

# Inverclyde Council Adoption Service Adoption Service

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**Service provided by:**  
Inverclyde Council

**Service provider number:**  
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## About the service

Inverclyde Council Adoption Service provides a service for children and young people aged from birth to 18 years and their families. The service recruits and supports adoptive parents to provide families for children, who have been assessed as unable to live with their birth parents or extended family members.

The service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work 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 short notice announced inspection which took place between 22 April 2024 and 17 May 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 four adopters and 10 responded to our survey
- spoke with two children in an adoptive household
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with three external professionals and 17 responded to our survey.

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 requirements or areas for improvement will be highlighted in this report.

Inverclyde Council Fostering and Continuing Care services were inspected at the same time as this inspection and separate reports are available for those services.

## Key messages

- Children and young people developed meaningful, affectionate and secure relationships within their adoptive families.
- There were strong, positive relationships between adoptive parents and their supervising social workers.
- Caregivers advocated passionately for the children and young people living in their family.
- Children and young people did not always benefit from caregivers having up to date knowledge and training.
- Children experienced delays in permanency planning.
- Children and their caregivers support and plans were impacted by a lack of robust quality assurance within the service.
- Adoption support plans were not featured in practice. There is the need to record, monitor and review the support provided to adoptive caregivers.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	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?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children living within adoptive families benefitted from meaningful, affectionate and secure relationships. We saw children very much belonging within their adoptive families and accepted as individuals. Adoptive carers spoke positively about the support that they had received from the service and from their individual supervising social workers. One adopter told us,

"I could not fault the adoption team in Inverclyde from the moment I met with them to the completion of the adoption, they were fantastic.... The support is second to none that you receive."

However, we did not see evidence that adoptive caregivers were provided with learning and development opportunities. Foster carer training, provided by the service, ceased at the start of the pandemic and has only recently been re-established. Therefore, there has been less opportunity for adopters to also benefit from this training. In pre-adoptive households, there was no evidence of caregivers' supervision or reflective discussions taking place. Therefore it was unclear if caregivers had up-to-date knowledge of key issues such as child protection, attachment, trauma or loss (see area for improvement 1).

In recent years there has been greater recognition of the need for the service to support adoptive families at all points in their life and for those families who return for support. We saw some examples of high levels of support being provided by the service in these circumstances. We suggested that the work started by the previous manager should be revisited in order to sustain these changes in practice and consider how the service best responds to this area of need.

Adoptive parents advocated passionately for the children living in their care and worked in partnership with others to ensure that their children's needs were understood and met. This was supported by workers within the adoption service who were also good at building working relationships with partner professionals to help to achieve better outcomes for children and young people.

Children and their adoptive families were supported well by the service to promote and facilitate family relationships. There was a commitment towards ensuring that siblings were living together. However, we were aware that delays in planning for children has had a negative impact and resulted in children having prolonged connections with birth families when this was not in their best interests.

The service has made efforts to work with the wider local authority to improve educational experiences for adopted children and young people. We heard about work undertaken by the previous manager to work with education to ensure there is a better understanding and earlier access of adoption support. This work has stalled due to management changes and we would stress the need to continue this momentum, strengthen links and build on the work started. We could see the potential for this to make a positive difference to outcomes.

We saw individual examples of education being well supported by adoptive parents and the service. Adoptive families have made use of the attainment fund to provide additional resources to families. We saw adopters and the service's role in promoting and advocating for children within education and plans.

Networks of support for children outside their household was sometimes limited. Children's social workers did not always visit regularly and children's relationship with their social worker had been adversely affected by multiple changes of social workers. We heard that this made children less likely to invest in these relationships. This creates challenges in safeguarding and ensuring children's rights are promoted and protected.

Children's experience of being supported to understand their history and life story was mixed in practice. We saw the role of the service in undertaking this work when the child's placing social worker was unavailable. However, we also found examples of delays in this taking place and adopters who felt ill-equipped to undertake their part in this, due to not having all the necessary information. There is the need to ensure adopters are confident in being able to share information sensitively and creatively to help children develop a clear sense of self.

Children's health and wellbeing was supported well by adopters and the service. Adopters were proactive in seeking out support and access to specialist services when this was needed.

We were encouraged to learn about the new role of the specialist Children and Adolescent Mental Health (CAMHs) Nurse for care experienced children and young people and look forward to seeing how this develops.

We found that the standard of assessment of prospective adopters was consistently very high and that prospective adopters were involved and well supported throughout this process. We saw positive practice around the matching of children with prospective adopters.

Children who were identified as in need of adoption experienced significant delays in their assessments and planning. One carer told us " young children are being left in foster care for 3 plus years". We saw various examples when these delays had a significant impact on outcomes and risk to future outcomes. There has been a lack of management overview of permanency and tracking of children's plans. The service have taken some steps to overcome some of the barriers. However we found that divisions and a poor culture of collaborative working between the service and the practice social work team have had an impact on outcomes. We were encouraged to hear of future plans to relocate both teams to one office space. The service should ensure that they take a pro-active role in monitoring the progress of permanency planning (see requirement 1)

Pre-adoptive parents, who had not yet had their child secured by an adoption order, were not being supported in line with good practice and fostering regulations. These pre-adoptive parents remained registered foster carers within the service. However, we found that safer caring, supervision, training and timely review at panel were not taking place . The service need to ensure that they are adhering to fostering regulations for adopters at all stages (see requirement 2).

