

Foster Care Connect Limited

Fostering Service

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Type of inspection:
Announced (short notice)

Completed on:
21 May 2025

Service provided by:
Foster Care Connect Limited

Service provider number:
SP2005007159

Service no:
CS2005086428

About the service

Foster Care Connect Ltd is an independent company based in the Scottish Borders. It provides a fostering and family placement service for children and young people aged from 0 to 18 years who need alternative family care. The service has a linked continuing care adult placement service which has been inspected alongside the fostering service. The agency recruits and supports carer families in a wide geographic area to provide a range of fostering placements to children, including permanent, long term, interim and short break.

As of May 2025 the service had 15 approved foster carer households, caring for 19 children and young people.

The vision for the service is, "to provide safe and loving home-based care for children and young people in Scotland who are not able to live with their own family. We strive to enable them to achieve and have the confidence to develop and grow healthy relationships at home, in their communities and into adult life."

About the inspection

This was a short notice announced inspection which took place between 14 April and 21 May 2025. The inspection was carried out by one inspector 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 nine caregivers using the service and three children and young people
- spoke with six members of staff and management
- attended review and deregistration fostering panels
- reviewed documents
- spoke with visiting professionals, and independent professionals supporting panel
- reviewed survey responses from carers, staff, and panel members

Key messages

- Children and young people usually benefitted from loving and attuned care within their caregiver families.
- Most caregiver families had very positive experiences of timely and compassionate support from a skilled staff team.
- Caregivers benefitted from a high quality learning and development programme, which was tailored to the needs of individual carers and young people.
- The service needs to develop it's recording of incidents including protection concerns to make this more robust.
- The service needs to do further work ensure that there are clearly defined roles within the leadership team and to build a stronger culture of reflection.
- Children and young people benefitted from robust risk assessment and care planning.

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
How good is our staff team?	4 - Good
How well is our care and support planned?	5 - Very 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 the identified area for improvement.

Most young people benefitted from loving and attuned care within their caregiver families. Carers knew children and young people well and worked in a flexible way to promote good outcomes for children and young people. This provided young people with the security and confidence to grow, develop and get the most out of life.

Whilst many caregivers shared that they received skilled and compassionate support from the agency, a minority of caregiver families were less positive about their experiences, and some had opted to transfer to alternative fostering providers over the past year.

Where relationships had become strained between the agency and caregivers, it was clear that a great deal of work had been done to build and maintain supportive relationships. Workers within the service were willing and able to challenge carers where necessary, keeping a focus on the experiences of children and young people. This was not always sufficient to ensure that children's needs were met and in some instances children experienced placement breakdown.

As a small agency, tensions between some caregivers and members of the management team had an emotional impact on some other carers and on some of the staff team. This contributed to a high level of staff turnover, meaning that children and carer families have lost much valued professional relationships which can not be quickly replaced. This led to some anxiety for families, however most caregiver families were positive about the attributes of the wider team and continued to feel well supported.

Caregivers and workers within the service advocated on behalf of young people in a variety of ways, to ensure that their voices were heard and their rights were upheld. Where young people expressed worries or discomfort about aspects of their wider social work plan, foster carers and staff supported them to share this with other professionals. Young people were therefore listened to and were involved in decision making.

Short breaks were planned in a positive way, and young people were able to build relationships with regular short break carers so this time away from their caregivers was consistent and supportive. This included a proactive approach to 'friends and family' short breaks which actively encouraged fostering families to look to their own circles of support to keep young people within the network of their fostering families.

Caregiver families had a good understanding of their role in supporting young people to maintain positive relationships with family members and other people who were important to them. Carers were often actively involved with planning and facilitating young people's time with their families. This helped to ensure young people had a strong sense of belonging and understanding of their families of origin.

Where young people needed support to understand their own stories, this was promoted via a tailored My Journey record and carer access to Life Story training. Carers were encouraged to think about their own role in preserving children's memories and experiences. Where targeted therapeutic life story work was needed, this was either sought from the placing local authority or undertaken by a staff member who was completing a therapeutic life story work qualification.

Children and young people were well integrated into their wider community - doing volunteering work, going to local youth clubs, gymnastics, dancing, drama. Foster Care Connect has also developed its own strong and vibrant community of support, and we heard how parties, trips and fun days were appreciated by carers and young people. This helped ensure young people had full and active childhood experiences.

