

Aberlour Fostering Continuing Care Service Adult Placement Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Aberlour Child Care Trust

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About the service

Aberlour Fostering Continuing Care Service is provided by Aberlour, a large Scottish charitable organisation. The service is part of Aberlour Fostering and provides an adult placement service to young people who remain living with their fostering family on a continuing care basis after turning 18.

The service is delivered by a team that includes supervising social workers, a family worker, and management. The service has a base in Kirkcaldy, Fife, however staff work remotely and caregiver households are spread throughout Scotland. The service are in the process of changing their registered address.

The fostering service and adult placement service are interlinked, and were inspected at the same time, with a separate report available for each. The reports should be read in conjunction with each other.

At the time of our inspection, 26 children and young people were using the fostering service and seven young people were using the continuing care service.

About the inspection

This was an announced (short notice) inspection which took place between 9 January 2024 and 13 February 2024. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- Met with eight caregivers working with the service
- Met with one young person
- Spoke to seven members of staff and management
- Spoke to the panel chair and attended a panel
- Spoke to three external professionals
- Reviewed questionnaire responses from caregivers, staff, and external professionals.

Key messages

- Young people experienced enduring and loving relationships with their caregivers.
- Caregivers and young people benefitted from responsive support from a highly skilled, stable and experienced team of staff.
- Staff and caregivers were committed to continuing care and advocated to ensure young people's rights were promoted.
- Transitions to continuing care were smooth and supported by robust assessments, but could be improved by the consistent use of continuing care agreements.
- The wellbeing of caregivers and young people was prioritised and specialist services were provided when required to support progress.
- The service was very good at proactive planning for young people's future.
- Young people's participation could be strengthened in key documentation.

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 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?

4 - Good

We made an evaluation of good for this key question. While some improvements were needed, the strengths identified had a significant positive impact on young people's experiences.

Young people consistently benefitted from fun, loving and enduring relationships with their continuing care families. Relationships were based on compassion and respect. Young people had resided with their caregivers for a number of years and had a strong sense of identity within their family. Young people were thriving and felt secure.

Caregivers were well supported by a stable, experienced and highly skilled team of staff, who knew them well. One caregiver told us, "They are a team, so if you need to contact them at any point everyone in the team is aware of you and your child's current situation which is supportive and personal". Carer support meetings, training opportunities and regular activity days helped caregivers feel part of a community. There were however geographical barriers for some caregivers in being able to physically access available support, which the service was working to address. Caregivers valued the visibility of management and being consulted on service development. We concluded that strong relationships helped caregivers confidently meet the needs of young people.

Young people informed decision-making and were fully informed about their rights. Caregivers challenged any discrimination young people experienced, supported by passionate staff. Staff and caregivers were strong advocates for young people's right to continuing care. This enabled young people to have a positive outlook on their future.

Young people were able to exercise a high degree of choice in their day to day lives and were respected as adults within their family. Caregivers knew young people incredibly well and understood their strengths and preferences. Caregivers and staff were skilled in managing the careful balance between ensuring young people's safety and promoting independence. Young people were able to develop important life skills for their future, supported by nurturing caregivers.

Young people were supported to maintain relationships with family and friends, and develop increasing autonomy in relation to planning family time. Young people also had loving and meaningful relationships with members of their caregivers' extended family. These relationships strengthened care placements and helped young people feel loved within a wide family network.

Educational outcomes were high for young people due to close working relationships between the service and education professionals. Young people attended college, carried out volunteering, and undertook apprenticeships, where they were achieving well. The service held high aspirations for those receiving care and routinely celebrated their successes, marking important events in young people's lives. All of this helped to enrich people's experience of feeling valued and cared about.

The service takes a robust approach to protection matters, with clear policies, procedures, quality assurance, and training in place to support this. Adult protection training was delivered to staff and those caring for young adults. The service was responsive to risk, and both individual and group work had been carried out with young people in response to specific risks including internet safety. Young people were kept safe, but improvements to the recording and notifying of incidents, accidents and protection matters would strengthen practice in the service and ensure all necessary actions have been taken **(see area for improvement 1)**.

Mental and physical health was prioritised by the service. Caregivers advocated strongly to ensure young people had access to the healthcare they needed, and this had been transformative for some. The service ensured young people were appropriately referred to adult services when required, to ensure their health and wellbeing was promoted into adulthood. Specialist services to help young people overcome trauma, and to support caregivers' resilience were sought when required. Specialist training was also put in place to ensure caregivers could meet the individual needs of young people. Young people were thriving due to the care and support they received.

