

REPORT TO: SCRUTINY COMMITTEE – 23 APRIL 2025

REPORT ON: INSPECTION REPORT ON FOSTERING AND ADOPTION SERVICE

REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE

REPORT NO: 136 - 2025

1.0 PURPOSE OF REPORT

- 1.1 This report provides a summary of the Care Inspectorate inspection of the Children and Families Service Fostering, Adoption and Continuing Care Service published in December 2024 and January 2025 (Appendix 1).
- 1.2 The inspection was a follow-up to a previous inspection published in December 2022 and covered the same 3 categories of How Well We Support People's Wellbeing, How Good is Our Care and Support Planned and How Good is Our Leadership.
- 1.3 The Fostering, Adoption and Continuing Care Service improved in all 3 categories of inspection, with Adoption and Continuing Care moving from Adequate to Very Good in 2 categories. All 3 requirements and 4 of the 5 areas for improvement from the last inspection were met.

2.0 RECOMMENDATION

- 2.1 It is recommended that the Committee:
 - a Note the content of this report, including significant progress made since the last inspection in all 3 categories and the recent implementation of the requirement and area for improvement within the stipulated timescale of 30 March 2025.
 - b Request the Executive Director to ensure that all other areas for improvement are acted on and provide routine updates as part of the service's annual report on Our Promise to Care Experienced Children, Young People and Care Leavers 2023-26.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 BACKGROUND

- 4.1 The Children and Families Service has two teams which assess and provide support to all interim foster carers, long term and permanent foster carers and adoptive parents, including reports and recommendations to Fostering and Adoption Panels.
- 4.2 The teams therefore provide support to a wide range of fostering and adoptive care arrangements for children and young people aged between 0-21 years, including those in Continuing Care.
- 4.3 The Fostering and Adoption Panel system forms part of the service as a statutory function which registers or de-registers prospective foster carers and approves permanence plans and adopters for children and young people.
- 4.4 The December 2022 inspection was carried out whilst the service also commissioned an external review of the team's practice by the Association of Fostering Kinship and Adoption (AFKA) to inform the development of a required Improvement Plan.

- 4.5 The external inspection and internally commissioned review arrived at similar findings, including 3 requirements and 5 areas for improvement. This has informed the development and close senior management oversight of an Improvement Plan implemented over the last 18 months.

5.0 METHODOLOGY AND KEY FINDINGS

Table 1 Improvement in Inspection Grades from 2022 to 2025

Category of Inspection	Fostering (2022 and 2025)	Continuing Care (2022 and 2025)	Adoption (2022 and 2025)
How well we support people's wellbeing	Adequate to Very Good	Adequate to Very Good	Adequate to Good
How good is our care and support planned	Adequate to Very Good	Adequate to Very Good	Adequate to Good
How good is our leadership	Weak to Adequate	Weak to Adequate	Weak to Adequate

- 5.1 The recent inspection was carried out from October to November 2024 and involved reference to policies and procedures, case file audits and interviews with the teams, other professionals, carers and children. Grades improved in all categories as demonstrated in Table 1. Key messages include:

- Children and young people experienced supportive, nurturing and enduring relationships with caregiver families, providing them with a sense of belonging.
- Children had a strong sense of their family identity and meaningful family connections were maintained - this was an area of strength.
- Caregivers valued staff skills and knowledge, felt very well supported by their supervising social worker and noted that staff were skilled at supporting them.
- Children and young people's contribution to care planning was evident and young people understood their plans.
- Plans for young people were holistic-specific, measurable, achievable, relevant and time-bound. Young people were involved in their plans and understood them.
- Young people enjoyed warm, affectionate, and trusting relationships with their caregivers promoting a sense of belonging and security.
- Carers were strong advocates for young people and took a rights-based approach, ensuring that the right services and supports were made available when needed.
- Caregivers were supportive of the young people attaining well in school and in some cases worked closely alongside the birth family to ensure that this was the case.
- Where possible young people lived with their siblings, where this was not possible there was a focus on maintaining these relationships.
- Caregivers were supported to help young people understand their history. We saw good use of memory boxes and the introduction of monthly letters to young people.
- Young people experienced supportive, enduring relationships with fostering families beyond the age of 18 that provided them with a sense of belonging.