Supporting young people to engage with education and reach positive educational outcomes was a significant strength of the agency. All young people within the service were engaged with education and had ambitious aspirations for the future. The service developed a trauma informed schools programme which has been delivered in a range of settings to help education staff to create a nurturing and relationship based environment for children. This year, the service helped to fund the creation of a nurture room in a school attended by three siblings, working in partnership with the team around these children to enhance their

care and support. This work has had a significant impact on children supported by the service and other children in the schools who have benefitted from this intervention.

This commitment to learning was replicated in the service's thorough and responsive approach to carer learning. All carers had a Personal Development Plan. These were reviewed twice a year, and were clearly tailored to the learning needs of each carer family. Training was enhanced by regular supervision with social workers and carer support group meetings. This helped enhance caregivers trauma skilled approaches to the needs of the young people in their care.

The service and caregivers usually worked well together to ensure that children and young people were kept safe both emotionally and physically. Any concerns or potential risks were identified early and carers were supported to put plans in place that helped to promote safety and wellbeing. The service appropriately notified significant incidents including protection concerns to the Care Inspectorate. We found there was some variation in how incident paperwork was completed, and found that this was an area that could be strengthened (Area for Improvement 1).

Access to specialist mental health support was highlighted as a gap by some carers and members of staff, reflecting the national picture of pressure in this sector. However, the service worked well with multiagency partners to mitigate this. This was further enhanced by the service's development of an SQCF accredited course for carers on supporting children and young people who have experienced trauma, which five carers completed in December 2024. The service works on the basis that the most effective therapeutic work is done within the context of predictable and loving relationships, and the positive impact of this approach to building carer's skills and confidence was clear to see in many caregivers.

Caregiver families are comprehensively assessed to ensure that they have the capacity to meet the needs of children young people and adults. Ongoing assessment of carers is also very thorough and responsive to changing situations and emerging challenges. Assessments reflected the views and choices of caregivers and children and young people. Staff within the service know young people well and this made it easier for young people to engage and share their views about their carers and their plans. The agency could further improve assessment experiences by reviewing social worker reports with carers in person before submission, where possible.

When children were referred to the service, initial risk assessments were undertaken with carers before young people are placed in their care. These were based on the national risk assessment framework, ensuring that there was a clear understanding of the strengths and capacity of all carers. Planning meetings were often undertaken to supplement written information when referrals were made, although this had not taken on all occasions.

Areas for improvement

1. To ensure that children and young people in need of increased support or protection receive the highest quality multi-agency response, the service should seek to take a more consistent and robust approach to recording and managing incidents and protection concerns.

This should include but not be limited to ensuring that there is consistently high quality recording and manager analysis of all incidents and protection concerns.

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?

4 - Good

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

There were clear processes in place for the continuous evaluation of young people's outcomes and experiences. This included My Journey Reports, regular caregiver supervision, and practitioner meetings. These worked together to ensure everyone within the organisation had a clear shared understanding of the young people's needs and progress.

The quality assurance of caregiver assessments was effective, and this was further enhanced by a significant strengthening of panel processes over the past year. The diverse and skilled panel was supported by a new independent panel chair. The role of the independent panel advisor had continued, and an experienced independent agency decision maker was also in place. Carer approvals continued to be reviewed well within statutory timescales with midway non-panel reviews also taking place. Additional panel reviews were appropriately arranged where there were concerns or significant changes in circumstances.

The service had mechanisms in place for seeking and considering feedback from all stakeholders. Feedback was sought on a regular basis from panel members, from carers after attending training, and from staff and carers on an annual basis with regards to the overall work of the agency. The service had a feedback taskforce in place to ensure that meaningful work is undertaken to consider the views of all children and young people. The service aimed to ensure children's views and experiences were sought or observed on an ongoing basis and not just as a task ahead of carer reviews, and this is welcomed.

Engaging welcome books were in place to ensure children within the service have an overview of what they could expect in terms of care and support. Communication between the service and caregiver families is multifaceted, with SharePoint access, carer support groups, emails and newsletters all used to communicate what is happening within the agency. However, at times important information was missed. For example, the carers we spoke to had not all been aware of the introduction of an independent complaints officer until an email was sent at the beginning of this inspection despite this having been in place since early 2025.

When things went wrong with a young person's care and support, the service held disruption meetings internally to allow for reflection on what had happened, the needs of the young person, and any learning needs of caregivers. Attempts were made to engage placing local authorities in this process however when this was not possible the reflections from these meetings were shared to help inform future planning for young people.

