperwork submitted to Panel which the Promise Participation worker will also be integral to. 	<p>Service Managers</p>

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How well do we support people’s wellbeing?		
Areas for Improvement (3)		
Area for Improvement	Progress as at August 2024	Responsible
<p>1. In order to ensure the safety and welfare of children and young people, the service should ensure that is a clear identification of a fostering family's ability to meet the needs of a child before the child joins this family. Any assessment should identify carer strengths and vulnerabilities in relation to meeting the needs of a specific child including any additional support required to ensure that children’s needs are fully met.</p> <p>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).</p>	<ul style="list-style-type: none"> • A matching document has been developed and implemented to ensure more detailed recording of children’s care needs in order to better match these children with available carers’ strengths and vulnerabilities. This document is also used to identify any additional support that may be required. • The use of this document will be reviewed in 3 months, and every 6 months thereafter to ensure it is being utilised and to analysis any themes of unmet need that are identified. 	<p>Service Manager / Assistant Service Manager</p>
<p>2. To ensure the safety and welfare of all children and young people being looked after the provider should develop a system which identifies and monitors all short breaks, including emergency admissions, to ensure that they comply with statutory regulations and best practice.</p> <p>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).</p>	<ul style="list-style-type: none"> • Short life working group in process of being set up to look at the data around short breaks over the last 6-month period. This SLWG will include staff from Families for Children and Locality teams. • Consideration of requirement to introduce Head of Service approval for any emergency short breaks request which extend past an agreed timescale. • Guidance document to be devised to outline the regulatory requirements of emergency short breaks placements as well as the criteria for emergency short breaks placements. This guidance document will then be shared within FFC Duty team, as well as to locality teams to ensure consistency around the use of emergency short breaks and confidence in decision making around emergency short breaks placements and looked after and accommodated placements. 	<p>Locality Teams / Looked After Lead Service Managers</p> <p>Service Manager / Team Leaders</p>

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<p>3. To improve permanence outcomes the provider should ensure that analysis of permanence practice informs continuous improvement and service development. This should include but is not limited to:</p> <p>a) identifying patterns and trends in relation to permanence practice b) taking this learning to inform ongoing development of practice.</p> <p>This is to ensure that practice is consistent with the Health and Social Care Standards which state: “I benefit from a culture of continuous improvement, with Organisations having robust and transparent quality assurance processes” (HSCS, 4.19).</p>	<p>Best research trial is due to be published and will be considered by FFC staff and the city-wide Permanence Steering group about next steps once available.</p> <p>The review of IRO/ASM role alignment is due to be concluded by October 2024 which will see a move to all children who are care experienced in foster care having an independent chair for my meetings.</p> <p>A review of the learning from unplanned endings will be undertaken on a six-monthly basis to inform practice development across the service.</p>	<p>Service Manager and Team Leader for FACS & locality lead Service Managers. October 2024.</p> <p>Head of Service – Northwest. October 2024.</p> <p>Assistant Service Managers. December 2024.</p>
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How good is our Leadership? – 2 WEAK

Requirements (3)

Requirement	Progress as at August 2024	Responsible
<p>By 31 October 2024, 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:</p> <p>a) systems are in place for identification and panel review of foster carers b) that the safety of children and young people is improved through unannounced visits taking place within required timescales and tracking of these c) full carers checks are monitored and kept up to date d) carers out with approval tracking are closely monitored and returned to panel for review in a timely manner</p>	<ul style="list-style-type: none"> • There is a tracking system in place, which is being reviewed. • Consideration is being given to the feasibility of one performance report for Families for Children Fostering service for quality assurance and oversight purposes through the Carefirst Implementation Group. • This report should capture panel reviews, unannounced visits, carers checks, out with approval tracking. • Care giver training is recording on Carefirst and the Learning and Development team keep a record of who attends which courses. The Online portal has now also been developed and attendance reports can be run from this which will be monitored by the Learning and Development team. 	<p>Service Manager</p> <p>Service Manager</p> <p>Team Leader, Learning and Development Team</p> <p>Children and Families Carefirst Implementation Group</p>

