

Adoption Service - Stornoway Adoption Service

Social Work Department
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Type of inspection:
Announced (short notice)

Completed on:
16 May 2024

Service provided by:
Comhairle Nan Eilean Siar

Service provider number:
SP2003002104

Service no:
CS2005095788

About the service

Comhairle Nan Eilean Siar (Western Isles Council) provides an adoption service for children and young people who are assessed as in need of adoption. The agency also provides for the assessment, approval, training, and support of prospective and adoptive parents to meet the needs of Looked After Children who required permanency. The aims of the service are contained within the context of the Western Isles Council's duty toward children and their families.

The service is delivered by a manager and a supervising social worker, who work across the fostering, continuing care, and adoption services. Inspections of the three services were undertaken at the same time. Separate reports are available for each of the services.

As the findings of this inspection are based on a sample of children and young people, inspectors cannot assure the quality of experience for every service user.

About the inspection

This was a short notice announced inspection which took place between 22 April 2024 and 16 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 adoptive carers.
- Spoke with two members of staff and management.
- Spoke with five external professionals.
- Spoke to an independent panel chair and Agency Decision Maker
- Reviewed documentation
- Reviewed survey responses from foster carers, staff, external professionals, and young people.

Key messages

- Children and young people benefitted from loving and enduring relationships with their caregivers.
- Children's sense of identity was significantly impacted due to drift and delay in planning and an absence of life story work and later life letters..
- Children, young people, and caregivers' voices should be strengthened in relation to care planning.
- There was limited structured support for families, with support primarily being delivered in response to crisis. This left young people at risk of increased vulnerabilities.
- Insufficient priority was given to caregiver's learning and development needs which undermined their ability to effectively respond to the changing needs of the young people.
- Quality assurance by external managers and a clear development plan must be developed to drive improvements and ensure good practice.
- No post adoption support plans were in place. This created uncertainty and vulnerability for young people and carers and undermined the long-term security of placements.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	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?

2 - Weak

We made an evaluation of weak for this key question whilst we identified some strengths these were compromised by significant weaknesses.

1.1: Children, young people, adults and their caregiver families experience compassion, dignity and respect.

1.2: Children, young people and adults get the most out of life.

1.3: Children, young people and adults' health and wellbeing benefits from the care and support they experience.

1.4: Children, young people, adults and their caregiver families get the service that is right for them.

Young people experienced care which fully included them in family life, adoptive parents were empathic and compassionate. Carers were sensitive to the life experiences of young people and their birth families. Young people had developed positive relationships with their adoptive families and were accepted, valued and loved. Carers advocated vigorously on behalf of the young people and there was access to independent services.

Adoptive families had positive relationships with staff within the service which supported positive outcomes for them and the young people. Families were confident that they would always get guidance and advice when they requested it.

These however were reactive responses to issues that had arisen and not proactive, anticipatory practices. The onus was on carers to contact the service if needed. This meant that early signs of risk were not being fully assessed, undermining the security of the young people.

Opportunities for peer support were limited. An adopter's support group was in place, however ran infrequently and lacked consistency, minimising its impact as a learning opportunity. Not all carers had a positive experience of this, one carer told us 'They don't want to hear if things are not going well.' Carers were motivated to attend carers' groups and activity days.

For carers to feel supported and have the opportunity for structured learning, reflection and development, the delivery of regular consistent carers forums should be undertaken to further strengthen that the needs of the young people are being met by appropriately skilled and knowledgeable carers. (See Area for Improvement 1).

Adoptive parents showed an understanding of trauma and the need for therapeutic parenting to promote positive outcomes for young people.

Young people experienced personalised care and support from adoptive parents that understood their needs and preferences. Young people were reaching age-related developmental milestones. Adoptive families supported children to have fulfilling lives with high aspirations for success. We saw evidence of positive educational outcomes. Young people enjoyed numerous outdoor experiences and led outdoor active lives.

The young people were able to live with siblings if assessed as appropriate. There was evidence of consideration being given to sibling connections, however there was no detailed planning around how this would take place. This lack of specific planning reduced the likelihood of consistent interactions taking place or being supported. This could increase a sense of loss for young people and impact on their sense of identity. It was also the source of a great deal of anxiety and frustration for some carers. (See Area for Improvement 2).

Where identified as a need, short breaks were not offered to adoptive families and was an area for the service to reflect on.

We saw no evidence of current carer training, this meant that carers were not consistently supported to be up-to-date with learning and knowledge. This undermined their ability to provide consistent, therapeutic, nurturing environments to young people with complex needs.

This meant the service could not predict support or learning needs for care givers which impacted on outcomes for children. Training was not provided to adoptive parents in a consistent structured way and there was no oversight of what training was being provided or how this was impacting upon the care the young people received. (See Area for Improvement 1).

Children within the adoption service had a sense of family identity. Relationships were stable which allowed children to engage in the therapeutic parenting approach being offered to them from their adoptive families.

Young people's sense of identity was compromised by incomplete information about their family history. Life story work had not been prioritised and for two young people it had not been started. One carer told us 'My Biggest bug bear is lack of information about their background.'