- 5.2 All 3 requirements from the last inspection of risk assessment policies and training; case records and quality assurance; and care planning were met. Four of 5 areas for improvement on assessment matching; life story work; training to families; and participation were also met.
- 5.3 The area for improvement which was not met involved the functioning, membership and training of the panel. It had been anticipated and explained the more moderate improvement in the category of Leadership. It was included in the inspection as a requirement.
- 5.4 However, the inspectors noted a clear 'culture of ambition and celebrating success led by staff and carers' whilst also confirming some continued areas for improvement, each of which had been recognised by the service in advance.

6.0 AREAS FOR IMPROVEMENT

- 6.1 The inspection outlined one requirement and one area for improvement, with the Fostering and Adoption Panel the key focus. Inspectors noted that the panel functioned well in terms of decision-making but the previous area for improvement on training had not been met.
- 6.2 The service had been aware of this, and it had occurred due to challenges in recruiting to a vacant post, which created 'a sense of uncertainty' over the roles of panel members. In response and as a summary of actions taken since the inspection.

7.0 REQUIREMENT

- 7.1 By 30 March 2025, to ensure effectiveness of decision making at the Fostering and Adoption Panels, the provider must ensure clear oversight of panel functioning and membership. To do this the provider must as a minimum:
- a) ensure that roles associated with panel membership and function are explicit,
 - b) ensure a diverse panel membership with appropriate level of independence,
 - c) ensure panel members receive adequate training and annual appraisals.
- 7.2 A Senior Officer (Fostering, Adoption, Permanence and Kinship Service) came into post in November 2024. The functions of the post include recruitment, support, training and annual appraisals of panel members.
- 7.3 Since starting, several Panel Business Meetings and development sessions have been convened; a training calendar for panel members has been approved with input from Medical Advisors and AFKA; and annual appraisals were completed in March 2025.
- 7.4 To promote a diversity of panel membership, including varying experience, knowledge and skills, the Senior Officer has also expanded the recruitment programme to include health and education professionals.
- 7.5 The Senior Officer has developed a quality assurance template to facilitate a process for gathering feedback on panels, provide an overview of the panel functioning and continue to jointly identify areas for improvement and/or additional support.

8.0 AREAS FOR IMPROVEMENT

- 8.1 To ensure families are best supported within the appropriate regulations, the service should ensure that all dual registered foster carer/adopters are supported in line with fostering legislation and best practice. This includes, but is not limited to, ensuring systems are in place for identification and panel review of dual registered prospective adopters.
- 8.2 As noted in the inspection report, plans were already implemented to address this area for improvement during the inspection period. It relates to carers who are dual approved as both Foster Carers and Adopters needing to be reviewed annually and not biennially.
- 8.3 As such, dual-approved foster carer/adopters are now all reviewed annually and the practice of the Adoption Service and the Fostering, Adoption and Permanence Panel in line with fostering legislation.

9.0 CONCLUSION

- 9.1 The Care Inspectorate inspection published in December 2022 occurred while the service commissioned an external AFKA review and arrived at similar findings, which have led to the development and implementation of a comprehensive Improvement Plans.
- 9.2 As a result, clear progress has been made in all 3 categories of inspection and both the recent requirement and area for improvement have already been addressed within the timescale of 30 March 2025.

10.0 POLICY IMPLICATIONS

- 10.1 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.

11.0 CONSULTATIONS

- 11.1 The Council Leadership Team have been consulted in the preparation of this report and are in agreement with its content.

12.0 BACKGROUND PAPERS

- 12.1 None.

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MARCH 2025

Dundee City Council - Fostering Service Fostering Service

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Telephone: 01382 436 000

Type of inspection:
Announced (short notice)

Completed on:
21 November 2024

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2005097782

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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 breaks. 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.

About the inspection

This was a short announced inspection which took place between 28 October and 20 November 2024. 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 caregiver foster families, eight staff and management.
- We observed practice and daily life, reviewed documents.
- Spoke with relevant professionals.

Key messages

- Children and young people experienced supportive, nurturing and enduring relationships with caregiver families, providing them with a sense of belonging.
- Children had a strong sense of their family identity and meaningful family connections were maintained this was an area of strength.
- A requirement was made in relation to the Fostering and Adoption Panel to ensure overview of the effectiveness of its functioning and membership.
- Caregivers valued staff skills and knowledge and felt very well supported by their supervising social worker.
- Children and young people's contribution to care planning was evident, young people understood their plans.
- Plans for young people were holistic specific, measurable, achievable, relevant and time-bound.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	3 - Adequate
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?

