

DUNDEE CITY COUNCIL

REPORT TO: SCRUTINY COMMITTEE - 26 APRIL 2023

REPORT ON: EXTERNAL INSPECTION REPORTS ON FOSTERING AND ADOPTION TEAMS

REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE

REPORT NO: 130-2023

1.0 PURPOSE OF REPORT

This report provides a summary of an external inspection of the Children and Families Service Fostering and Adoption Teams published in December 2022 (Appendix 1). As a regulated service, these 2 teams are inspected periodically by the Care Inspectorate and this was the first inspection after the Covid-19 pandemic. They were inspected in 3 categories in how well we support people's wellbeing, which was graded as Adequate; how good is our leadership, which was graded as Weak; and how good is our care and support planned, which was graded as Adequate. The inspection outlined 3 requirements and 5 areas for improvement.

The inspection coincided with an externally commissioned review of the teams carried out by the Association of Fostering, Kinship and Adoption (AFKA). Coming out of the pandemic, the purpose of the AFKA review was to pro-actively identify strengths and areas for improvement, including with reference to research on best practice and benchmarking with other areas. This review was also finalised in December 2022 and mirrored the findings of the inspection. The recommendations will contribute towards the continued development of local family-based support for children and young people.

2.0 RECOMMENDATIONS

It is recommended that members:

- 2.1** Note the content of this report, including the implementation of all 3 inspection requirements within the stipulated timescale of 28 February 2023.
- 2.2** Remit the Executive Director of Children and Families to ensure that all other areas for improvement are acted upon and request an update report in 6 months.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

This part of the Children and Families Service involves 2 teams assessing and providing support to all short-term foster carers and long term/permanent foster carers, including assessment reports and recommendations to fostering and adoption panels. The teams therefore provide support to a wide range of fostering and adoptive placements which provide care to children and young people aged between 0-21 years, including those in Continuing Care placements. The panel system is a statutory function which registers or de-registers prospective foster carers and approves permanence plans and adopters for children and young people.

The teams focus specifically on the assessment and support of foster carers and adopters, with other Social Work teams coordinating and providing support to the children and young people in their care. This separation of roles is necessary because the carers care for different children and young people over periods of time and it promotes continuity in their own support. It also enhances safeguarding arrangements, with locality Social Workers for the children and young people more able to impartially listen and respond to any concerns as well as consistently maintain support if they move into different care arrangements.

4.2 Methodology

This inspection was carried out between October and November 2022 and involved reference to policies and procedures, case file audits and interviews with the teams, carers and children and young people, including those aged 17-21 years in Continuing Care arrangements. It noted a range of positives, including children and young people experiencing supportive, nurturing and enduring relationships with caregiver families who provided them with a sense of belonging; timely permanence options; limited moves between caregiver families; consideration to brothers and sisters being together; and maintaining birth family connections, where possible and appropriate.

As some context, during the pandemic the teams had been impacted by higher levels of both management and staff turnover and absence. Whilst measures were put in place to maintain capacity by redeploying staff from other teams, this nevertheless proved disruptive. There was also limited capacity to provide carer training and reduced opportunities to recruit and train panel members. These factors have clearly influenced the grades, which are not consistent with the Good and Very Good findings of the Joint Inspection of Services to Children and Young People at Risk of Harm published in January 2022 or the annual inspections of Young People's Houses.

The inspectors noted, for instance, that 'although there had been a high turnover of staff, caregivers valued staff skills and felt well supported by their supervising Social Worker' but that there was understandably 'a lack of continuity in their support'. This was mirrored in the comments on the overall coordination and delivery of training, which had been impeded by the pandemic but was further compounded by 'no one person taking responsibility to develop and implement a robust training schedule'. This, in turn, affected the capacity of the teams and caregivers to assess and manage risks.

In terms of the 3 requirements and 5 areas for improvement, it can be seen from the reports that they therefore broadly involved consistent themes of the 2 teams and the carers they support needing to improve the identification, assessment and management of risk, along with Child's Plans needing to be more focused and holistic. Some key areas to be addressed to resolve these issues included child and adult protection training for carers, risk assessment training for staff, the development of Child's Plans in collaboration with locality Social Workers and quality assurance arrangements which promote robust oversight of practice and continuous improvement.

In conjunction with the findings of the AFKA review, this has informed the development of an Improvement Plan, the implementation of which is being overseen by the Head of Service as Chair of a new Improvement Group which includes the relevant Service Manager, the 2 Team Managers and representative members of the teams. It is noteworthy that both teams are now fully staffed; that all 3 requirements were addressed within the timescale of 28 February 2023; and that significant progress has also been made in respect of the 5 areas for improvement. A summary of actions taken to address the requirements and areas for improvement is provided below:

4.3 Requirement 1

By 28 February 2023, to ensure the safety and wellbeing of children and young people and the provision of high-quality care and support, the provider must ensure risks are recognised and identified and effective mechanisms are in place to manage and report risks.