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<p>e) the recording system of staff and care giver training attendance supports analysis for future needs f) service level oversight of complaints. This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SS1 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).</p>	<ul style="list-style-type: none"> • An analysis of staff training undertaken and identification of any learning needs from this will be undertaken and a plan developed to support this moving forward. • Central complaints team are considering whether they can hold full-service overview of recording, tracking and analysing complaints received in relation to the fostering and adoption services to allow independent oversight and identification of any emerging themes that may influence practice. • Analysis of the outcome of complaints will be shared with all managers across FFC on a quarterly basis. 	<p>Rights and Enquiries Team / Service Managers</p> <p>Head of Service and Service Managers. Quarterly from October 2024.</p>
<p>2. By 31 October 2024, the provider must ensure that all caregivers are reviewed and presented to panel in line with guidance and legislation. To do this the provider must as a minimum: a) ensure tracking systems identify and plan for reviews and panels b) undertake annual reviews of all caregiver families c) ensure that all applicants and caregivers attend panels and that this adheres to fostering regulation timescales d) ensure all caregivers attend review after a significant event or incident e) review the capacity of the panel to ensure that carers are presented at panel in line with legislative requirements. This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SS1 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS)</p>	<ul style="list-style-type: none"> • As noted above, consideration of robust performance reporting, inclusive of tracking foster carer reviews and Panels. • Promise Participation worker to support the service around participation of young people and their carers in foster carer review processes. • Review of Panel capacity and recruitment of additional panel members of chairs to ensure independence and diversity. • Ongoing review of Panel paperwork and awaiting appointment with the Promise Design School to ensure language is in line with Promise Action plan. 	<p>Service Manager</p> <p>Promise Participation worker</p>

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<p>which state that: “I experience high quality care and support based on relevant evidence, guidance and best practice” (HSCS 4.11).</p>		
<p>3. By 31 October 2024, the provider must ensure that there is reflection and clear learning points identified if an unplanned ending occurs within the service. To do this the provider must as a minimum:</p> <p>a) ensure there is a clear policy and procedure for unplanned endings, both permanent and interim, and that all staff and carers are aware of these</p> <p>b) ensure that policies and procedures provide clarity of timescales and that these are adhered to</p> <p>c) hold reflective reviews which identify learning in all cases when children are moved between caregiver families on an unplanned basis.</p> <p>This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes” (HSCS 4.19).</p>	<ul style="list-style-type: none"> • Review of the unplanned endings test of change – this will include reflections with the ASM on any emerging themes. • Analysis of any emerging themes to identify learning needs and training plan for care givers and staff team which will feed into the wider learning and development of training to address areas of unmet need. • Practice Guidance will be finalised and shared with all staff within FFC and the locality teams. 	<p>Assistant Service Manager</p> <p>Assistant Service Manager / Service Manager</p> <p>Service Manager</p>
<p>How good is our Leadership? – 2 WEAK</p>		
<p>Areas for Improvement (1)</p>		
<p align="center">Area for Improvement</p>	<p align="center">Progress as at August 2024</p>	<p align="center">Responsible</p>
<p>1. To promote the safety and welfare of children and young people the provider should ensure that all complaints to the service are investigated within the timescales outlined in the complaints procedure</p>	<ul style="list-style-type: none"> • Central complaints team are considering whether they can hold full service overview of recording, tracking and analysing complaints received in relation to the fostering and adoption services to 	<p>Rights and Enquiries Team</p>

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<p>and that there is clear learning and action progressed from the findings. 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).</p>	<p>allow independent oversight and identification of any emerging themes that may influence practice.</p> <ul style="list-style-type: none"> • GOLD online training module on complaints and compliments are being developed for use on the Online Portal. 	<p>Team Leader, Learning and Development / Service Manager</p>
How good is our Staff Team? – 4 GOOD		
No Requirements No Areas for Improvement		
How well is our care and support planned? – 4 GOOD		
No Requirements		
Areas for Improvement (1)		
Area for Improvement	Progress as at August 2024	Responsible
<p>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.</p> <p>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).</p>	<ul style="list-style-type: none"> • Plan to update the safer caring policy to reflect both safe care and risk assessment for each child in foster care where possible, within the one document. This document will clearly indicate whether a stand alone risk assessment is necessary. • Further risk assessment should then be completed where there are known risks from or to the child. • Use of Safer caring / risk assessment document will be monitored using the performance report that is being considered for feasibility and which will be considered by the Children and Families Carefirst Implementation Group. 	<p>Service Manager / Assistant Service Manager</p> <p>Carefirst Implementation Group.</p>

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