5 - Very Good

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

Quality Indicator: 1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect.

Quality Indicator: 1.2 Children, young people and adults get the most out of life.

Quality Indicator: 1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience.

Quality Indicator: 1.4 Children, young people, adults and their caregiver families get the service that is right for them.

Young people had developed meaningful affectionate, secure relationships with their carers. Relationships were based on love, compassion and empathy. As a result children were thriving.

Carers were very positive about the high quality and responsive support they received from their supervising social workers and the wider service. They were confident that they were receiving appropriate training.

We saw that there was reflective discussion carried out with carers during supervision visits. Carers told us that they had regular visits from social work and were able to get support as and when they needed. Carers were trauma informed, this was evident in the sensitive response care provided.

Support groups were available to carers. We observed one such group, this was well organised and demonstrated a good balance of informal meetings and some structured learning. Carers valued these groups.

Young people were involved in decisions about their care in ways that were meaningful to them. Caregivers and birth families were recognised and significant persons in the decision-making process. The views of all were listened too and respected, this was an area of strength.

Young people were able to spend regular time away from care giver families. Short break services were available and planned. Natural family supports were also used and were particularly effective for young people requiring additional supports.

All the young people were able to exercise a high degree of choice that was age appropriate. Care provision was personalised and provided by carers that understood the needs and preferences of the young people in their care. This contributed to positive outcomes and experiences for children.

Maintaining relationships with birth families was encouraged and promoted and was an area of strength. Where possible young people lived with their siblings, where this was not possible there was a focus on maintaining these relationships.

Care givers were supportive of the young people attaining in school and in some cases worked closely alongside the birth family to ensure that this was the case. There was a culture of ambition, and all achievements were recognised and celebrated.

We saw that caregivers' learning was now a priority and this was welcomed by the carers. Carers were able to speak with great insight of the impact of Trauma and adverse childhood experiences (ACE's.) on the young people. Caregivers were engaged in their own learning and development. A range of available training enhanced caregivers' skills and knowledge and the service responded creatively to individual training needs and circumstances.

Children were supported to thrive, and develop a strong sense of identity and positive mental health. This was supported by nurturing and predictable relationships with carers. These relationships were supported by workers within the fostering service, who helped carers to make sense of children's needs and presenting behaviours, and respond to these in a loving and supportive way.

Children who had varied and complex health needs received a high level of care in response to their individual health needs through multi-agency working between caregivers, agencies and birth families.

Caregivers were supported to help young people understand their history. We saw good use of memory boxes and the introduction of monthly letters to the young people.

Young people received consistent, nurturing care from trauma informed carers that worked sensitively and creatively with young people to understand their life story.

Caregivers experienced positive and established relationships with their supervising social workers and greatly valued staff knowledge, skills, commitment, and responsiveness. Care givers told us they felt supported and listened to by their social workers and that any and all concerns were responded too promptly in an inclusive supportive manner.

Care givers promoted healthy active lifestyles supporting young people to make healthy choices, appropriate daily routines and structures were evident to support physical and emotional wellbeing.

Carer assessments were comprehensive ensuring that they had the capacity, skills and knowledge to meet the needs of children and young people. The quality of assessment presented at review panels was high, covering all key areas and providing an assessment of carer competencies, strengths and potential vulnerabilities.

Matching decisions were robust with the needs of the young person and the capacity of the carers to meet this closely considered. The strengths and vulnerabilities of the carers were carefully considered by a team that knew their carers well. Consideration of the impact of other young people already living in the family home was also evident. We saw evidence of some very effective transition work where the birth family was closely involved.

In the families we tracked we saw that decisions were made around permanence without unnecessary delay.

How good is our leadership?

3 - Adequate

An evaluation of adequate has been award to this key question. A number of strengths were identified in the service which just outweighed the weaknesses identified.

Quality Indicator: 2.2 Quality assurance and improvement are led well

Quality assurance processes were robust and effective in supporting continuous improvement. Systems for tracking children's journeys were well managed which resulted in children achieving stability from permanent care without delay. Management of risk was significantly improved since the last inspection with processes being fully implemented. There was a high level of oversight on the functioning of the service from the manager and senior management which was supported by clear development plans.