## Requirements

1. By 2 September 2024 the provider must ensure that all children in need of permanent care arrangements have their assessments completed and plans carried out without unnecessary delay.

To do this the provider must, at a minimum, ensure:

- a) all children in need of permanent fostering have their plans reviewed by managers
- b) staff within the service recognise, respond to and pursue any delays by clearly communicating these with the area teams
- c) managers maintain an overview of all timescales taken when planning for children in need of permanent care and address and resource any delays
- d) assessments are carried out within timescales.

This is in order to ensure that care and support complies 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 is consistent with the Health and Social Care Standards which state that:

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

2. By 2 September 2024 the provider must ensure that all adoptive or potential adoptive caregivers are supported, supervised and reviewed in accordance with statutory regulations.

To do this the provider must, at a minimum, ensure:

- a) that there is clarity and understanding about the status of caregivers who have been approved as adopters and who care for children in 'pre-adoptive' households
- b) managers audit the panel reviews for all pre-adoptive caregivers and any delays in presentation at panel to be progressed timeously
- c) managers review the support and supervision of this group of caregivers to ensure that the service's role is in line with best practice and fostering regulations.

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)

## Areas for improvement

1. In order for children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training, development and supervision of foster carers and prospective adopters.

This should include but is not limited to;

All staff and caregivers having a clear understanding of the mandatory training that should be undertaken by foster carers and prospective adopters.

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 leadership?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There were some systems in place to monitor aspects of service delivery however these have not been in use for some time and did not provide an assurance of quality within the service.

There was no evidence of audits, appraisals and very sporadic formal supervision of staff. Therefore, there was no monitoring of staff performance, training or development needs.

Indeed, roles within the adoption service have become blurred with practitioners developing a high level of responsibility. Although leaders had a sense of the issues that required to be addressed such as adoption support plans and permanence progression, there was no Specific Measurable Achievable Realistic Timebound (SMART) plan in place that detailed how these issues and the wider issues of quality assurance were going to be addressed (see requirement 3).

There has been various changes and gaps to the management structure of the fostering and adoption services in recent years, it is evident that this has had a detrimental impact on quality assurance, management overview and leadership. Adoptive parents also reflected that the changes to management have created uncertainty about leadership.

We have concerns about capacity for improvement given the large remit of the current registered manager for all services and the intention not to fill the vacant adoption manager's post as part of a service redesign. We considered there to be a gap in managerial skills and experience in relation to adoption and the specific needs and duties of this service. Within the service, there is great uncertainty about what the service will look like going forward. We were not aware of any consultation with staff about the service redesign.

The service is considered relatively fragile and there is a lack of resilience within the structure of the team. Adoptive families require access to flexible and timely support at all points of the adoption journey and is anticipated this will create greater future demand and duties of the service. There is the need to review how the service prioritises their duties and functions within this context.

We have considered that the service were responsive to feedback on these issues and were aware of the areas highlighted. There are some plans in place to improve the capacity of the service. We look forward to seeing the impact of this at the next inspection.

## Requirements

1. By the 2 September 2024 the provider must ensure quality assurance systems are robust and effectively support 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 statutory checks, unannounced visits, return to panel (where applicable), unplanned endings
- b) ensure staff receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance
- c) ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.

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)

## How well is our care and support planned?

4 - Good

We evaluated this key question as good, meaning that there were important strengths with some areas for improvement.

The service was an effective partner in planning for the support needs of adopted children and young people and children who remained subject to looked after procedure. We heard that adopters valued the support provided by the service at different stages in their adoption journey.

We saw examples of high level and quality support being provided to adoptive families, particularly when the role of the service mitigated the absence of other agencies' support within the child's plan. This contributed to better outcomes for children and young people.

Adoption or post-adoption support plans were not undertaken by the service. Therefore, we did not see adopters being supported in a proactive way that identified current needs or anticipated future supports at different times. The child's plan was the only record that contained some of what support adopters required. The adopters we spoke to did not have an understanding or awareness of their adoption support plan. One adoptive parent commented, "Although we have always been well supported I am unaware of what our actual plan is and involves."

There was a lack of robust quality assurance of adoption and post-adoption support planning. The absence of adoption support plans meant that the support provided was not captured and potentially reactive to events. We did not see the potential need for longer term support throughout a child's life being fully considered or reflected. We discussed this with the service who were aware that this is an area for development (see area for improvement 2).

Individual risk assessments and safer caring plans for children living in pre-adoptive (where adopters remained registered foster carers) households were not completed or reviewed by the service. The service should ensure that they are supporting and supervising adopters in line with good practice and fostering regulations (see requirement 2 under Key Question 1).

### Areas for improvement

1. To ensure that children and their adoptive families are receiving appropriate levels of post-adoption support, the provider should record and review post-adoption support plans. This should take a Specific, Measurable, Achievable, Relevant and Time-bound (SMART) approach.



This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
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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