The service should develop a clear plan to improve the provision of life story work and later life letters ensuring children and young people have a full understanding of their history, supporting their sense of identity and belonging. (See Area for Improvement 3).

Adoptive families were not consistently supported to predict and prepare for situations that may cause distress. Contingency planning for these was not clear which had the potential to lead to crisis or placement breakdown. When an incident had occurred, it was not reported to the Care Inspectorate. The tracking of protection concerns, accidents and incidents required further development to ensure all processes were followed. (See Area for Improvement 4).

Young people benefitted from comprehensive holistic health care assessments. Although access to some services had waiting lists, these were proactively referred to and ongoing communication was established to promote engagement with the services.

The service did not provide an adoption handbook. Prospective carers were supported by an external organisation who provided a mixture of virtual and face-to-face training. The creation of an adoption service handbook specific to the Western Isles would be beneficial to the preparation of prospective carers. This would ensure that carers fully understood what supports the carers and young people could expect and who would be responsible. (See Area for Improvement 5).

Assessments were detailed and reflective giving in depth information about the prospective carers ensuring they had the ability to meet the needs of the young people they were caring for.

Approval and matching panels had discussed and explored all relevant details before making decisions. Decisions were informed by the needs of the young person and the ability of the family to meet those needs. Strengths and vulnerabilities were explored. The needs of other young people in the family home were considered and the impact upon them discussed.

Outcomes for young people were affected by significant drift and delay in decisions being reached for young people undermining their sense of security and belonging. Earlier PACE strategies that had been implemented at the last inspection were no longer adhered to. The security and emotional wellbeing of young people and carers was impacted upon by this uncertainty. (See Requirement 1).

Carers were dual approved providing stability for young people. However, carers were not reviewed as foster carers prior to the adoption being granted. (See Requirement for key question 2.2 (b))

Assessments that were available, showed that the relevant people had been included and their views heard. Transitions were positive and had been managed well.

Requirements

1. By 31 October 2024, to improve children and young people's permanent futures, the provider must at a minimum:

a) 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.

b) Ensure children and young people have SMART (Specific, Measurable, Achievable, Relevant, Timebound) plans in place which drive planning for their future 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).

Areas for improvement

1. To ensure adopters have up-to-date knowledge to support them in their caring role the service should clarify and improve the range of learning opportunities.

This should include but is not limited to:

a) Provide carers with the opportunity for structured learning, reflection, and development, through the delivery of regular consistent carers' forums.

b) Developing a consistent model of practice to inform caregiver training needs.

This is to ensure that practice is consistent with the Health and Social Care Standards which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

2. To ensure that all children can keep lifelong connections with siblings and family members, the provider must ensure that clear (SMART) plans are made for children at key stages.

This should include, but is not limited to:

a) reviewing this decision on a regular basis and clearly documenting expectations around how connections will be maintained and with whom.

b) Provide SMART plans that detail the frequency of family time and who will be responsible for facilitating it.

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 manage my relationships with my family, friends or partner in a way that suits my wellbeing' (HSCS 2.18).

3. To ensure all children have a clear understanding of their past and are supported to develop a keen sense of identity, the service should improve its approach to life story work.

This should include, but not be limited to:

- a) Ensuring that life story work is carried out with children and young people where this has been assessed as being in their best interests and that this is done within agreed timescales.
- b) provide training to staff and caregivers on supporting life story work.

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).

4. To ensure appropriate statutory notification reporting to the Care Inspectorate the provider should consistently meet the expectations of the Care Inspectorate records that all registered care services (except childminding) must keep and guidance on notification reporting.

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

5. The provider must ensure that all prospective adopters are fully aware of their role and understand what supports they can expect. The service should provide an adoption handbook specific to the Western Isles. This should include but not be limited to

- a) Ensuring that adopters have a clear understanding of their role and agency expectations of them.
- b) Ensuring that adopters are confident and knowledgeable about the support that they are entitled to and who will provide it.

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

How good is our leadership?

2 - Weak

We have made an evaluation of weak for this key question as the strengths identified were outweighed by significant weaknesses. The areas of weakness require necessary action for improvement; therefore, requirements have been made.

2.2: Quality assurance and improvement are led well

Senior leaders did not have sufficient oversight of the service to drive improvements. The service had no statement of its aims and objectives. Policies and procedures were outdated and did not reflect the Promise or Health and Social Care Standards. The service did not have an improvement plan and lacked vision for how it would ensure a high standard of care for caregivers, children and young people. This lack of strategic planning significantly impinged on the services capacity to recognise the need for change and drive it forward. (See Requirement 1).

A lack of quality assurance within the service meant that key areas of work were not always carried out. Panel reviews were not held in circumstances where they should have legally taken place. This included those caregivers dual approved as adopters. Senior leaders had no oversight of this, making them less effective in providing additional safeguards and assurances.

This had potential to impact on the quality of care being provided to children and young people. (See Requirement 2).