Staff were well supported with formal supervision. This resulted in a staff team being valued in their work and a greater morale within the team. There had been changes within leadership but there had been a good level of communication which supported the change. One staff member told us, "team morale is very good with excellent direct line supervision and management of casework."

There was some uncertainty within the team that current or predicted vacancies would be recruited to. There should be timely recruitment to ensure limited impact on service delivery.

The Fostering and Adoption Panels functioned well in terms of decision making and exploration of relevant issues. However, some roles within the panel membership lacked clarity. There was no process for gathering feedback in relation to panels and limited overview of the panel functioning.

In addition, the panel would benefit from greater diversity and independence within the panel membership. At the last inspection, an area for improvement was made in relation to support and training for all panel members which we have concluded had not been met at this inspection. There was a sense of uncertainty around the panel and without addressing those issues the effectiveness of its function would be quickly undermined. (See Requirement 1).

Requirements

1. By 30 March 2025, to ensure effectiveness of decision making at the Fostering and Adoption Panels, the provider must ensure clear oversight of panel functioning and membership. To do this the provider must as a minimum:
 - a) ensure that roles associated with panel membership and function are explicit,
 - b) ensure a diverse panel membership with appropriate level of independence,
 - c) ensure panel members receive adequate training and annual appraisals.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How well is our care and support planned?

5 - Very Good

We found important strengths in supporting outcomes for young people. There are very few areas for improvement and those that do exist will have a minimal impact on people's experiences and outcomes. Therefore, we evaluated this key question as very good.

Quality Indicator: 5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults

Young people led healthy meaningful lives because of plans that were detailed and Specific Measurable, Achievable, Realistic and Timely (SMART). These plans reflected the wishes and needs of young people and their foster families. Young people and their families were at the centre of support planning. A parent told us 'they listen and talk to him if he wants something they try to make it happen, everyone is involved.'

Children's plans were reviewed within appropriate timescales and the quality of these plans were consistently good. Families were confident that they knew what the care plans were for their children. All relevant persons were included in planning and linking meetings.

Young people had access to advocacy, we saw that the carers and service advocated strongly on their behalf. Birth families were actively involved and had forged positive relationships with carers ensuring the rights of the young people were championed.

Outcomes for young people were supported by high quality multi-agency planning and individual safer care approaches. Assessments of need and risk were robust and regularly reviewed.

The service was proactive and aspirational. A multi-agency approach was evident throughout the planning process ensuring that all young people had appropriate effective plans in place. Young people's records and plans were of a consistently high standard.

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

Requirements

Requirement 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:

- 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) 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).

This requirement was made on 19 November 2022.

Action taken on previous requirement

We have assessed that a robust training programme has been implemented with child and adult protection training being mandatory for all carers. We found good recording of incidents along with analysis and appropriate response. There were discussions during inspection regarding notifications and have confidence that this process is now fully understood and will be embedded into practice. The implementation of the policies and procedures have resulted in more confidence within the services to respond to risk appropriately. All staff had attended training on protection and risk management since the last inspection

Met - outwith timescales

Requirement 2

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).

This requirement was made on 19 November 2022.

Action taken on previous requirement

We have assessed that the current quality assurance systems and practice is adequate to have met this requirement. Some of the systems reviewed were robust and effective to review the service capacity to meet the needs of children and young people. However, we also recognised that some of the systems needed continued focus.

Met - outwith timescales

Requirement 3

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, as 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) 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).

This requirement was made on 19 November 2022.

Action taken on previous requirement

A similar requirement was made for the adoption and fostering services. While we acknowledge that the court process has delayed plans for children in some cases, this was outwith of the control of the services.

Met - outwith 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 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).

This area for improvement was made on 19 November 2022.

Action taken since then

Although we did not see evidence of specific training in assessment being offered to staff, we did see significant improvement to the quality assessments completed of caregiving families. This Area for Improvement has been Met.

Previous area for improvement 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.

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).

This area for improvement was made on 19 November 2022.

Action taken since then

Clear evidence of Memory boxes being used to good effect, carers recognising the importance of LSW (Life Story Work) and the introduction of Monthly letter to the young people. This Area for Improvement has been Met.

Previous area for improvement 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).

This area for improvement was made on 19 November 2022.

Action taken since then

The carer training calendar had been reviewed and included a wide range of training available to foster carers and adopters. These included training topics delivered internally as well as by external providers which would support caregiving families to meet the needs of the children in their care. Child protection, adult protection and trauma informed training was mandatory for all foster carers to attend.

