

# Dumfries and Galloway Fostering Service Fostering Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
20 June 2025

**Service provided by:**  
Dumfries & Galloway Council

**Service provider number:**  
SP2003003501

**Service no:**  
CS2004084441

## About the service

Dumfries and Galloway Fostering service provides a fostering service for children and young people who are unable to live at home. The service recruits and supports carer families to provide a range of fostering placements. The service also provides an intensive support service for fostered young people.

The fostering service is delivered by a dedicated team of supervising social workers, senior family support workers and management who work across both fostering and adoption services.

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.

## About the inspection

This was a Follow Up inspection which took place at short notice between 30 May 2025 and 20 June 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focused on the requirements made during the previous inspection which took place between 21 August 2024 and 1 October 2024. We measured how the service had addressed these requirements to improve outcomes for children/people.

In making our assessment we:

- spoke with 13 people using the service
- spoke with 10 staff and management
- reviewed documents
- observed a fostering panel
- spoke with the fostering panel chair.

## Key messages

Improvement was evident in most of the required areas made during the previous inspection and this had a positive impact on the outcomes of children and young people and their caregivers.

Improvements remain necessary in relation to elements of; risk management, matching, quality assurance systems and the role of the fostering panel. Four new requirements were made to reflect this and refine the areas that require continued focus and improvement.

## 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?	1 - Unsatisfactory
How good is our leadership?	2 - Weak

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

## How well do we support people's wellbeing?

**1 - Unsatisfactory**

This was a follow-up inspection, therefore evaluations and grades were not reviewed from the last inspection. This means that the evaluation for this key question remains unsatisfactory.

The focus of this follow-up inspection was to review the requirements that were in place from the last inspection. The majority of these requirements have been met due to improvements made by the service. Two new requirements have been made under this key question to reflect the progress made and to direct the areas that require continued focus and improvement.

### Requirements

1. 1. By 20 September 2025, the provider should ensure that the safety, health and wellbeing of children and young people are robustly prioritised and responded to by their caregivers through the effective use of safer caring plans and risk assessments.

To do this, the provider must as a minimum:

- a) Ensure potential risks are comprehensively assessed and effectively inform safe care and support planning.
- b) Develop individual safer caring plans and risk assessments for all children, and ensure they are reviewed and updated regularly.

c) Ensure children and all members of caregiver households are included in the development of risk assessments and safe care plans.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

2. By 20 September 2025, the provider must develop and implement effective processes in relation to the admission and matching of children and young people to caregivers within the service. This is to ensure the safety, wellbeing and stability of care arrangements for children and young people.

To do this, the provider must as a minimum:

a) Ensure the comprehensive assessment of children and young people's needs in conjunction with the skills and capacity of caregivers within the service.

b) Ensure caregivers strengths and vulnerabilities are identified and recorded, along with any supports required to meet the identified needs of the child.

c) Ensure that the views of caregivers, birth children and other children or young people living within caring households are consistently sought and used to inform decision- making.

d) Ensure that the rationale for decision-making is comprehensively documented and, when appropriate, includes recognition of any vulnerabilities and plans to mitigate these.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

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 is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14) and;

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

## How good is our leadership?

**2 - Weak**

This was a follow-up inspection, therefore evaluations and grades were not reviewed from the last inspection. This means that the evaluation for this key question remains weak.

The focus of this follow-up inspection was to review the requirements that were in place from the last inspection.

The majority of these requirements have been met due to improvements made by the service. Two new requirements have been made under this key question to reflect the progress made and to direct the areas that require continued focus and improvement.

## Requirements

1. By 20 December 2025, the provider must ensure that children and young people are supported in a service that ensures their safety and wellbeing through robust quality assurance and engagement processes.

To do this, the provider must as a minimum:

- a) Ensure that there is effective analysis and oversight of significant incidents, that promotes learning to develop consistent and safe practice.
- b) Ensure effective systems are in place to audit the standard of practice and recordings within the service, including but not restricted to, caregiver supervision records.
- c) Ensure effective systems are in place to audit the frequency and standard of professional supervision within the service.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure 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 benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

2. By 20 December 2025, the provider should ensure that panels effectively support quality assurance within the service.

To do this, the provider must as a minimum:

- a) Ensure that the panel chair and members receive training, support and appraisals that is tailored and relative to their skills and experience.
- b) Ensure panel chairs and members are clear on their roles and responsibilities.
- c) Ensure that panel processes include appropriate levels of scrutiny and challenge.
- d) Ensure panel functioning is supported by the provision of high-quality documentation which has been quality assured in advance by management within the service.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure 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).

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

### Requirements

#### Requirement 1

Within 24 hours of receipt of receipt of this report the provider should ensure the safety and wellbeing of children and young people by reviewing all carer and young people's plans to identify risks.