Robust approval processes were in place for applicants who wished to become caregiver families. Observations and scrutiny of documents assured us that the fostering and adoption panel worked effectively in providing sufficient guidance and challenge to the service. We were concerned at the lack of support, appraisal, and learning opportunities provided to panel members to help guide their practice. Panel member recruitment had also been an area of challenge, contributing to difficulties in arranging panel when needed. (See Requirement 3).

Requirements

1. By 31 October 2024, to ensure a clear commitment to continuous improvement, the provider must at a minimum:

- a) Set out its aims and objectives.
- b) Develop an improvement plan with clear actions and timescales.
- c) Use self-evaluation, including the views of carers and children and young people using the service, to inform and guide these documents.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

2. By 31 July 2024 the provider must develop quality assurance systems to ensure compliance with relevant guidance and legislation, and to promote best practice.

This should include, but is not limited to:

- a) Developing tracking systems regarding key areas of work. This should include, but not be limited to: carer supervision; unannounced visits; background checks; health and safety checks.
- b) Ensuring caregiver reviews take place within statutory timeframes, including for caregivers dual approved as foster carers and adopters.

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" (HSCS4.19)

3. By 31 October 2024, the provider must ensure the Panel is sufficiently able to provide timely and robust recommendations, which are based upon best practice.

To do this, the provider must, at a minimum

- a) Demonstrate efforts to recruit new panel members.

- b) Provide support and appraisals to panel members.
- c) Provide learning and development opportunities to all panel members.

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 have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisation codes" (HSCS 3.14).

How good is our staff team?

2 - Weak

Whilst there were some strengths in relation to this key question, these were compromised by significant weaknesses which impacted on service delivery. We have therefore evaluated this key question as weak and made a requirement.

3.3: Staffing arrangements are right and staff work well together.

Staff within the service were skilled and experienced which helped them build trusting relationships with caregivers. Staff had access to training and were part of national practice forums. However, the capacity for staff to provide effective interventions to families were limited.

The lack of resilience within the service meant that support was continually driven by crisis scenarios or time-specific pieces of work. The wider needs of people being supported by the service were not prioritised. We were concerned that staffing arrangements did not fully reflect the needs of the service. (See Requirement 1).

Senior leaders were not aware of the limitations in service delivery due to a lack of oversight of the service. Staff supervision and team meetings did not routinely take place. We were concerned that ineffective communication compromised the delivery of high-quality care and support for children, young people, and caregivers and increased the risk of poor outcomes. (See Requirement 1).

1. By 31 October 2024, the provider must ensure there are adequate numbers of skilled staff equipped to carry out all tasks, responsibilities, and improvement work associated with the service. Staff should be adequately supervised to ensure any gaps in service delivery are identified and actioned.

To do this, the provider must, as a minimum:

- a) Ensure there are enough suitably skilled and qualified staff working in the service through undertaking a staffing needs assessment.
- b) Ensure that formal and recorded supervision of all staff takes place in a timely manner and occurs in line with the provider's policy, for all staff, including leaders.

This is to comply with Regulation 7 of The Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "People have time to support and care for me and to speak with me" (HSCS 3.15), 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).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question whilst we identified some strengths these were compromised by significant weaknesses.

5.1: Assessment and care planning reflects the outcomes and wishes of children, young people and adults

A breach of security on the Western Isles meant that the organisation was unable to produce minutes or review paperwork, up-to-date care plans or hearing papers. The organisation could not fully evidence how families and young people participated in their care planning and had their views considered. We could not assess all relevant plans to ensure that they were Specific Measurable Achievable Specific Timed. (SMART) Carers did not have copies of their plans or reviews. This created uncertainty around future planning. (See Area for Improvement 1).

The service did not undertake formal and pro-active post adoption support planning, with agreed achievable outcomes or goals. Practical and emotional support needs were not always planned for. A lack of information undermined the ability of carers to meet the needs of the young people. There was a lack of quality assurance meaning the service could not be confident that families were receiving the care and support needed.

It is important that the service strengthens its approach to post adoption support, in terms of proactive post adoption planning. Post adoption support plans need to be in place in all case. These should anticipate and identify future needs with adopters being fully informed of their rights and active participants in planning. Post adoption support plans should be reviewed in line with legislation and good practice guidance. (See Requirement 1).

Requirements

1. By 31 October 2024, the provider must ensure that post adoption support plans are in place for all children.

To do this the service must as a minimum:

- a) ensure all adoptive families are aware of their rights to support
- b) ensure that post-petition meetings take place timeously and discuss post adoption support needs
- c) ensure all families have a post adoption support plan that anticipates future need.

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

Areas for improvement

1. To ensure the provision of care plans to all relevant persons which follow SMART principles the provider should:

This should include but not be limited to

- a) All carers and young people having up-to-date copies of their most recent care plan.
- b) actions have clear measurements.
- c) actions are of an achievable size and realistic for the young person.
- d) an identified time limit for completion of each action.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state; "My personal plan (sometimes referred to as a 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)

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?	2 - Weak
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	3 - Adequate
1.2 Children, young people and adults get the most out of life	3 - Adequate
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	3 - Adequate
1.4 Children, young people, adults and their caregiver families get the service that is right for them	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	2 - Weak

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