We saw evidence that carers had received relevant training in Adult and Child Protection and trauma training. We saw good consistent evidence of young people having a voice throughout. This Area for Improvement has been Met.

Previous area for improvement 4

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).

This area for improvement was made on 19 November 2022.

Action taken since then

Good consistent evidence of young people having a voice throughout. This Area for Improvement has been Met.

Previous area for improvement 5

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).

This area for improvement was made on 19 November 2022.

Action taken since then

Current panel members did not all report having received suitable training to support their role. Of those we spoke to, not all panel members had received an annual appraisal. This Area for Improvement is Not 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?	5 - Very Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	5 - Very Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
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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Completed on:
21 November 2024

Service provided by:
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Service provider number:
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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.

About the inspection

This was a short announced inspection which took place between 28 October and 20 November 2024. 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 adoptive families
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority. In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any areas for improvement will be highlighted in this report.

Key messages

Children received nurturing and compassionate care from trauma informed adopters.

Children had a strong sense of their family identity and meaningful connections were strongly promoted.

Dual approval processes supported timely transitions for children, however the service should ensure to follow all procedures within regulations.

A requirement was made in relation to the Fostering and Adoption Panel to ensure overview of the effectiveness of its functioning and membership.

Adoption Support Plans were reviewed as being SMART (specific, measurable, achievable, relevant and time bound) and clearly represented the support being offered from the service.

The service would benefit from greater consistency of recording across the service in relation to safecaring and assessment visits.

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?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

An evaluation of good has been awarded to this key question as a number of strengths were identified which clearly outweighed areas for improvement.

Children experienced compassionate and loving care from their adopters and prospective adopters. Children experienced a sense of being claimed within their adoptive families with strong connections to their caregivers as well as to their extended families. There was a good understanding of trauma and attachment with the result that children experienced a trauma informed approach to their care. Adopters had a high understanding of a child's behaviour as being a form of communication. Children experienced respectful care where their individual strengths and vulnerabilities were acknowledged and supported to ensure the

child would thrive. There was a high level of consistency for the children within adoptive families and limited moves prior to them joining the family.

Prospective adopters had an empathic approach to birth family members and family time. Where relationships were not entirely positive, prospective adopters were considered and mindful in their communication with and about them. This was reflective of the values from the service which emphasised the importance of meaningful connection. Letter box contact was managed well. A contract was completed to be clear on expectations of all parties which was helpful for adopters to understand their commitment to this. Brothers and sisters were supported to remain together. Where this was not possible, ongoing connection was promoted where this was in the best of interest of all children.

Assessment of risk were timely and identified all concerns which resulted in children being kept safe. Staff had knowledge of best practice in relation to risk were confident in their assessment and in the procedures to follow in relation to risk. Not all notifiable events had been reported within timescales however this was rectified during the inspection and will be embedded into practice.

A robust training calendar for foster carers was also available to adopters to support their knowledge and understanding. The training strongly promoted attachment and trauma informed care. The training, support groups and individual support was of a high quality. One adopter telling us "I have been supported extremely well by all workers involved in my child's care, and have always felt valued and listened to".

Children were supported in their mental health and wellbeing. Lifestory was strongly promoted in the service with a high level of importance placed on this. Information was shared timely with all children receiving a lifestory book and later life letter at the point that an adoption order is granted. Lifestory training was provided to caregiving families which resulted in a high understanding for families of the importance.

Assessments were completed to a good standard with a good level of analysis. The views of existing children within the family were central to assessments which felt supportive to them and to their family.

Permanency processes were well supported by the service. Matching processes were clear and decisions were informed by clear assessments of strengths and vulnerabilities. Coordination's and transitions were managed well and at a pace led by the child.

Some families were dual approved as foster carers and adopters in order to support timely transitions for children to their forever family. This was a positive practice and experience for the children as well as their care givers and contributed to good outcomes. While there was recognition that the purpose of the placement was adoption, the service were clear that the legal position was fostering until the adoption order was granted. Fostering processes were followed in the main however reviews had been undertaken in line with adoption agency guidelines and not fostering regulations. The service were swift to respond to this, with plans being implemented to address. No negative outcomes were identified however it is important that regulations are fully followed. (See Area for Improvement 1).

