

## Dundee City Council - Fostering Service Fostering Service

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Announced (short notice)

**Completed on:**  
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**Service provided by:**  
Dundee City Council

**Service provider number:**  
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CS2005097782

## 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.

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.

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).

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 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](http://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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