

# Scottish Borders Council Adoption Service Adoption Service

Family Placement Team  
Integrated Children's Services  
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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
14 November 2024

**Service provided by:**  
Scottish Borders Council

**Service provider number:**  
SP2003001976

**Service no:**  
CS2004083741

## About the service

Scottish Borders Adoption Service recruits and supports adoptive families for children in need of permanent alternative care within the Scottish Borders local authority area.

## About the inspection

This was a short notice inspection which took place between 21 October and 14 November. 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 adoptive family and had survey feedback from two families. We spoke with 16 staff and management, reviewed documents spoke with two children's social workers.

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.

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.

## Key messages

- Caregiver families had positive relationships with the staff team.
- Caregiver families had access to training and therapeutic support.
- Caregiver families were comprehensively assessed.
- The content and review of post adoptions support plans needs to improve.
- Approach to transitions did not follow best practice principles.

## 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 good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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 experienced secure, loving relationships within their caregiver families which met their needs and supported positive outcomes. These positive relationships were supported by enduring positive relationships with the staff team.

We received positive feedback from adopters about the quality of support they received, one adopter told us "Scottish Borders council has provided great support to us and our child. Staff continue to be genuinely interested and invested in his wellbeing". Another adopter told us "Our current social worker is brilliant. She is there for us whenever we've asked her for help and guidance". The team had experienced some workload pressures due to staffing levels but was now fully staffed which increased capacity for support to caregiver families.

Children in the local authority had access to independent advocacy and a Promise focused plan was in place to support participation through a Champions Board in the local authority involving a care experienced young person employed by Scottish Borders Council. The Champions Board had been engaged in work to review the language use in the local authority and a glossary of terms was produced in collaboration with young people.

Caregiver families supported children's ongoing family relationships to important people for children and systems were in place to monitor letter exchange and to support adults to access their records. Although a policy was in place outlining practice standards for promoting relationships between brothers and sisters there were inconsistencies in how this was applied. The service should improve practice in this area to better support relationships between brothers and sisters (see area for improvement 1).

Children in caregiver families were kept safe, and clear child protection procedures were followed when incidents arose. The service should however improve the recording and documentation of these incidents and ensure that they are appropriately notified to the Care Inspectorate. An area for improvement from the previous inspection has been repeated as this was not met (see area for improvement 2).

Children had access to therapeutic supports to meet assessed need and staff within the service were trained in direct therapeutic interventions to support caregiver families. This ensured that families were able to access appropriate support when required.

Caregiver families had access to training and support groups run by Adoption UK and had access to therapeutic parenting programmes run by the local authority. The service had high aspirations for children's education and positive outcomes for care experienced children were supported by Virtual Headteachers and there had been joint work with the Champions Board and schools.

Children experienced positive health outcomes and their health needs were comprehensively assessed. Children in caregiver families had access to additional health assessments when required which ensured they received appropriate support. Staff were trained in trauma informed practice and the Solihull approach which supported their ability to support caregiver families therapeutically.

Children had access to life story work and later life letters were in place to provide children a clear narrative of their life story. We did not see evidence of age-appropriate life story books to support children's understanding of their history and this is an area the service should continue to develop. The service is exploring a new app which will improve the recording of life story information for children.

Caregiver families were comprehensively assessed, and assessments demonstrated a high level of analysis in relation to adopters' strengths and abilities. Linking meetings had been re-established by the service to review the matching of children with adoptive families.

Improvement work in relation to permanence outcomes had been undertaken since the last inspection with the family placement team having a more proactive role in supporting planning for children when they were identified as in need of permanent substitute care. Training had been provided across the children and families department and a permanence action plan had been implemented. The service should continue to monitor permanence outcomes as part of ongoing improvement work.

Transitions for children moving to adoptive families did not always follow best practice principles and caregiver families provided feedback that support during introductions could be improved. The service should adapt its model of transition planning to incorporate best practice principles to ensure that moves for children to adoptive families are structured and well managed (see requirement 1).

## Requirements

1. By 28 February 2025, the service must ensure that it's approach to transitions for children moving to permanent substitute care reflect research and best practice approaches.

To do this the service must as a minimum:

- a) Undertake a structured review of research and best practice in the sector.
- b) Update guidance on introductions to provide structured guidance to support positive introductions.
- c) Review training needs for staff, foster carers and adoptive families in relation to transition.

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:

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

### Areas for improvement

1. To ensure that children are able to maintain important relationships the service should improve consistency of practice in relation to brothers and sisters

This should include but is not limited to:

- a) Ensuring that all sibling relationships are assessed and promoted as appropriate.
- b) Children have information about their sibling relationships.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing" (H&SC 2.18).