Adoptive and dual approved families were not always clear on the expectations or permissions in relation to care agreements. Families also were not clear on what level of support was available to them post adoption order, or how long this would be available therefore the service should improve the communication to families in relation to this.

Areas for improvement

1. To ensure families are best supported within the appropriate regulations, the service should ensure that all dual registered foster carer/adopters are supported in line with fostering legislation and best practice. This includes, but is not limited to, ensuring systems are in place for identification and panel review of dual registered prospective adopters.

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?

3 - Adequate

An evaluation of adequate has been awarded to this key question. A number of strengths were identified in the service which just outweighed the weaknesses identified.

Quality assurance processes were robust and effective in supporting continuous improvement. Systems for tracking children's journeys were well managed which resulted in children achieving stability from permanent care without delay. Management of risk was significantly improved since the last inspection with processes being fully implemented. There was a high level of oversight on the functioning of the service from the manager and senior management which was supported by clear development plans.

Staff were well supported with formal supervision. This resulted in a staff team being valued in their work and a greater morale within the team. There had been changes within leadership but there had been a good level of communication which supported the change. One staff member told us, "team morale is very good with excellent direct line supervision and management of casework."

There was some uncertainty within the team that current or predicted vacancies would be recruited to. There should be timely recruitment to ensure limited impact on service delivery.

The Fostering and Adoption Panels functioned well in terms of decision making and exploration of relevant issues. However, some roles within the panel membership lacked clarity. There was no process for gathering feedback in relation to panels and limited overview of the panel functioning. In addition, the panel would benefit from greater diversity and independence within the panel membership. At the last inspection, an area for improvement was made in relation to support and training for all panel members which we have concluded had not been met at this inspection. There was a sense of uncertainty around the panel and without addressing those issues the effectiveness of its function would be quickly undermined. (See Requirement 1).

Requirements

1. By 30 March 2025, to ensure effectiveness of decision making at the Fostering and Adoption Panels, the provider must ensure clear oversight of panel functioning and membership. To do this the provider must as a minimum:

- a) ensure that roles associated with panel membership and function are explicit,
- b) ensure a diverse panel membership with appropriate level of independence,

c) ensure panel members receive adequate training and annual appraisals.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How well is our care and support planned?

4 - Good

Key strengths were identified, which clearly outweighed areas to improve therefore an evaluation of good was awarded to this key question.

Strong evidence of good outcomes for children were identified due to the strong knowledge of their caregivers and the professionals working with them. However, this level of knowledge and understanding was not always reflected in the quality of the assessments and plans completed across the services. In reviewing supervision discussions or home visits with families, the level of recording was not consistent. Safecaring plans were completed for all families but for some this was at the point of approval and did not contain details specific to the child placed, for others it had been updated to reflect the specific care needs of the child and was a detailed assessment. A greater consistency across the service was needed to ensure that families receive a consistent high quality of support and recording.

Post adoption support plans completed by the service were of a high quality. Plans had clear actions with expected outcomes. The plans reflected the support which was being offered to families and were SMART (specific, measurable, achievable, relevant and time bound). However, there was no formal review process for adoption support plans and it would be beneficial for the service to consider this. This was a requirement made at the last inspection, which we have assessed as being met at this inspection however progress should continue to enhance the documents and procedures further.

Supervising social workers actively engaged in child reviews and advocated for the children and caregivers. Communication with allocated social workers for the children was proactively promoted which was supporting positive working relationships across services.

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

Requirements

Requirement 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:

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) 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).

This requirement was made on 18 November 2022.

Action taken on previous requirement

We have assessed that a robust training programme has been implemented with child and adult protection training being mandatory for all carers. We found good recording of incidents along with analysis and appropriate response. There were discussions during inspection regarding notifications and have confidence that this process is now fully understood and will be embedded into practice. The implementation of the policies and procedures have resulted in more confidence within the services to respond to risk appropriately. All staff had attended training on protection and risk management since the last inspection.

Met - outwith timescales

Requirement 2

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).

This requirement was made on 18 November 2022.

Action taken on previous requirement

We have assessed that the current quality assurance systems and practice is adequate to have met this requirement. Some of the systems reviewed were robust and effective to review the service capacity to meet the needs of children and young people. However, we also recognised that some of the systems needed continued focus.

Met - outwith timescales

Requirement 3

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, as 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) 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).

This requirement was made on 18 November 2022.