To do this, the provider must as a minimum:

- a) Ensure all staff have the knowledge and skills to effectively assess risk and take action at an early stage.
- b) Maintain frequent and meaningful communication with caregivers, including regular home visits.
- c) Ensure potential risks are comprehensively assessed and effectively inform care and support planning.
- d) Ensure appropriate assessments and safeguarding checks are undertaken where people outwith the caring household will provide direct support to CYP.
- e) Ensure this is reflected in the recording of high quality risk assessments and care planning including in safer caring plans.
- f) Ensure these risk assessments are appropriately shared with the relevant people and all relevant information is made available.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard which state that:

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

**This requirement was made on 5 February 2024.**

**Action taken on previous requirement**

Staff training has been a focus for the service and work has been undertaken to improve standards and confidence in this area.

There was a noted improvement in the communication and support provided by the service to caregivers. Caregivers were very positive about the support that they received from the service.

We reviewed the service's new 'friends and family' assessment process. This instilled greater confidence that children and young people's safety was appropriately considered on occasions when they were being cared for by adults outwith their caregiving family.

Children and young people's individual risk assessments were not consistently in place and those that we viewed were of poor quality and out-of-date. These did not capture or reflect the risks to children and young people and how these risks were being managed.

Safer caring plans were not in place for all of the children and young people that we reviewed. We found examples of plans that were not updated after a significant event or risk. Some plans were not aligned to the needs or experiences of children and young people and served to highlight gaps in caregivers' ability to respond to needs and risks.

We have therefore made a new requirement to focus on risk assessment and safer caring planning. See Key Question 1.

**Met - within timescales****Requirement 2**

Within 24 hours of receipt of this report the provider should ensure the safety and wellbeing of children and young people by always applying a consistent approach to protection matters.

To do this, the provider must as a minimum:

- a) Ensure practice is in line with national guidance and good practice.
- b) Ensure staff are clear as to their roles and responsibilities in relation to safeguarding and protection matters through training, supervision and team learning opportunities.
- c) Ensure comprehensive recording of all safeguarding and protection matters.

With immediate effect to provide additional safeguards and assurances, the provider must submit detailed, 6 weekly audits of safeguarding and protection matters to the Care Inspectorate.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard which state that:

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

**This requirement was made on 5 February 2024.**

## Action taken on previous requirement

The service had carried out significant improvement work in relation to this requirement. Each aspect of the requirement was met and the service had a plan to internally continue the 6 weekly audits to ensure the improvements were sustained.

## Met - within timescales

### Requirement 3

By 30 December 2023 the provider must develop and implement effective processes to inform decision-making in relation to matching. This is to ensure the safety, wellbeing and stability of care arrangements for children and young people.

To do this, the provider must as a minimum:

- a) Ensure matching and admissions are comprehensively assessed to ensure that carers have the necessary skills and expertise to meet the identified needs of a young person moving into a placement, as well as any young people living in the household.
- b) The views of carers, birth children and other young people living within caring households should consistently be sought, listened to and inform decision making.
- c) Ensure unplanned ending meetings take place promptly and in line with the service policy and procedure which states, "An Unplanned Ending Meeting should always be undertaken when a caring arrangement for a child/young person has ended abruptly".
- d) Ensure learning opportunities are shared and impact practice following unplanned ending meeting.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

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 is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14) and;

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This requirement was made on 5 February 2024.**

## Action taken on previous requirement

Unplanned ending reviews have become more established in practice. We could see the role of matching being considered within these. We saw management oversight of this area of practice and learning that had developed from the review of unplanned endings.

The matching documents that we viewed did not reflect a robust matching process. We found that decisions of children and young people's care arrangements were often based on availability or geography.



Service documents did not reflect the needs of children and young people and/or the capacity and skills of caregivers or caregivers' current fostering approval range.

We have, therefore, made a new requirement under Key Question 1 to focus on matching processes and decision-making.

### Met - within timescales

#### Requirement 4

By 30 December 2023 the provider must ensure the safety and wellbeing of children and young people through the accurate, prompt and robust assessment and reassessment of carers and presentation to panel following the identification of any significant changes of circumstances within the caring household.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

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

'If I have a carer, their needs are assessed and support provided' (HSCS 4.26) and;

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This requirement was made on 5 February 2024.**

#### Action taken on previous requirement

The service have made significant improvements in this area. We found that when caregivers were required to return to panel, or be reassessed, that this had taken place. Unplanned ending reviews also considered the review of caregivers' approvals. This is in line with best practice.

### Met - within timescales

#### Requirement 5

By 29 February 2024 the provider must ensure that children, young people and carers get the service which is right for them through achieving clarity and good practice in respect of carer approval.

