

Highland Council Adoption Service Adoption Service

Fostering and Adoption Service, Room 4
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Announced (short notice)

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Service provided by:
Highland Council

Service provider number:
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CS2004082039

About the service

Highland Council Adoption Service provides a service for children and young people, aged from birth to 18 years of age, and their families.

The service recruits, assesses and supports adoptive parents throughout the Highland area to provide families for those children for whom it has been assessed cannot live with their birth parents or extended families. Potential adopters are assessed for a dual foster care role. This enables children to live with potential adopters at an early stage in permanency planning and limits the number of times children join new caregiver households.

The team also provides ongoing post adoption support to children, young people and their caregiver families.

Inspections of fostering and adult placement (continuing care service) were also undertaken, and separate reports completed. Reports should be read together as potential adopters initially provide a fostering service, and it is the same staff and management team across all three services.

About the inspection

This was a short notice inspection which took place between 19 February and 15 March 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:

- One young person using the service
- Six adoptive caregivers
- Eight staff and management
- Three external professionals
- Panel chair and the agency decision maker.

We also reviewed survey responses from

- 44 caregivers
- 14 staff
- 17 external professionals.

Key messages

- Children experienced supportive, enduring relationships with caregiver families that provided them with a sense of belonging.
- Caregivers valued genuine trusting relationships and we assessed that staff were skilled at supporting them.
- Matching and transition planning was thoughtfully planned, implemented and recorded.
- Caregivers were provided with consultations and therapeutic support from mental health specialists.
- Permanency planning had improved through the provision of additional support and guidance from the team.
- Improvements were required in relation to the recruitment and assessment of caregivers.
- Caregivers should receive annual reviews in line with best practice and attendance at panel would support improved scrutiny and oversight from the panel.

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

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|--|---------------|
| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our leadership? | 4 - Good |
| How good is our staff team? | 5 - Very Good |
| 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?

3 - Adequate

We evaluated this key question as adequate. We identified some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people are reduced significantly because key areas of performance need to improve.

Children experienced meaningful and affectionate relationships with their caregivers. Caregivers were empathetic, compassionate and understanding about the life experiences of children and their birth families. We were confident that children were experiencing nurture and love with their needs fully met by committed

dual approved fostering and adoptive caregivers.

Children experienced highly personalised care provided by caregivers who understood their individual needs. Caregivers promoted relationships with important people in children's lives, which supported the development of a positive identity. Where possible sibling groups lived together. When this was not possible caregivers understood the importance of siblings being connected and facilitated this wherever possible.

Child plans identified involvement and input from a range of professionals and specialists. This contributed to holistic and comprehensive assessments to promote positive outcomes for children and young people.

Children were thriving and reaching age-related developmental milestones. Adoptive families supported children to have fulfilling lives with high aspirations for success. Children had access to a wide range of educational toys and attended local nurseries and leisure activities. Caregivers were supported to understand the impact of trauma and presenting behaviours. They could access consultations and specific therapeutic interventions from the Child and Adolescent Mental Health Service (CAMHS) team. This enabled caregivers to provide responsive support at times of difficulty, ensuring children felt understood and valued.

The service had made strategic improvements to the provision of life story work for children, with a project plan that was being implemented. Caregivers understood the importance of life story work for children and maintaining a photographic narrative of children's life in their care. Timely preparation and transfer of these memories could be improved, supporting children's transitions to new caregivers.

We saw clearer referral processes and matching documentation. These recorded considerations of a caregiver's ability to meet the needs of a child, in advance of a caregiving arrangement being agreed. This meant that children were kept safe, and outcomes improved.

Safeguarding has been improved through the provision of caregiver training, new individualised safer caring documentation and the completion of unannounced visits in line with guidance.

Improved planning for children in need of permanent substitute care was evident. The service has introduced staff skilled in permanence planning as 'Permanence Champions' and Family-Based Group Decision Making, where the family is supported to identify solutions. Staff also provide permanency consultations and assist in the completion of permanence reports. Some of these are at the early stages of implementation. Despite these improvements drift and delay was still occurring for some children. The length of time to secure permanent placements and the uncertain nature of care proceedings can cause frustrations and anxieties for children and their caregiver families. Addressing drift and delays in permanency planning will form an area for improvement (**see area for improvement 1**).

There was also evidence that prospective caregiver recruitment was negatively impacted due to staff undertaking additional tasks. Assessment times were found to be lengthy with the majority taking over 12 months to complete and therefore not meeting best practice guidance. There is a high demand for caregiver families to provide placements for children and delays in the assessment processes limits this availability and potential choices. Improving assessment timescales will form an area for improvement (**see area for improvement 2**).