- An annual schedule of mandatory and optional training has been developed for all carers, including child and adult protection, trauma informed practice and attachment training
- Elements of this training are being extended to kinship carers following the establishment of a dedicated Kinship Care Team which provides similar additional support to these carers
- A revised risk assessment format has been streamlined and tested with roll out for both teams to occur in May 2023
- Risk assessment training, involving the 2 fostering and adoption teams alongside other teams across the service as a refresh, has been developed and is scheduled for May 2023

4.4 Requirement 2

By 28 February 2023, to ensure quality care and support is received by all children, young people and their families, the provider must develop a culture of continuous improvement by implementing robust quality assurance of practice.

- In line with the rest of the service, which has a quarterly quality assurance programme, a case file audit has been undertaken and the themes correspond with the inspection.
- This quality assurance process is being repeated in May 2023 and quarterly thereafter, with targeted additional support where necessary.

4.5 Requirement 3

By 28 February 2023 the provider should ensure that care and support planning documentation for children and young people takes a SMART (specific, measurable, achievable, relevant and timebound) approach.

- In 2022 a revised Child's Plan document was created with a SMART focus and piloted across the Children's Social Work service.
- The roll out and associated mandatory training across the rest of the service will occur in May 2023.

In relation to the 5 areas for improvement, a new assessment methodology focused on carers competencies will be in place by May 2023; a new framework for matching children and young people in both interim and permanent placements will be in place by the end of April; life story training for carers has been identified and will be delivered as part of the annual schedule in May 2023; a Panel Coordinator role has been reviewed to incorporate training for panel members; and a new app, Mind of My Own (MOMO), has been implemented to enable children and young people to express their views on support in their own time or with additional support where necessary.

Each of these improvement actions are being progressed alongside recommendations from the AFKA review carried out at the time of the inspection, the terms of reference for which included a focus on increasing the recruitment, support and retention of internal foster carers as well as general care and safeguarding practice. Instead of traditional marketing, this will involve a review of all Council information on the foster care role; direct engagement with local employers to discuss and help understand the role with prospective carers; and a new streamlined assessment process with dedicated roles for initial enquiries and timescales for the completion of key stages.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 CONSULTATIONS

- 6.1 The Council Leadership Team were consulted in the preparation of this report.

Audrey May
Executive Director of Children and Families Service

March 2023

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Dundee City Council - Adoption Service Adoption Service

Dudhope Castle
Dudhope Park
Barrack Road
Dundee
DD3 6HF

Telephone: 01382 436 000

Type of inspection:
Announced (short notice)

Completed on:
18 November 2022

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2004082550



Inspection report

About the service

Dundee City Council provides a Fostering, Adoption and Adult Placement service for children and young people who are assessed as in need of alternative family care.

The functions of an adoption service are detailed in the Adoption and Children (Scotland) Act 2007 as being to:

- assess children who may be adopted
- assess prospective adopters
- place children for adoption
- provide information about adoption and
- provide adoption support services.

Social workers in the area teams and in the permanence team have responsibility for assessing children's needs for adoption and share responsibility for placing children for adoption. The family placement team carry out the remaining duties of the Local Authority Adoption Agency.

As the findings in this inspection are based on a sample of children and young people, inspectors cannot assure the quality of experience for every single child receiving a service.

Inspections of the Fostering and Continuing Care services have been undertaken and separate reports have been completed.

About the inspection

This was an announced inspection which took place between 24 October 2022 and 18 November 2022. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two people using the service
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Children experienced nurturing and meaningful care with limited moves between caregiving families as permanency options were explored and agreed timely.
- Although there had been a high turnover of staff, adopters were well supported and felt valued by their worker.
- Swifter implementation of action was required to protect children and young people's safety and wellbeing which had been compromised from a lack of training and safer caring documentation.
- There had been no formal training offered to adoptive families following their approval at panel. This included a lack of child and adult protection training.
- Quality assurance and monitoring systems were inconsistent and did not track outcomes for children and young people.
- Adoption Support Plans were not inconsistently utilised. Those in place, lacked a SMART (specific, measurable, achievable, relevant and time-bound) and holistic approach.
- There was no system in place for reviewing Adoption Support Plans.

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? | 3 - Adequate |
| How good is our leadership? | 2 - Weak |
| 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? 3 - Adequate

An evaluation of adequate has been award to this key question. A number of strengths in the service which just outweighed the weaknesses identified. As the weaknesses were relating to the welfare of children and young people, we have made a requirement and areas for improvement.

Relationships were meaningful, where children experienced nurturing care. Children did not experience multiple moves but where moves did occur, relationships prioritised between foster carers and adopters to support understanding, attachment and identity.

Adoptive families were well supported and valued by staff. However, the high turnover of staff over the last two years had resulted in some families experiencing a lack of continuity in their support and having to reinvest into new relationships which can lead to disengagement with a service.

Inspection report

Children received individualised care with age and stage appropriate choice. Families advocated well on behalf of children to promote best outcomes. Developmental opportunities were promoted by the service and children were encouraged to develop links with their community from a young age. There was positive promotion of health needs for individual children and active sharing of appropriate information. Likewise, mental health services were promoted within the service and valued support from workers to promote positive mental health within the family home. The medical advisor role was well used, with attendance in Adoption and Permanence Panel and individual meetings with adopters. Healthy living was encouraged during assessment, approval and post approval processes.

The complexity of brother and sister relationships were well understood and family time was supported where appropriate and meaningful for each child. Letter box contact was facilitated by one member of staff who had a good overview of the process.