To do this, the provider must as a minimum:

- a) Undertake an immediate review of all carer approvals and ensure these reflect national descriptors and is in line with guidance and regulations.
- b) Assess those carer households where it is identified that carer approval and current care arrangements for children and young people are not in line with guidance and regulations.
- c) Ensure that assessments comprehensively consider current circumstances, the strengths and vulnerabilities of carers and that approval accurately reflects this.

d) Identifying outstanding carer review at panel and ensure these are urgently considered.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

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

'I am in the right place to experience the care and support I need and want' (HSCS 1.20) and;

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 5 February 2024.**

### Action taken on previous requirement

Overall, we found that caregiver approvals were aligned with the national descriptors. This remains an ongoing focus for the service.

Ongoing assessment of caregivers was taking place and we found no evidence of outstanding assessments or presentations at panel. Unplanned ending reviews played a role in identifying when caregivers were required to return to panel. We found there was a greater understanding of service responsibilities in this area and considered there to be a positive shift in practice.

### Met - within timescales

## Requirement 6

By 30 May 2024 the provider must ensure that all foster carers undertake appropriate training. This is to ensure the safety and wellbeing of children and young people.

To do this, the provider must as a minimum:

- a) Ensure all foster carers attend appropriate training, including but not limited to child and adult protection and de-escalation training.
- b) Ensure training is provided by appropriately qualified persons.
- c) Ensure that core training, or training identified for specific carers, is undertaken in a timely fashion to ensure this equips them to undertake their role.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard which state that:

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

'I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.24).

**This requirement was made on 5 February 2024.**

#### Action taken on previous requirement

The service had carried out significant improvement work in relation to this requirement. All caregivers had completed appropriate training and there was a clear and up-to-date overview of this by management. The service had a plan in place to sustain the improvements and to continue to develop the training provided to caregiving households.

#### Met - within timescales

### Requirement 7

By 29 February 2024 the provider must ensure quality assurance systems are robust, effectively support a strategic and practice overview and improvement work.

To do this, the provider must as a minimum:

- a) Implement systems for tracking key areas and benchmark progress including caring household numbers, carer approvals and return to panel, unplanned endings and permanence progress.
- b) Ensure immediate notification reporting to the Care Inspectorate is implemented as detailed in the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' and that this is sustained.
- c) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to, carer chronologies and carer supervision records.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure 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 benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18) and;

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

**This requirement was made on 5 February 2024.**

#### Action taken on previous requirement

The service have made improvements in relation to caregivers' approvals, unplanned endings practice and caregivers' returning to panel when needed. The service continues to have a key role in the tracking of permanency planning and in directing this area of practice.

Notifications of significant incidents and protection matters have been submitted to the Care Inspectorate, in line with statutory requirements. We recognise the considerable amount of work that has taken place to ensure that this aspect of the requirement has been met and practice standards raised.

There was evidence of management oversight of other key tasks however we considered that more time was needed to establish how effective these newer systems are in tracking progress. We saw inconsistent quality of staff supervision that was not aligned to specific, measurable, achievable, relevant and time-bound (SMART) principles. Management overview of significant incident recordings also varied in quality.

Caregivers' supervision records were found to be rudimentary and lacking in reflection, challenge (where appropriate), advice or support needs. We discussed with managers the need to improve record-keeping for both staff and caregiver supervision.

We have, therefore, made a new requirement under Key Question 2 to focus on staff and caregiver supervision.

## Met - within timescales

### Requirement 8

By 29 February 2024 the provider should ensure that panels effectively support quality assurance within the service.

To do this, the provider must as a minimum:

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

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure 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).

**This requirement was made on 5 February 2024.**

**Action taken on previous requirement**

An independent panel chair for the fostering panel has been in post for approximately one year. This is a positive step in ensuring that the panel operates with an appropriate degree of independence from the service, in order to promote scrutiny and objectivity. However, it is recognised that the new chair has not benefited from a robust induction and training programme, relative to skills and experience. No specific panel chair training or appraisals have taken place. We discussed this with the service and understand that this has been adversely impacted by senior management absence.

There is the need for the fostering panel to be more robust, confident and organised in their role and functions. The introduction of a quality assurance mechanism for the panel to review the standard of work presented is, in itself, a positive step. However, the panel were unable to effectively benchmark or assess the quality of work presented to panel.

We have, therefore, made a new requirement under Key Question 2 to focus on the development of the panel.

**Met - within timescales****Requirement 9**

Within 24 hours of receipt of this report the provider must ensure that only suitably qualified and competent staff are directed to undertake social work tasks. This is to ensure safe working practices and reduce risks for young people, carers and staff.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

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

'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13) 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 requirement was made on 5 February 2024.**

**Action taken on previous requirement**

We did not see evidence of support staff undertaking, or having responsibility, for qualified social worker tasks. Child protection work and caregivers' supervision, for example, were the responsibility of the supervising social worker.

Management within the service had a good understanding of the staff team's strengths and developmental needs.

**Met - within timescales**

## 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?	1 - Unsatisfactory
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	2 - Weak
1.2 Children, young people and adults get the most out of life	2 - Weak
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	2 - Weak
1.4 Children, young people, adults and their caregiver families get the service that is right for them	1 - Unsatisfactory
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak

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