Reviewing caregivers competencies and ability to meet the needs of children at a Panel is a statutory requirement. We identified that a significant number of caregiver reviews had not taken place, in line with the services' policy of every two years. Best practice of annual caregiver reviews, with the legislative requirement of presentation at Panel every three years was discussed. Best practice also identifies caregivers' attendance at Panel, at these regulatory timescales. This would improve scrutiny processes and

ensure the needs of children are met by their caregivers. This will form an area for improvement (**see area for improvement 3**).

Areas for improvement

1. To support long term stability for children and young people the service should ensure that analysis of permanence practice informs continuous improvement and service development. This should include but is not limited to:

- Identifying patterns and trends in relation to permanence practice
- Taking this learning to inform ongoing development of practice
- Ensure tracking systems in place are used to robustly monitor and evidence improved outcomes.

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 organisations having robust and transparent quality assurance processes' (HSCS 4.19).

2. To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of caregivers and that guidance regarding assessment timescales are adhered to.

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).

3. For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration. To do this the provider should, at a minimum, ensure:

- Undertake annual reviews of all caregiver families
- Ensure that all applicants and caregivers attend Panel's and that this adheres to fostering regulation timescales.

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?

4 - Good

We evaluated this key question as good. We identified several important strengths which, taken together, clearly outweigh areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

Since the last inspection the service had evidenced the capacity to develop improvement plans. Key question 1 addressed issues of continued delay in permanency planning.

Improved quality assurance processes were in place. These enabled some key performance indicators to be monitored and analysed and provide oversight of practice within the team. This contributed to consistency in key elements of practice which promoted children's safety and wellbeing. We noted some of quality assurance processes were not up to date and urged attention to this detail to safeguard children and caregivers', and the continued progress of improvement planning.

The requirement from the last inspection relating to the monitoring, reporting and analysis of serious incidents had not been met. Several significant incidents and allegations had not been submitted as notifications to the Care Inspectorate. We were however satisfied that child protection procedures had been followed when allegations of abuse were made. The requirement relating to notifications to the Care Inspectorate will be repeated for the fostering services. As adopters are dual approved as foster carers, we decided it was not necessary to repeat this requirement for the adoption service.

We noted Panel membership was diverse and included an experienced chairperson. Caregivers do not currently attend their Panel reviews and we were unclear on the independence and scrutiny oversight of caregiver reviews. Key Question 1 addresses this issue which includes an identified area for improvement.

Panel members had access to a range of learning and development opportunities; however, they were not being supported through annual appraisal. This will form an area for improvement (**see area for improvement 1**).

Areas for improvement

1. The service should ensure that panel members are provided with regular opportunities for support and annual appraisals are undertaken.

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).

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. We identified major strengths in supporting positive outcomes for people.

Staff viewed improvements implemented since the last inspection positively. Their practice, observed through tracked cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards. All staff were appropriately registered with the Scottish Social Service Council.

Staff displayed passion for their area of practice and had worked hard to build genuine and trusting relationships with caregivers. Consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Staff appreciated the level of support they received from their visible management team. They received monthly formal supervision in addition to a high level of informal supervision. Monthly team meetings provided staff with an additional reflective space for case discussion and consideration and prioritisation of key tasks.

Staff had access to a new staff appraisal system, introduced after the last inspection. This supported a joint review of progress, and for staff to identify their professional learning and developmental needs. Staff were involved in developing and delivering training sessions to caregivers. An improved range and schedule of internal and external learning and development opportunities had been implemented.

We identified that many policies and procedures had not been reviewed for several years and heard this need had been identified by the management team. Greater clarity from updated policies and procedures will increase staff knowledge, skills and confidence in their role and provide consistency in approach to practice.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. We identified several important strengths which, taken together, clearly outweigh areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

Children were leading positive, healthy, enjoyable and meaningful lives through the implementation of good quality planning. Safer caring plans were in place for all children and young people. These were detailed and individualised to reduce potential risks for everyone in the caregiver household.

Supervising social workers provided progress reports to Care Plan meetings. Children's plans identified involvement and input from a range of professionals supporting the child and their caregiver family. Care Planning meetings were taking place regularly and in line with timescales. This contributed to comprehensive assessments which promoted positive outcomes for children.

The previous inspection outlined a requirement for a strategic approach to the provision of post adoption support, with specific reference to post adoption support plans. We identified this requirement as partly met. There was a lack of reference to post adoption support plans and adopters we spoke to were unfamiliar with the term.

Staff supported adopters at various stages in their lives. They were responsive to requests when difficulties or questions arose and provided a wide range of post adoption interventions.