Caregivers and the wider staff team reported mixed experiences of feeling heard within the service. This appears to have been a contributing factor to some carers and staff choosing to leave the service.

The past 18 months have been a period of stress for many within the agency, and this has impacted on the service's capacity to drive forward improvement activity. Although there is a service development plan in place, there was little evidence of the wider staff team being involved in shaping this. If the service is to flourish in the future, team building with a particular focus on organisational culture and reflective practice needs to be prioritised. (Area for Improvement 1).

An Area for Improvement was identified at the last inspection highlighting a need for more clearly defined roles within the leadership team to promote a culture of reflection and accountability. This Area for Improvement was not fully met and this will therefore be continued in an amended form (Area for Improvement 2).

Areas for improvement

1. To inform service development and best meet the needs of people using the service, the service must embed the use of self-evaluation informed by robust quality assurance work.

This should include but not be limited to:

- a) Involving the whole staff team in continuous self-evaluation of the service
- b) Using this to inform a comprehensive service development plan which is outcomes focused and offers a strategic overview.
- c) Effectively using quality assurance systems to measure outcomes, experiences, and the effectiveness of intervention.

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order 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).

'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. To ensure all caregivers and people benefit from a service that promotes a culture of reflection and accountability, the provider must ensure that there are clearly defined roles for the leadership team.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

'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 good is our staff team?

4 - Good

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

In the main, we heard that foster carers felt that they were understood and respected as individuals and afforded a good standard of professional support whilst the focus of the service remained firmly on the experiences of children and young people.

In the majority of cases, staff formed trusting and genuine relationships with caregivers and often also with children and young people. Even where carers reported poor relationships, there had been evidence of

positive working relationships in the past. The staff team, including social work staff and the learning and development team were able to manage some challenging situations, using their authority to influence practice. Caregivers were offered highly tailored packages of practical and learning and development support.

We have reviewed records relating to foster carers who most recently chose to leave the service and found that workers within the service remained focused on experiences for children and young people throughout and appropriately followed good practice guidelines. This view was shared by local authority placing social workers we spoke with.

Staff were provided with regular supervision, and whole team and practitioner meetings provided an additional space for learning and the sharing of good practice. Staff had mixed experiences of their professional supervision and team meetings, with some feeling that there had been more of a focus on case load management than on reflection, emotional containment or their own professional development. Given the challenging period that the service has experienced, and the impact of this upon staff retention, this is an area that needs to be strengthened in the future to allow the service to recover and continue on an improvement journey (Area for Improvement 1).

The staff team benefitted from high quality learning and development opportunities. This included external qualifications such as practice educator, social worker, and therapeutic life story work qualifications. These opportunities were directly influenced by the needs of people supported by the service and provided valuable career development opportunities for staff members. The staff team consistently implemented this learning in their work with children, young people and caregivers.

As this inspection ended, the staff team was significantly depleted. There were no social work assistants in post and the social work lead and a supervising social worker were due to leave the service imminently. This was likely to put additional pressure upon those remaining members of staff. Whilst at the time of writing there would be sufficient staffing to meet the service's statutory responsibilities, it was acknowledged that this was likely to be a challenging period. This staffing situation reflected a high staff turnover over the past three years. This was likely to impact on carers who would lose the support of valued and appreciated workers, as well as on young people who have in the past had strong relationships with their Foster Care Connect workers.

Areas for improvement

1. In order to ensure staff experience appropriate support to manage periods of change and challenge, the service should seek to develop individual or group supervision models that allow space for emotional containment, reflection, and learning.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

5 - Very Good

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

The service holds strong aspirations for positive outcomes for children and young people and this informs all aspects of their care and support.

Workers within the service consistently contributed to looked after reviews and planning meetings for children and young people, providing reports for these meetings and providing valuable updates to statutory meetings. However, we heard of some situations where local authority planning meetings did not take place when they should have and the agency could be more proactive in requesting these meetings are scheduled where they have been missed.

All children and young people benefitted from effective family safer caring plans, which were individualised to each young person and strongly reflected individual needs, preferences and vulnerabilities. Many of the safer caring plans were signed by young people and were written in a way that was meaningful to the young person with lots of visual cues.

The service made use of a risk assessment matrix structured around the national risk assessment framework and clearly highlighted areas of strength and vulnerability for young people, carers, and the wider family. These allowed for a thorough 360 degree overview of each carer family and informed support plans for caregivers and young people.