Action taken on previous requirement

A similar requirement was made for the adoption and fostering services. While we acknowledge that the court process has delayed plans for children in some cases, this was outwith of the control of the services.

Adoption support plans completed by the adoption service were found to be robust, with measurable expected outcomes and clear review timescales. We reviewed these as being SMART and therefore have assessed that this requirement has been met.

Met - outwith 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 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).

This area for improvement was made on 18 November 2022.

Action taken since then

The carer training calendar had been reviewed and included a wide range of training available to foster carers and adopters. These included training topics delivered internally as well as by external providers which would support caregiving families to meet the needs of the children in their care. In addition to this, adoptive families had access to training through Adoption UK. We have assessed that this area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 18 November 2022.

Action taken since then

Although we did not see evidence of specific formal training in assessment being offered to staff, we did see significant improvement to the quality completed assessments of caregiving families. Therefore, we have assessed that this area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 18 November 2022.

Action taken since then

Current panel members did not all reported having received suitable training to support their role. Of those we spoke to, not all panel members had received an annual appraisal. We have assessed that this area for improvement has not been met and will form part of the requirement made as part of this inspection.

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	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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Dundee City Council Adult Placement - Continuing Care Adult Placement Service

Dudhope Castle
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Telephone: 01382 436 004

Type of inspection:
Announced (short notice)

Completed on:
21 November 2024

Service provided by:
Dundee City Council

Service provider number:
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Service no:
CS2019377882

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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 breaks. 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.

About the inspection

This was a short announced inspection which took place between 28 October and 19 November 2024. 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 carer families
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any areas for improvement will be highlighted in this report.

Key messages

- Young people experienced supportive, enduring relationships with fostering families beyond the age of 18 that provided them with a sense of belonging.
- Young people were supported to maintain meaningful relationships with extended family members and were involved in the wider community.
- Caregivers valued relationships with their social workers, and we assessed that staff were skilled at supporting them.
- Young people's plans were up-to-date and regularly reviewed. Young people were involved in their plans and understood them.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	3 - Adequate
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?

5 - Very Good

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

Quality Indicator: 1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect.

Quality Indicator: 1.2 Children, young people and adults get the most out of life.

Quality Indicator: 1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience.

Quality Indicator: 1.4 Children, young people, adults and their caregiver families get the service that is right for them.

Young people enjoyed, warm, affectionate, and trusting relationships with their caregivers promoting a sense of belonging and security. There were good examples of young people's voices being valued by the provider.

Caregivers we spoke to valued staff and carers and told us they received high levels of support from a service which was responsive and adaptive. The relationships between young people, caregivers and staff were robust and positive.

Caregivers and workers ensured young people had a good understanding of their rights under the continuing care legislation and ensured when young people were making choices they were supported to do so in planned and consistent way.

Young people were achieving very positive outcomes in education and were fully supported to pursue their personal interests. Young people were supported to have fulfilling lives with high aspirations for success. This supportive and positive culture contributed to positive outcomes for young people.

Positive relationships between young people their carers and the staff group was central to ensuring the stability of care provided. Carers told us that staff were always available offering support and guidance when required. Regular training opportunities and supervision from social work meant that caregivers were knowledgeable and skilled in their approach to caring for young people with a good understanding of Trauma and attachment. This helped young people to feel loved and valued.

Young people were supported to maintain relationships with the people that were important to them. It was evident that young people's choices in this were respected. Young people received care that met their individual needs and kept them emotionally and physically safe.

Carers were strong advocates for the young people and took a rights based approach. Ensuring that the right services and supports were made available when needed. There was a clear culture of ambition and celebrating success which was led by staff and carers.

Staff proactively supported carers through regular visits, frequent communication, and responsive approaches. We saw good evidence of effective collaborative multi-agency working where the needs and wishes of the young people were central.

We saw that young people were fully integrated into carer families, that they were loved and nurtured promoting their self worth and sense of identity.

How good is our leadership?

3 - Adequate

An evaluation of adequate has been award to this key question. A number of strengths were identified in the service which just outweighed the weaknesses identified.

Quality Indicator: 2.2 Quality assurance and improvement are led well

Quality assurance processes were robust and effective in supporting continuous improvement. Systems for tracking children's journeys were well managed which resulted in children achieving stability from permanent care without delay. Management of risk was significantly improved since the last inspection with processes being fully implemented. There was a high level of oversight on the functioning of the service from the manager and senior management which was supported by clear development plans.