Strategically the service promoted post adoption support. We were provided with evidence of a collaborative approach with CAMHS. 'Drop in' psychologist consultations across various Highland locations were scheduled throughout the year. Additionally, specific consultations were arranged when children were placed with their dual approved foster/adoptive caregivers. Further individualised sessions could be organised if required. These consultations focused on the development of positive relationships and understanding children's presenting behaviour within a trauma informed lens. Providing children and caregivers with a solid foundation to build their relationship will improve outcomes for adoptive families.

Ensuring adopters are aware of and involved in post adoption support planning, which conforms to regulatory frameworks, will form an area for improvement (**see area for improvement 1**).

Areas for improvement

1. The service should ensure post adoption support plans are in place for all young people including but not limited to:

- Ensuring all adoptive families are aware of their right to ongoing support
- Ensuring that all adoptive families have a post adoption support plan that anticipates potential future need.

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

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

Requirements

Requirement 1

By 31 December 2022, the provider should ensure children and fostering families are included in discussions related to safer caring. To do this the provider must, at a minimum, ensure:

- The service should review its implementation of safer caring plans.
- The service should review formats of documentation and improving guidance to staff on how to engage children and fostering families in safer caring plans.

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:

'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice' (HSCS 2.6).

This requirement was made on 9 December 2022.

Action taken on previous requirement

The service have implemented new individualised safer caring documentation for all children and young people. Carer training has been updated and provided to carers.

Met - within timescales

Requirement 2

By 31 December 2022, the provider must improve the quality of permanence planning for children to promote stability in children's lives. To do this the provider must as a minimum:

- Ensure robust tracking arrangements are in place for children at all stages of their care journey and that drift and delay is addressed at each stage of the process.

- Ensure a robust approach is taken to family finding when children are identified as needing permanent care to ensure that their care needs can met by the right fostering/adoptive family.
- Ensure that clear systems are in place to monitor outcomes for children in need of permanent substitute care.

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:

'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1.16).

This requirement was made on 9 December 2022.

Action taken on previous requirement

Permanence outcomes had improved but drift and delay was still occurring for some children. The service needs to evidence how improvements in tracking can identify themes to drive further service development and this will form an area for improvement in this inspection.

Met - within timescales

Requirement 3

By 31 December 2022, the provider must ensure that robust quality assurance processes are in place to monitor key areas of performance within fostering regulations with monitoring and review to identify areas of continuous improvement for dual approved carer families: To do this, the provider must as a minimum ensure:

- Undertake foster care agreements in line with best practice guidance and statutory requirements.
- Systems are in place for identification and panel review of foster carers and dual registered prospective adopters.
- The safety of children and young people is improved through unannounced visits.
- Individual safer caring plans are developed and reviewed regularly in response to changing need.
- Unannounced visits take place within required timescales.
- Full carers checks are monitored and kept up to date.

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:

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

This requirement was made on 9 December 2022.

Action taken on previous requirement

We could see that quality assurance processes had improved and there were now trackers in place to monitor key processes.

Met - within timescales

Requirement 4

By 31 December 2022, the provider must ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us of all incidents, accidents and allegations of abuse against foster carers in accordance with this guidance.

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:

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

'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 9 December 2022.

Action taken on previous requirement

We were not assured that this requirement had been met. It will be repeated with a new timescale of 31 May 2024 for the Fostering and Adult Placement Services.

Given the dual approval of foster carer/adoptive carers, and scrutiny activities for approved foster carers, we did not consider it necessary to repeat this requirement for the Adoption Service.

Not met

Requirement 5

By 31 December 2022, the provider must adopt a strategic approach to providing post adoption support services. To do this, the provider must as a minimum ensure:

- All adoptive families have an adoption support plan in place, and this is reviewed in line with legislation and good practice guidance.
- Ensure that staff are fully aware of their roles and adopters are aware of their rights in relation to the development of adoption support plans.

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:

'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 9 December 2022.

Action taken on previous requirement

At a strategic level a collaborative approach to post adoption support has been implemented, however, there was a lack of reference to post adoption support plans. Ensuring adopters are aware of and involved in post adoption support planning, which conforms to regulatory frameworks, will form an Area For Improvement in this inspection.

Met - within 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 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 carers 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 9 December 2022.

Action taken since then

We saw that progress has been made in relation to the approach to life story work and are assured that improvements will continue.

Previous area for improvement 2

To ensure children and young people have opportunities and benefit from participation in decision 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 9 December 2022.

Action taken since then

We saw improved evidence of participation of children and young people in decisions that affect them. Children and young people's views are now better evidenced in care planning documentation.

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

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| 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 | 5 - Very Good |
| 1.2 Children, young people and adults get the most out of life | 4 - 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 | 3 - Adequate |

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| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement are led well | 4 - Good |

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|---|---------------|
| How good is our staff team? | 5 - Very Good |
| 3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families | 5 - Very Good |

| | |
|--|----------|
| 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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