

Dundee City Council - Adoption Service

Adoption Service

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Announced (short notice)

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Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2004082550

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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