Transitions were managed well with creativity to best support the process. One adoptive parent explained "transition was so well organised. Everyday was planned precisely and with good reason. It was so well thought out". However, it was unclear how adoptive families were supported to understand the fostering legislation and regulations in which some families begin the adoption process. Further support and development in this area is required to best safeguard children and their families. An Adoption Handbook should be developed which would support adopters' understanding of the frameworks and systems for which they could be caring for children as part of the adoption journey.

There had been limited child protection training and no adult protection training offered to adopters and staff. Children were kept physically and emotionally safe. However, in the absence of sufficient safer caring documentation it was unclear how families were supported to understand and manage risks. Incident reporting from adopters should be appropriately and proportionately responded to with correct child protection procedures.

An Initial Case Review within another service resulted in a comprehensive action plan, which had been formalised and was being implemented. Although progress was being made, there should be more urgency in implementation of the action plan. The service should strive to be part of a child-safe organisation. See Requirement 1.

Along with the gap in child and adult protection training, there had been a general absence of training available to adoptive families over the past two years. See Area for Improvement 1. During the inspection, a worker was identified to be responsible for leading on carer training which would be available to all adoptive families. This is a positive step forward to ensure developing and evaluating a training package for all caregiving families.

Although there was an organisation wide commitment to The Promise, this needs to be promoted further within the service and should be evident in practice guidance and documentation. There should be further focus on integrated practice with other children's services. A more collaborative approach with locality teams ensures holistic family support which will improve outcomes for children and young people.

Birth children were included in assessments of adoptive families with one adoptive parent saying "[my child] was really involved and felt part of it". This contributed to positive matching for the child and this family. However, quality of assessments lacked analysis with little evidence of assessment tools being utilised. There was a relatively new staff team and training had not been delivered to the staff team for undertaking assessment of adoptive families. A review of the process of assessments to understand the impact on families would be beneficial to service development and improvement. See Area for Improvement

2.

Children requiring permanent care was progressed timeously, and delays noted were out with the control of the service. Matching processes were well managed, with strengths and vulnerabilities identified so appropriate support could be considered.

Requirements

1. By 28th February 2023, to ensure the safety and wellbeing of children and young people and the provision of high-quality care and support, the provider must ensure risks are recognised, identified and effective mechanisms are in place to manage and report risks. To do this, the provider must, as a minimum:

- Provide child and adult protection training to caregiver families and staff.
- Ensure risk assessment policies and procedures provide clear guidance and risk assessment documentation, for identifying, reporting and managing risks.
- Develop a robust and responsive system to monitor and review risks.

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

Areas for improvement

1. To enable adoptive families to fully support the needs of children in their care, the provider should improve availability of training to all families. This should include, but not be limited to, trauma informed practice and attachment training.

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).

2. To enable thorough assessment of adoptive families and timely matching the needs of children with a family's strength and vulnerability, a review of the process of assessment should be undertaken to understand the impact on families. This should include, but not be limited to, training to all staff within the service.

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 meetings my needs and is right for me' (1.19) 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).

How good is our leadership?

2 - Weak

Inspection report

An evaluation of weak was graded to this key question. Although a number of strengths were identified, these were compromised by significant weakness. We have made a requirement and area for improvement, as these weaknesses had potential to negatively impact outcomes for children and young people.

The Adoption and Permanency Panel process was clear and well managed. Panel chairs were very experienced and had been in the role for a substantial period which meant they had a good overview of the organisation. Although panel members received individual appraisals there had been limited training available for panel members in the last two years. See Area for Improvement 3.

The panel process maintained a good oversight of children, young people and families, particularly in relation to the maintaining oversight of permanency planning to identify any drift and delay for children and young people.

The Agency Decision Makers were experienced and had a clear understanding of their role and function. Templates and agendas for panel and reviews were thorough and comprehensive.

The approach to quality assurance and monitoring did not occur in a holistic and systemic manner. There were some systems in place to monitor service delivery however these were not robust nor comprehensive. Due to the risk of repetition of concerns, clarity of management responsibility and oversight of quality assurance systems will form a requirement. See Requirement 2.

Organisational improvement planning was not well communicated with multiple staff members lacking understanding around changes, decisions and the vision for the services. One member of staff explained "there has been a lot of service change which have not always been done with consultation or with a rationale about what the vision is for the service, how this will help or how people will help to form this". This resulted in staff experiencing low morale and would impact their ability to process and support improvements.

Themes from panels were collated and detailed in business reports. There was a process for managing feedback from adoptive families and panel members through the panel process however it was unclear how this feedback was responded to beyond this forum. One adoptive parent told us that following the submission of feedback they "didn't receive any feedback from this or how our views would be used".

The Adoption Service did not have a specific service development plan. An Initial Case Review within another service resulted in a comprehensive action plan for which learning applied to the Adoption Service. Although actions were identified leads and timescales were not always clear. Action plans would benefit from a SMART approach to ensure swift action by named individuals. This is necessary to protect the wellbeing and safety of children and young people in their adoptive families. We are mindful that improvement plans have been proactively sought with the leadership team requesting the Association for Fostering, Kinship and Adoption (AFKA) Scotland to review internal processes and practices.

Requirements

1. By 28th February 2023, to ensure quality care and support is received by all children, young people and their families, the provider must develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:

- a. Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the

- needs of young people.
 b. Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes to identify area for improvement.