Staff were well supported with formal supervision. This resulted in a staff team being valued in their work and a greater morale within the team. There had been changes within leadership but there had been a good level of communication which supported the change. One staff member told us, "team morale is very good with excellent direct line supervision and management of casework."

There was some uncertainty within the team that current or predicted vacancies would be recruited to. There should be timely recruitment to ensure limited impact on service delivery.

The Fostering and Adoption Panels functioned well in terms of decision making and exploration of relevant issues. However, some roles within the panel membership lacked clarity. There was no process for gathering feedback in relation to panels and limited overview of the panel functioning. In addition, the panel would benefit from greater diversity and independence within the panel membership. At the last inspection, an area for improvement was made in relation to support and training for all panel members which we have concluded had not been met at this inspection. There was a sense of uncertainty around the panel and without addressing those issues the effectiveness of its function would be quickly undermined. (See Requirement 1).

Requirements

1. By 30 March 2025, to ensure effectiveness of decision making at the Fostering and Adoption Panels, the provider must ensure clear oversight of panel functioning and membership. To do this the provider must as a minimum:

- a) ensure that roles associated with panel membership and function are explicit,
- b) ensure a diverse panel membership with appropriate level of independence,
- c) ensure panel members receive adequate training and annual appraisals.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How well is our care and support planned?

5 - Very Good

We found important strengths in supporting outcomes for young people. There are very few areas for improvement and those that do exist will have a minimal impact on people's experiences and outcomes. Therefore, we evaluated this key question as very good.

Quality Indicator: 5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults

Young people led healthy meaningful lives because of plans that were detailed and Specific Measurable, Achievable, Realistic and Timely (SMART). These plans reflected the wishes and needs of young people and their carer families. Young people and their families were at the centre of support planning.

Young people's plans were consistently reviewed within appropriate timescales and the quality of these plans were good. All relevant persons were included in planning and linking meetings.

Unannounced visits were undertaken and the young people had a pathway plan completed 5th August 2024 and an annual review date set for 2025.

Young people had access to advocacy, we saw that the carers and service advocated strongly on their behalf. Birth families were actively involved and had forged positive relationships with carers ensuring the rights of the young people were championed.

Outcomes for young people were supported by high quality multi-agency planning and individual safer care approaches. Assessments of need and risk were robust and regularly reviewed.

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

Requirements

Requirement 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).

This requirement was made on 18 November 2022.

Action taken on previous requirement

We have assessed that a robust training programme has been implemented with child and adult protection training being mandatory for all carers.

We found good recording of incidents along with analysis and appropriate response. There were discussions during inspection regarding notifications and have confidence that this process is now fully understood and will be embedded into practice. The implementation of the policies and procedures have resulted in more confidence within the services to respond to risk appropriately. All staff had attended training on protection and risk management since the last inspection.

Met - outwith timescales

Requirement 2

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).

This requirement was made on 18 November 2022.

Action taken on previous requirement

We have assessed that the current quality assurance systems and practice is adequate to have met this requirement. Some of the systems reviewed were robust and effective to review the service capacity to meet the needs of children and young people. However, we also recognised that some of the systems needed continued focus.

Met - outwith timescales

Requirement 3

By 28th February 2023, the provider should ensure that 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, as 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) 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).

This requirement was made on 18 November 2022.

Action taken on previous requirement

A similar requirement was made for the adoption and fostering services. While we acknowledge that the court process has delayed plans for children in some cases, this was out with the control of the services.

Met - outwith 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 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).

This area for improvement was made on 18 November 2022.

Action taken since then

Good consistent evidence of young people having a voice throughout.

This Area for Improvement has been Met.

Previous area for improvement 2

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).

This area for improvement was made on 18 November 2022.

Action taken since then

Current panel members did not all report having received suitable training to support their role. Of those we spoke to, not all panel members had received an annual appraisal.

This Area for Improvement is Not Met.

Previous area for improvement 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).

This area for improvement was made on 18 November 2022.

Action taken since then

The carer training calendar had been reviewed and included a wide range of training available to foster carers and adopters. These included training topics delivered internally as well as by external providers which would support caregiving families to meet the needs of the children in their care. Child protection, adult protection and trauma informed training was mandatory for all foster carers to attend.

This Area for Improvement has 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

How well do we support people's wellbeing?	5 - Very Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	5 - Very Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
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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