Young people were supported by the service to advocate for their wishes and preferences, and the service and carers have successfully advocated for action leading to positive outcomes for children and young people.

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

Requirements

Requirement 1

By 1 May 2024 the provider should ensure that panels effectively support quality assurance within the service. To do this, the provider must as a minimum:

- a) Ensure panels operate with appropriate independence.
- b) Ensure panel chairs and members are clear on their roles and responsibilities, removing the risk of conflicts of interest.
- c) Ensure that panel processes include appropriate levels of scrutiny and challenge.
- d) Ensure panel functioning is supported by the provision of high-quality documentation which has been quality assured in advance by management within the service.
- e) Ensure people's views, including fostered children, birth children and others living within caring households, are sought, and presented to panel for consideration.

This is to comply with Regulation 4(1)(a) (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 care and support is consistent with Health and Social Care Standard 4.7: I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.

This requirement was made on 1 April 2024.

Action taken on previous requirement

The service has taken significant steps over the past year to strengthen and develop the functioning of panel. There is a new independent panel chair in place, and each panel is supported by an independent panel advisor. The quality of assessment presented to panel is high. The views of young people are sought in a creative way and caregiver views are also well represented.

Met - within timescales

Requirement 2

By 1 May 2024 the provider must provide high quality support which consistently meets the needs of caring households. To do this, the provider must, as a minimum:

- a) Identify vulnerabilities and support needs at an early juncture.
- b) Ensure support is provided in a timely manner.
- c) Ensure the provision of regular high-quality supervision to caring households which is well recorded.

This is to comply with Regulation 4(1)(a) (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 care and support is consistent with Health and Social Care Standard 4.8: I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

This requirement was made on 1 April 2024.

Action taken on previous requirement

There is clear evidence of a very high level of support being offered to fostering families and to individual children and young people. Supervising social workers and the learning and development team remain in close contact with caregiver families, offering thoughtful and evidence based support to carers and their families.

There were differences in how this support was perceived by caregivers, with some not appreciating the level of involvement the agency had in care planning and support to the children and young people in their care. We found that on balance this support was appropriate and in keeping with the expectations of the service as a registered fostering agency. Caregiver families were in receipt of records of supervision during the year since this last inspection, although not all historical supervision records were available.

Met - within timescales

Requirement 3

By 1 May 2024, the provider must ensure that the service undertake foster care agreements in line with best practice guidance and statutory requirements.

To do this, the provider must, at a minimum, ensure:

- a) records and documents of foster care agreements are accessible, updated and reviewed
- b) carer handbook which supports the carer agreement is clear, informative, and accessible to carers

This is in order to comply with: Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard 1.9: I am recognised as an expert in my own experiences, needs and wishes.

This requirement was made on 1 April 2024.

Action taken on previous requirement

Foster care agreements were in place for all tracked carers, and clearly had been for some time.

The foster carer handbook is accessible to all carers on the agency's Sharepoint site, and there was evidence of this being regularly updated.

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 all caregivers and people benefit from a service that promotes a culture of reflection and accountability, the provider must ensure that there are clearly defined roles for the leadership team and clear lines of professional supervision for all staff undertaking a social work task.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23); and

'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).

This area for improvement was made on 19 June 2024.

Action taken since then

All members of staff undertaking a social work task have arrangements in place for professional supervision. However, some members of staff expressed that supervision could be overly focused on case management without sufficient time and space for reflection and learning and development.

Concerns about the lines of accountability within the organisation were exacerbated by some blurring of professional boundaries between business and social work roles, an ongoing concern since the last inspection.

This Area for Improvement has been continued in a slightly amended form.

Previous area for improvement 2

To enable all caregivers and people using the service to have confidence in the organisation that supports them, the provider should ensure that a robust and sufficiently independent internal complaints policy is in place.

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequence for me' (HSCS 4.21).

This area for improvement was made on 19 June 2024.

Action taken since then

The agency's complaints policy and procedure has been reviewed and significantly improved. The agency has introduced an independent complaints officer who carers can access directly at several stages in the complaints process. This option had not been taken up by any carer families including those who raised concerns about the service before or during this inspection. However, it appears that the agency has not been sufficiently proactive in ensuring all carers were aware of this development, and the updated complaints policy was integrated into the carer handbook without this update being clearly communicated with carers at the time. Carers have since been directly informed of the change.

This Area for Improvement has now 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
1.1 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	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	5 - Very 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 caregiver families	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	5 - Very Good

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