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) and 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' (4.19) and 'I use a service and organisation that are well led and managed' (4.23).

Areas for improvement

1. To enable the panel members to make informed and balanced decisions in the welfare of children, young people and their families, the provider should ensure suitable training and support is available to all panel members.

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).

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

A number of strengths were identified in the service which just outweighed the weaknesses identified. A grade of adequate has been awarded to this key question and a requirement has been made, as the weaknesses identified were relating to the welfare of children and young people.

Adoption support plans were not consistently in place and some did not fully reflect relevant and up-to-date information. Support plans were completed by the individual worker with little evidence of input from other key professionals involved with the family. It was not possible to track progression and outcomes, nor was it clear what strategies and interventions were used by workers to support the children and their families. Children and young people require clear narratives within all documentation relating to their care, should they wish to view this in later years to aid their understanding of their journeys.

Support plans should have a SMART approach which identify current and future support needs. There was no review process identified for the support offered from the service. A lack of timely review of the support plans will result in a static document that does not reflect accurate approaches to the child's care and support needs. See Requirement 3.

There was a dedicated worker responsible for post adoption support, which resulted in consistent support available to families following the legal process. Post adoption support is necessary to best support families but without appropriate plans in place, it is not possible to measure the effectiveness of interventions.

There was no manager oversight in terms of the support plans meaning there was no scrutiny on what support was being provided to families in comparison to their level of need. However, regular discussions between workers and the manager regarding family level of needs were evidenced to review ongoing contact and support needs.

Inspection report

Requirements

1. By 28th February 2023, the provider should ensure that adoption support planning documentation for children and young people takes a SMART approach (specific, measurable, achievable, relevant and time-bound). To do this the provider must, at a minimum, ensure:

- Assessed needs are accompanied with detailed action points.
- Professional involvement to support progression of action points is clearly recorded.
- Delay and drift in progressing action points are addressed and recorded.

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) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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? | 3 - Adequate |
| 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 | 4 - Good |
| 1.4 Children, young people, adults and their caregiver families get the service that is right for them | 4 - Good |
| How good is our leadership? | 2 - Weak |
| 2.2 Quality assurance and improvement are led well | 2 - Weak |
| 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 |

Inspection report

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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

இந்தக் 'இ' திட்டம் பல்வேறு மொழி மற்றும் வடிவங்களில் கிடைக்கிறது.

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

Dundee City Council Adult Placement - Continuing Care Adult Placement Service

Dudhope Castle
Dudhope Park
Barrack Road
Dundee
DD3 6HF

Telephone: 01382 436 004

Type of inspection:
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Completed on:
18 November 2022

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2019377882



Inspection report

About the service

Dundee City Council provides a Fostering, Adoption and Adult Placement service for children and young people who are assessed as in need of alternative family care.

The agency recruits and supports caregiver families to provide a range of alternative care arrangements for children and young people, including, emergency, interim, long term, permanent and short break. Both the fostering and adoption team support caregivers and young people in adult placement (continuing care), and the findings and key messages in this report are relevant to both teams.

The registered Adult Placement (Continuing Care) service is linked to the Fostering Service. This enables young people to remain in their family home beyond the age of 18 years, with continued support from the service.

The service aims to recruit, assess, train and support caregivers from a range of backgrounds with different skills and experiences to help meet the individual needs and improve outcomes for all care experienced children and young people living in approved caregiver households, within the city. The service aims to increase and sustain the number of caregiver families to ensure that children and young people, who are unable to live with their birth family, can access alternative caregiver families who are able to meet their needs.

As the findings in this inspection are based on a sample of children and young people, inspectors cannot assure the quality of experience for every single child receiving a service.

Inspections of the Fostering and Adoption services have been undertaken and separate reports have been completed.

Dundee City Council Fostering and Adoption Services have been registered with the Care Inspectorate since the Care Inspectorate was formed in 2011. It was previously registered with the Care Commission. Adult Placement (Continuing Care) was registered in 2020.

About the inspection

This was an announced (short notice) inspection which took place between 28 October and 18 November 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with three people using the service and seven caregiver families
- Spoke with 13 members of staff and management
- Spoke with 11 external professionals
- Reviewed 56 survey responses
- Observed practice and daily life
- Reviewed documents.

Key messages

- Young people experienced supportive, nurturing and enduring relationships with caregiver families, providing them with a sense of belonging.
- Young people were active in their community and encouraged to develop independent living skills and consider further education and employment options.
- Brothers and sisters were supported to keep in touch and maintain birth family connections, where possible and appropriate.
- Although there had been a high turnover of staff, caregivers valued staff skill and felt supported by their supervising social worker.
- Agreed action plans to protect young people's physical safety and emotional wellbeing, which had been compromised from a lack of training and safer caring documentation, should be timeously implemented.
- Staff involvement in supporting the participation of young people's contribution to care planning was not consistently evident.
- It was not always possible to establish young people's individual progress and achievements in assessments and care planning documentation. Care plans in place lacked a SMART (specific, measurable, achievable, relevant and time-bound) and holistic approach.
- Promoting Adult Placement (Continuing Care) guidance more broadly would provide a better understanding of the differences within the frameworks and systems for fostering and adult placement, enhancing informed decision making.