The service had an embedded process to ensure caregivers were assessed and supported to adapt to their role as continuing carers. Continuing care assessments were robust and centred around the needs and wishes of young people. Caregivers received continuing care training to equip them with the skills and knowledge to care for young adults. Practice could be further improved upon by ensuring every young person has a continuing care agreement, which they have been key contributors to **(see area for improvement 2)**. The transition from foster care to continuing care was well managed and experienced as seamless by young people. This helped young people to have confidence in their future plan.

We identified that practice to inform assessment could be improved. Unannounced visits were not always carried out in a way to ensure they contributed meaningfully to assessment, which was addressed during the inspection. The number of visits to caring households was limited in some cases due to a preference for

online support. The service should ensure assessments are informed by regular quality observations within continuing care households **(see area for improvement 3)**.

Responsive and individualised support, including direct support to young people, helped to offer stability to care placements during challenging times. Young people were encouraged to remain living with their continuing care family until they were ready to move on. Well planned transitions out of the service were evidenced. Even after leaving the service, young people remained part of their continuing care family. Staff were also committed to maintaining long-standing relationships with young people who left the service and this helped young people to feel valued.

Areas for improvement

1. To safeguard and promote young people's welfare, the service should ensure oversight and monitoring of incidents, accidents and protection issues. The reporting of incidents should meet the Care Inspectorate's Notification Guidance.

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 a safe way, including if there is an emergency or unexpected event' (HSCS 4.14), and 'I am protected from harm, neglect and abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. To ensure a consistent approach to continuing care and ensure young people and caregivers are informed about their rights and responsibilities, the service should develop continuing care agreements for young people using the service. These documents should be developed at the point of transition to continuing care and in conjunction with young people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2) and 'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice' (HSCS 2.6).

3. To ensure quality assessments, provide important safeguarding reassurances, and ensure consistency, the service should implement a minimum requirement on the frequency of physical visits to continuing care households by staff.

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

How well is our care and support planned?

5 - Very Good

We found significant strengths in the services' contribution to assessment and planning, which supported positive outcomes for young people. We therefore evaluated this key question as very good.

Young people benefitted from individualised personal planning which helped them to achieve goals and outcomes. Young people had pathway plans in place which were SMART (Specific, Measurable, Achievable, Relevant and Time-bound), and reflective of their needs. The service advocated to ensure local authorities progressed pathway planning for young people in a timely way. This helped young people to have clarity and

reassurance about their future. In addition to local authority plans, the service had their own goals and assessment reviews to ensure support remained focused on improving outcomes.

Positive outcomes were supported by high quality and collaborative multi-agency work. Caregivers and staff communicated effectively with other professionals to ensure regular review of young people's needs, and we received very positive feedback from external professionals about the service's contribution to planning and assessment. The significant role of caregivers and staff in planning was well documented. Staff and caregivers' extensive knowledge of young people ensured assessments were fully representative of their needs. This helped young people get the right support at the right time.

The service were committed to providing continuing care and played a fundamental role in ensuring a seamless transition for young people, advocating to promote young people's rights in many cases. Continuing care assessments detailed the individual needs and wishes of young people. The service were also proactive in planning for young people's futures beyond their time in continuing care. We saw evidence of caregivers and staff ensuring that referrals were made to adult services when this was required to safeguard young people's long term needs.

Young people's views and wishes were central to assessment and planning. The family worker routinely sought all young people's views, including caregivers' own children, in advance of reviews and this was done in a personalised way. Independent advocacy was also promoted. Some young people had chosen to not be part of formal planning, since they considered themselves to be part of secure and settled families. In these instances we found caregivers advocated passionately to ensure young people could drive their care and support. Young people had confidence in their caregivers and valued their support in planning.

Safer caring plans were robust and individualised for each young person. Personalised risk assessments were also in place and were updated regularly. Promoting young people's participation within these documents would help to further prioritise young people's voices within care planning (**see area for improvement 1**).

Areas for improvement

1. To promote young people's participation within planning, the service should ensure that young people's views, wishes and responsibilities are represented within documentation about them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice' (HSCS 2.6), and 'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

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	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	4 - Good
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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