2. To ensure a robust and consistent approach to all child welfare concerns, the service should ensure that all incidents and accidents are appropriately recorded and notified to the Care Inspectorate, including any allegations of abuse against foster carers.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate' and in order to comply with SSI 2011/28 Regulation 4(1)(b). (1.2).

### How good is our leadership?

**3 - Adequate**

We made an evaluation of adequate for this key question, where strengths only just outweighed weaknesses.

There were established systems in place to monitor aspects of service delivery. Quality assurance reports were undertaken at department level, and by the family placement team. Case files audits also took place. Quality assurance enabled leaders to have a clear oversight of the work of the service, however improved

recording and greater attention to detail (see again KQ 1, AFI 1) would make this more meaningful to promoting positive outcomes for people using the service.

The panel provided an important role in assuring that the approval and review of foster carers and adopters was carried out comprehensively. Panel benefitted from having an independent chair and experienced panel members, including a care experienced panel member. However, there were no independent panel members on the fostering panel to ensure objectivity and rigor. There had also been a lack of appraisal or development opportunities for panel members in recent years, which had the potential to impact on decision-making. Improvements to the panel are required to ensure best practice and robust decision-making (area for improvement 1).

Outdated policies and procedures caused a lack of clarity for staff and caregivers around key aspects of service delivery, including mandatory caregiver training. Policies and procedures did not reflect the Health and Social Care Standards or The Promise. Improvements are needed to ensure consistency and accountability for the service (Requirement 1).

When there was an unplanned ending to a child or young person's placement, unplanned ending meetings did not clearly identify learning for the service. Improvements are needed to support a reflective culture, and to link more clearly with improvement planning (area for improvement 2).

The vision, aims and values of the service were not made clear. A service development plan was in place to support improvement work identified at the last inspection, and there was also a statement of aims and objectives. However, these documents did not link together to articulate well the wider vision of the service. Team meetings did not feed into improvement work, with a focus instead on practical issues. This impacted on the ability to drive strategic improvement for the service, to help drive positive outcomes for children, young people and caregivers (requirement 2).

Staff were supported in their role, but issues were raised about the culture within the service. This had at times impacted on the capacity of staff to work reflectively to improve outcomes. External managers needed to have greater oversight to ensure the culture was reflective of the value-base of the service (see again requirement 2).

## Requirements

1. By 28 February 2025, the provider must ensure that policies and procedures for staff and caregivers are updated to provide clarity of process, and to reflect current legislation, policy, and best practice.

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 experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and, "I use a service and organisation that are well led and managed" (HSCS 4.23).

2. By 28 February 2025, the provider must ensure the vision, aims and values of the service are made clear, and contribute to the development of a positive culture within the service. To do this, the provider must at a minimum:

a) Review and rewrite the aims and objectives for the service, ensuring these are linked to current policy.

- b) Ensure the service development plan links to the aims and objectives of the service.
- c) Carry out a review of the service, including seeking views of all staff in relation to the culture, and ensure that staff are supported to work reflectively to promote positive outcomes.

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

## Areas for improvement

1. To ensure panel members can make informed and balanced decisions in the welfare of children, young people and their families, the service should, at a minimum:

- a) demonstrate efforts to recruit independent panel members.
- b) Provide regular learning and development opportunities to panel members.
- c) Provide regular appraisals to panel members.

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).

2. To ensure a culture that promotes learning from when things go wrong, improvements are required to unplanned ending meetings. The service, should, at a minimum:

- a) Ensure key details (including a chronology, child's full details, caregivers' approval status) are clearly recorded.
- b) Ensure learning points and themes are well articulated.
- c) Include a discussion about whether or not there will be a return to panel.
- d) Ensure meetings are chaired by somebody who can offer a level of objectivity.

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).

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

Staff were committed to their practice and reflected the values and principles of the Health and Social Care Standards. One staff member told us "I have found that the service is extremely child centred. Workers have a great relationship with the child's social worker and the team around the child, allowing for collaborative and person centred working to take place".

Staff valued the quality of peer support and felt they worked well together as a team. The team were experienced and had a range of professional experience which supported them in their role with the Family Placement Team.

Staff had regular supervision and were generally positive about the support from direct line manager. The recording of supervision could be improved as these were handwritten records which lacked detail about the content of discussions in some cases.

Staff had access to training, including external training and expectations regarding training were clear. Staff were generally positive about the training opportunities available, one staff member told us "I have been given the opportunity to take part in training through Scottish Borders Council and when I have identified training myself relating to a particular child's needs this has been supported".

Staff however did not have access to appraisal and did not have individualised training plans and there was no overall team skills analysis or training plan. The service should ensure that staff have access to appraisal and that individual learning plans and a team training plan are in place to ensure the team has up to date knowledge to support positive outcomes for children. (See area for improvement 1).