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? | 3 - Adequate |
| How good is our leadership? | 2 - Weak |
| 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? 3 - Adequate

We made an evaluation of adequate for this key question. We identified some strengths, which just outweighed weaknesses. As the weaknesses were relating to the welfare of children and young people, we have made one requirement and three areas for improvement.

Relationships were meaningful, and young people experienced nurturing care, stability, predictability and a sense of belonging. We saw evidence of young people who were claimed at an early age, and fully included within families they had been living in.

Caregivers advocated on behalf of young people to promote best outcomes. Developmental opportunities and healthy lifestyles were promoted, and young people had established links with their community. They were encouraged to develop independent living skills and consider further education and employment options. There was positive promotion of physical and mental health needs with referrals to specialist support services.

Complex brother and sister relationships were understood and, when not placed together, caregivers facilitated opportunities for meaningful connections.

Caregivers valued staff skills and the support they provided. The high turnover of staff over the last two years had resulted in caregivers experiencing a lack of continuity in their support. We saw evidence of some caregiver disengagement with the service due to having to reinvest into new relationships.

The quality of assessments lacked analysis, with little evidence of assessments tools and creativity being used to gain information. We read statements which lacked impact and analysis, or how specific needs and issues were to be addressed. We learned that new members of staff had not been provided with training to develop their assessment skills and knowledge base. We heard that assessment workshops have been coordinated and look forward to seeing the impact on practice and future assessments. Assessment skills form an area for improvement (1).

Caregivers kept memory boxes and facilitated written communication between young people and their birth family. Young people's sense of their life story was not always readily available, and they would benefit from the provider identifying a person to lead this essential work from an early age. Progressing life story work will form an area for improvement (2).

Although there was an organisation wide commitment to 'The Promise,' this needs to be promoted further within the service and evident in practice guidance and documentation. A focus on integrated practice with other services has recently been introduced, clarifying roles and responsibilities with greater emphasis on multi-agency working. A collaborative and integrated approach where professional skills are recognised and valued can contribute to holistic family support, which will improve outcomes for young people.

There had been a general absence of training available to staff and caregiver families over the past two years, with no one person taking responsibility to develop and implement a robust and effective training schedule. During our inspection we learned of plans in place to address this, with identification of a lead person to develop a training schedule. We look forward to reviewing the implementation of this at our next inspection. This forms an area for improvement (3).

There had been limited child protection training and no adult protection training offered to caregivers and staff. In absence of sufficient safer caring documentation, it was unclear how young people's physical and emotional safety needs were assessed, and families were supported to understand and manage risks.

A case review resulted in a comprehensive action plan, which had been formalised and was being implemented. Although progress was being made there should be more urgency in the implementation of the action plan. The service should strive to be part of a child-safe organisation. This will form a requirement (1).

Adult Placement (Continuing Care) guidance has been developed however not all caregivers were aware of this. Promoting the guidance more broadly would provide a better understanding of the differences within

the frameworks and systems for fostering and adult placement, enhancing informed decision making whilst evidencing application of the principles of 'The Promise' in practice.

Requirements

1. By 28th February 2023, to ensure the safety and wellbeing of young people and the provision of high-quality care and support, the provider must ensure risks are recognised and identified and effective mechanisms are in place to manage and report risks. To do this, the provider must, as a minimum:

(a) Provide child and adult protection training to caregiver families and staff.

(b) Ensure risk assessment policies and procedures provide clear guidance and risk assessment documentation, for identifying, reporting and managing risks.

(c) Develop a robust and responsive system to monitor and review risks.

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 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); and
'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

Areas for improvement

1. To enable thorough caregiver assessment and identifying young people's needs and caregiver strengths and vulnerabilities, a review of the process of assessment should be undertaken. This should include, but not be limited to, training to all staff within the service.

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); 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).

2. To ensure all young people 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 caregivers 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).

Inspection report

3. To enable caregiver families to fully support the needs of young people in their care, the provider should improve availability of training to all families. This should include, but not be limited to, trauma informed practice and attachment training.

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).

How good is our leadership? 2 - Weak

An evaluation of weak was graded to this key question. Although a number of strengths were identified, these were compromised by significant weakness. We have made a requirement and area for improvement, as these weaknesses had potential to negatively impact outcomes for children and young people.

The panel process was clear and well managed. Panel chairs were experienced and had been in the role for a substantial period and they had a good overview of the organisation. Although panel members received individual appraisals limited training was provided to them in the last two years. This will form an area for improvement (1).

Panel themes and caregiver feedback was collated and detailed in business reports provided to management, however, it was unclear how this informed improvement planning.

Agency Decision Makers were experienced and had a clear understanding of their role and function. Templates and agendas for panel and reviews were thorough and comprehensive.

Organisational improvement planning was not well communicated with multiple staff members lacking understanding around changes, decisions and the vision for the services. There has been a lot of service change which have not always been done with consultation or with a rationale about what the vision is for the service, how this will help or how people will help to form this. This resulted in staff experiencing low morale, impacting upon their ability to process and support improvements.

Staff lacked guidance in their role and responsibility as policies and procedures were not up to date nor accessible in a central location. Management acknowledged this deficit, and we look forward to hearing what actions have been implemented to support and guide staff in their role.

The approach to quality assurance and monitoring did not occur in a holistic and systematic manner. There were some systems in place to monitor service delivery however these were neither robust nor comprehensive. Due to the risk of repetition of concerns, clarity of management responsibility and oversight of quality assurance systems will form a requirement (1).

There is no specific service development plan for the Adult Placement (Continuing Care) service. A case review resulted in a comprehensive action plan. Although actions were identified, leads and timescales were not always clear. Action plans would benefit from a SMART approach. We are mindful that improvement plans have been proactively sought with the leadership team requesting the Association for Fostering, Kinship and Adoption (AFKA) Scotland to review internal processes and practices.

Requirements

1. By 28th February 2023, to ensure quality care and support is received by all young people and their families, the provider must develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:

(a) Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.

(b) Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes to identify area for improvement.

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 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); and

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

Areas for improvement

1. To enable panel members to make informed and balanced decisions in the welfare of young people and their families, the provider should ensure suitable training and support is provided to all panel members.

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).

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. We identified some strengths, but these just outweighed weaknesses. We have made a requirement and area for improvement, as these weaknesses had potential to negatively impact outcomes for young people.

Young people were provided with informal and formal advocacy. However, their documentation did not always record their views, nor did they identify how they would hear the outcome of the planning meeting if they were not present. At future inspections we would like to see more evidence of young people's involvement, and how their views are heard and represented at formal planning meetings. Meaningful participation will form an area for improvement (1).

Young people's pathways planning documentation recorded their needs in relation to areas of safety, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). Dates identified regular meetings and reviews, and attendance records evidenced professionals involved and partners to the plan, highlighting a multi-agency approach. However, from the narrative in the planning documents it was not always possible to identify and track individual growth, progress and achievements, nor how staff had contributed and supported young people to develop and achieve goals and positive outcomes. Clarity around risks and measures to mitigate them were unclear. Plans provided were not always specific, measurable,

Inspection report

achievable, relevant and time-bound (SMART). SMART Care planning will form a requirement (1).

Young people had pathway plans but not all had an identified 'welfare assessment' that complied with continuing care legislation. On reaching the age of 18 years young people entered into signed tenancy and household agreements, which did not align with the philosophy of continuing care. We wondered if supportive welfare assessments could integrate the expectations from tenancy and household agreements, thereby avoiding the need for these additional documents.

Requirements

1. By 28th February 2023, the provider should ensure that care and support planning documentation for young people takes a SMART approach (specific, measurable, achievable, relevant and time-bound). To do this the provider must, at a minimum, ensure:

- (a) Assessed needs are accompanied with detailed action points.
- (b) Professional involvement to support progression of action points is clearly recorded.
- (c) Delay and drift in progressing action points are addressed and recorded.

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 personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.1).

Areas for improvement

1. To ensure young people have opportunities and benefit from participation in decisions that affect them, the provider must evidence support provided to young people to express their views, attend meetings and understand how their needs will be met through care planning processes.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17); and
'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

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? | 3 - Adequate |
| 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 | 4 - Good |
| 1.4 Children, young people, adults and their caregiver families get the service that is right for them | 4 - Good |
| How good is our leadership? | 2 - Weak |
| 2.2 Quality assurance and improvement are led well | 2 - Weak |
| 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 |

Inspection report

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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Twitter: @careinspect

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Dundee City Council - Fostering Service Fostering Service

Dudhope Castle
Dudhope Park
Barrack Road
Dundee
DD3 6HF

Telephone: 01382 436 000

Type of inspection:
Announced (short notice)

Completed on:
19 November 2022

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2005097782



Inspection report

About the service

Dundee City Council Fostering Service provides a Fostering, Adoption, and Adult Placement service for children and young people who are assessed as in need of alternative family care.

The agency recruits and supports caregiver families to provide a range of alternative care arrangements for children and young people, including, emergency, interim, long term, permanent and short break. Both the fostering and adoption team support caregivers and children and young people in permanency planning and adult placement (continuing care), and the findings and key messages in this report are relevant to both teams.

A registered Adult Placement (Continuing Care) service is linked to the Fostering Service. This enables young people to remain in their family home beyond the age of 18 years, with continued support from the service.

Inspection report

About the service

Dundee City Council Fostering Service provides a Fostering, Adoption, and Adult Placement service for children and young people who are assessed as in need of alternative family care.

The agency recruits and supports caregiver families to provide a range of alternative care arrangements for children and young people, including, emergency, interim, long term, permanent and short break. Both the fostering and adoption team support caregivers and children and young people in permanency planning and adult placement (continuing care), and the findings and key messages in this report are relevant to both teams.

A registered Adult Placement (Continuing Care) service is linked to the Fostering Service. This enables young people to remain in their family home beyond the age of 18 years, with continued support from the service.

The service aims to recruit, assess, train and support caregivers from a range of backgrounds with different skills and experiences to help meet the individual needs and improve outcomes for all care experienced children and young people living in approved caregiver households, within the city. The service aims to increase and sustain the number of caregiver families to ensure that children and young people, who are unable to live with their birth family, can access alternative caregiver families who are able to meet their needs.

As the findings in this inspection are based on a sample of children and young people, inspectors cannot assure the quality of experience for every single child receiving a service.