### Areas for improvement

1. To ensure staff are equipped to provide high quality support, the service should clearly identify staff learning needs linked to the strategic vision for the service. This should include but is not limited to:

- a) Ensuring staff have access to annual appraisals to identify individual learning needs.
- b) Creating a team learning plan linked to the strategic vision for the service.

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

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

## How well is our care and support planned?

3 - Adequate

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

Children had opportunities to participate in care planning. Digital platforms allowed children to communicate their views for reviews and other decision making forums. Independent advocacy was available in the local authority area but we did not see examples of this being utilised. We are aware that



an expansion of advocacy in the local authority area is planned and the service should explore how to promote this to children and caregiver families.

Staff within the family placement team worked collaboratively with children's social workers to support positive outcomes. Joint working between teams in the process of family finding ensured that children were well matched with caregiver families able to meet their needs.

Post adoption support plans were in place for caregiver families but these did not always anticipate future need and lacked detail. Safer caring plans and risk assessments were also not in place for children placed with adoptive parents on a fostering basis. Contact with adoptive families was maintained by the service through but arrangements for the formal review of post adoption support plans could be further improved. A requirement was made at the last inspection in relation to post adoption support planning and this will be repeated (see requirement 1).

## Requirements

1. By 28 February 2025, the provider must ensure that post adoption support plans anticipate future needs and are reviewed regularly so they are responsive to need.

To do this the provider must as a minimum:

a) Ensure that post adoption support plans identify future needs and are informed by children's individual safer caring plans and risk assessments.

b) Ensure that adopters need for post adoption support are reviewed regularly.

This is to comply with Regulation 5(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

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

## Requirements

### Requirement 1

By 30 September 2022, the provider must ensure that all children in need of permanent care 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) Managers maintain an overview of all timescales taken when planning for children in need of permanent foster care and address and resource any delays.
- c) Assessments are carried out and children are presented at permanence panel within timescales.

This is in order to ensure that care and support 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); and in order 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). (1.4).

**This requirement was made on 29 June 2022.**

### Action taken on previous requirement

Action has been taken across the local authority in an effort to address drift and delay in permanence planning for children and young people. Tracking systems were now established to ensure the family placement team had oversight of permanence plans. Permanence planning meetings were chaired by the family placement team to review plans of children in need of permanent substitute care and permanence timescales were monitored by quality assurance systems. Training for staff on permanence had been provided following the last inspection. However, timeframes for achieving permanence were still very long and a lack of SMART (Specific, Measurable, Achievable, Realistic and Time-bound) planning or consideration of alternative legal routes contributed to delays. We were satisfied this requirement had been met in the context of the inspection of the fostering and adoption services, however we would recommend the authority carry out further review and improvement work to support progress.

### Met - within timescales

## Requirement 2

By 30 September 2022 the provider must ensure that post adoption support plans anticipate future needs and are reviewed regularly so they are responsive to need.

To do this the provider must as a minimum:

- a) Ensure that post adoption support plans identify future needs and are informed by children's individual safer caring plans and risk assessments.
- b) Ensure that adopters need for post adoption support are reviewed regularly.

This is to comply with Regulation 5(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure care and support is consistent with the Health and Social Care Standards 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 29 June 2022.**

**Action taken on previous requirement**

- Post adoption support plans were in place for caregiver families but these did not consistently identify future need and some plans lacked detail.
- Safer caring plans and risk assessments were not in place for children placed with adoptive families on a fostering basis.
- Service maintained regular contact with caregiver families post adoption but post adoption support plans were not formally reviewed.

**Not met****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 a robust and consistent approach to all child welfare concerns, the service should ensure that all incidents and accidents are appropriately recorded and notified to the Care Inspectorate, including any allegations of abuse against foster carers.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate' and in order to comply with SSI 2011/28 Regulation 4(1)(b). (1.2)

**This area for improvement was made on 29 June 2022.**

**Action taken since then**

We continued to identify examples of notifications, including protection concerns, not being notified to the Care Inspectorate in line with guidance. Information was not always recorded clearly, and the recording system required improvement to support consistency. The service should also clarify their own guidance on recording allegations against caregivers to ensure this is aligned with Care Inspectorate guidance. This area for improvement has not been met and will be repeated.

**Previous area for improvement 2**

To best promote the dignity of children and young people, the service should review its use of language to ensure that this is in line with the recommendations of The Promise.

This should include ceasing the use of the term 'respite', instead using the national placement descriptor of 'short break'.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation'.

**This area for improvement was made on 29 June 2022.**

## Action taken since then

The service had carried out work to ensure respectful language was now used and the correct approval category of 'short break' was widely in use. Work was being carried out across the authority through the Promise workstream to improve the use of language and a 'reframing language' document had been distributed. This area for improvement has been met, however policies and procedures need to be updated, which we discuss in key question 2 (see Key Question 2, requirement 1).

## 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	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	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 good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

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