Inspections of the Continuing Care and Adoption services have been undertaken and separate reports have been completed.

Dundee City Council Fostering Service has been registered with the Care Inspectorate since the Care Inspectorate was formed in 2011. It was previously registered with the Care Commission.

About the inspection

This was an announced (short notice) inspection which took place between 28 October and 18 November 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with three people using the service and seven caregiver families
- Spoke with 13 members of staff and management
- Spoke with 11 external professionals
- Reviewed 56 survey responses
- Observed practice and daily life
- Reviewed documents.

Key messages

- Children and young people experienced supportive, nurturing and enduring relationships with caregiver families, providing them with a sense of belonging.
- Timely permanency options for children and young people were explored and agreed, limiting moves between caregiver families.
- Consideration to brothers and sisters being together and maintaining birth family connections, where possible and appropriate was evident.
- Although there had been a high turnover of staff, caregivers valued staff skills, and felt well supported by their supervising social worker.
- Agreed action plans to protect children and young people's physical safety and emotional wellbeing, which had been compromised from a lack of training and safer caring documentation, should be timeously implemented.
- Staff involvement in supporting the participation of children and young people's contribution to care planning was not consistently evident.
- It was not always possible to establish children and young people's individual progress and achievements in care planning documentation. Care plans in place lacked a SMART (specific, measurable, achievable, relevant and time-bound) and holistic approach.

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? | 3 - Adequate |
| How good is our leadership? | 2 - Weak |
| 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? 3 - Adequate

We made an evaluation of adequate for this key question. We identified some strengths, which just outweighed weaknesses. As the weaknesses were relating to the welfare of children and young people, we have made one requirement and three areas for improvement.

Relationships were meaningful, where children and young people experienced nurturing care, stability, predictability and a sense of belonging. Permanency planning was timely with limited placement moves. Where moves did occur, relationships were prioritised between caregivers, supporting attachment, identity and opportunities for life-long connections. Matching processes were well managed, with strengths and vulnerabilities identified so appropriate support could be considered.

Inspection report

We found the quality of the assessments lacked analysis, with little evidence of assessment tools and creativity being used to gain information. We read statements which lacked impact and analysis, or how specific needs and issues were to be addressed. We learned that new members of staff had not been provided with training to develop their assessment skills and knowledge base. We heard that assessment workshops have been coordinated and look forward to seeing the impact on practice and future assessments. Assessment skills form an area for improvement (1).

Caregivers valued staff skills and the support they provided. The high turnover of staff over the last two years had resulted in caregivers experiencing a lack of continuity in their support. We saw evidence of some caregiver disengagement with the service due to having to reinvest into new relationships.

Children received individualised care and age and stage appropriate choices. Caregivers advocated on behalf of children and young people to promote best outcomes. Developmental opportunities and healthy lifestyles were promoted, and children were encouraged to develop links with their community from a young age. There was positive promotion of physical and mental health needs with referrals to specialist support services.

Short breaks facilitated within extended family networks were promoted. Children could spend time away from families if they chose. When short break caregivers are required children and caregivers would benefit from timely identification, notification and caregiver consistency.

Complex brother and sister relationships were understood and, when not placed together, caregivers facilitated opportunities for meaningful connections. Caregivers engaged with birth families enabling smooth transitions for children and young people when visiting birth family members.

Caregivers kept memory boxes and facilitated written communication between children and their birth family. Children's sense of their life story was not always readily available, and they would benefit from the provider identifying a person to lead this essential work. Progressing life story work will form an area for improvement (2).

Although there was an organisation wide commitment to 'The Promise,' this needs to be promoted further within the service and evident in practice guidance and documentation. A focus on integrated practice with other children's services has recently been introduced, clarifying roles and responsibilities with greater emphasis on multi-agency working. A collaborative and integrated approach where professional skills are recognised and valued can contribute to holistic family support, which will improve outcomes for children and young people.

There had been a general absence of training available to staff and caregiver families over the past two years, with no one person taking responsibility to develop and implement a robust and effective training schedule. During our inspection we learned of plans in place to address this, with identification of a lead person to develop a training schedule. We look forward to reviewing the implementation of this at our next inspection. This forms an area for improvement (3).

There had been limited child protection training and no adult protection training offered to caregivers and staff. In absence of sufficient safer caring documentation, it was unclear how children's physical and emotional safety needs were assessed, and families were supported to understand and manage risks.

A case review resulted in a comprehensive action plan, which had been formalised and was being implemented. Although progress was being made there should be more urgency in the implementation of the action plan. The service should strive to be part of a child-safe organisation. This will form a requirement (1).

An updated service specific handbook would support caregivers to understand the frameworks and systems when caring for children in the care system.

Requirements

1. By 28th February 2023, to ensure the safety and wellbeing of children and young people and the provision of high-quality care and support, the provider must ensure risks are recognised and identified and effective mechanisms are in place to manage and report risks. To do this, the provider must, as a minimum:

(a) Provide child and adult protection training to caregiver families and staff.

(b) Ensure risk assessment policies and procedures provide clear guidance and risk assessment documentation, for identifying, reporting and managing risks.

(c) Develop a robust and responsive system to monitor and review risks.

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 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); and
'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

Areas for improvement

1. To enable thorough caregiver assessment and matching the needs of children with a family's strengths and vulnerabilities, a review of the process of assessment should be undertaken. This should include, but not be limited to, training to all staff within the service.

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); 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).

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 caregivers about how life story work should be approached.

Inspection report

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 enable caregiver families to fully support the needs of children in their care, the provider should improve availability of training to all families. This should include, but not be limited to, trauma informed practice and attachment training.

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).

How good is our leadership? 2 - Weak

An evaluation of weak was graded to this key question. Although a number of strengths were identified, these were compromised by significant weakness. We have made a requirement and area for improvement, as these weaknesses had potential to negatively impact outcomes for children and young people.

The panel process was clear and well managed. Panel chairs were experienced and had been in the role for a substantial period and they had a good overview of the organisation. Although panel members received individual appraisals limited training was provided to them in the last two years. This will form an area for improvement (1).

Panel processes maintained a good oversight of children, young people and families, particularly in relation to permanency planning to and 'drift and delay.' Panel themes and caregiver feedback was collated and detailed in business reports provided to management, however, it was unclear how this informed improvement planning.

The Agency Decision Makers were experienced and had a clear understanding of their role and function. Templates and agendas for panel and reviews were thorough and comprehensive.

Organisational improvement planning was not well communicated with multiple staff members lacking understanding around changes, decisions and the vision for the services. One member of staff explained *'There has been a lot of service change which have not always been done with consultation or with a rationale about what the vision is for the service, how this will help or how people will help to form this.'* This resulted in staff experiencing low morale, impacting upon their ability to process and support improvements.

Staff lacked guidance in their role and responsibility as policies and procedures were not up to date nor accessible in a central location. Management acknowledged this deficit, and we look forward to hearing what actions have been implemented to support and guide staff in their role.

The approach to quality assurance and monitoring did not occur in a holistic and systematic manner. There were some systems in place to monitor service delivery however these were neither robust nor comprehensive. Due to the risk of repetition of concerns, clarity of management responsibility and oversight of quality assurance systems will form a requirement (1).

The fostering and permanence services do not have specific service development plans. A case review resulted in a comprehensive action plan. Although actions were identified, leads and timescales were not always clear. Action plans would benefit from a SMART approach. We are mindful that improvement plans have been proactively sought with the leadership team requesting the Association for Fostering, Kinship and Adoption (AFKA) Scotland to review internal processes and practices.

Requirements

1. By 28th February 2023, to ensure quality care and support is received by all children, young people and their families, the provider must develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:

(a) Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.

(b) Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes to identify area for improvement.

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).

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'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

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

Areas for improvement

1. To enable panel members to make informed and balanced decisions in the welfare of children, young people and their families, the provider should ensure suitable training and support is provided to all panel members.

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).

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. We identified some strengths, but these just outweighed weaknesses. We have made a requirement and area for improvement, as these weaknesses had potential to negatively impact outcomes for children and young people.

Children, young people and adults were provided with informal and formal advocacy. However, their documentation did not always record their views, nor did they identify how they would hear the outcome of the planning meeting if they were not present. At future inspections we would like to see more evidence of children's involvement, and how their views are heard and represented at formal planning meetings. Children's meaningful participation will form an area for improvement (1).

Children and young people's planning documentation recorded the child or young person's needs in relation to areas of safety, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). Dates identified regular meetings and reviews and attendance records evidenced professionals involved and partners to the plan, highlighting a multi-agency approach and 'team around the child.' This supports a holistic assessment and shared action plan which can improve outcomes for children and young people. However, from the narrative in the child planning documents, it was not always possible to identify and track individual growth, progress and achievements, nor how staff had contributed and supported children and young people to develop and achieve goals and positive outcomes. Clarity around risks and measures to mitigate them were unclear. Not all plans were specific, measurable, achievable, relevant and time-bound (SMART). SMART care planning will form a requirement (1).

Requirements

1. By 28th February 2023, the provider should ensure that care and support planning documentation for children and young people takes a SMART approach (specific, measurable, achievable, relevant and time-bound). To do this the provider must, at a minimum, ensure:

- (a) Assessed needs are accompanied with detailed action points.
- (b) Professional involvement to support progression of action points is clearly recorded.
- (c) Delay and drift in progressing action points are addressed and recorded.

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 personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

Areas for improvement

1. To ensure children and young people have opportunities and benefit from participation in decisions that affect them, the provider must evidence support provided to children and young people to express their views, attend meetings and understand how their needs will be met through care planning processes.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17); and
'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

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

The manager must ensure that children are placed with foster carers who are appropriately skilled and experienced and who have been approved by the agency decision maker to meet their needs. National Care Standards foster care and family placement services, Standard 2 - Promoting good quality care.

This area for improvement was made on 10 December 2017.

Action taken since then

Appropriate action was taken to address this recommendation. Staff health and safety risk assessment.

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? | 3 - Adequate |
| 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 | 4 - Good |
| 1.4 Children, young people, adults and their caregiver families get the service that is right for them | 4 - Good |
| How good is our leadership? | 2 - Weak |
| 2.2 Quality assurance and improvement are led well | 2 - Weak |
| 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 |

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To find out more

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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.

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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

ਇਸਦੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਭਾਸ਼ਾ ਅਤੇ ਫਾਰਮੈਟ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

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