

# Stirling Council - Adoption Service Adoption Service

Children's Services - Social Work Raploch Community Campus Drip Road Stirling FK8 1RD

Telephone: 01786 471 177

Type of inspection:

Announced (short notice)

Completed on:

13 March 2025

Service provided by:

Stirling Council

Service provider number:

SP2003002689

Service no:

CS2005089712



# Inspection report

### About the service

Stirling Council Adoption Service is a local authority adoption agency. The service recruits and supports adoptive parents to provide a family for children from birth who cannot live within birth families.

The fostering service was inspected at the same time and a separate report is available for this service.

## About the inspection

This was a short notice announced inspection which took place between 18 February 2025 and 13 March 2025. 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 11 adoptive or prospective adoptive parents, and met with one adopted child
- · spoke with six members of staff and management
- spoke with one external professional
- spoke to the independent panel chair and the Agency Decision Maker
- reviewed documentation
- reviewed survey responses from nine adoptive parents, eight members of staff, and eight external professionals.

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

- Secure and loving relationships helped children to thrive in their adoptive family.
- Caregivers had strong relationships with staff from the service, and appreciated their knowledge, skills and experience.
- The team were well equipped to offer a range of interventions to families, strengthened by the addition of an in-house therapist.
- Birth families were highly valued, and support was made available to them where this was needed.
- Assessments were of a high standard, which supported positive matching decisions to be made for children as they moved to their adoptive family.
- More training opportunities should be made available for adoptive parents throughout their adoption journey.
- Adoptive parents who are dual approved as foster carers should be reviewed and supported in line with the relevant legislative requirements.
- Adoption support planning must be improved to ensure the service has a clear overview of the needs within adoptive households, and to allow outcomes to be reviewed and measured.

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	4 - Good
How well is our care and support planned?	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?

4 - Good

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

Children experienced loving and compassionate care within their adoptive family. Children felt claimed and secure with their adoptive families, including their extended family. Adoptive parents had a strong awareness of the impact on trauma, and parented in a therapeutic way, which was sensitive to children's needs. Children were thriving due to the nurturing care they were receiving.

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Adoptive parents had strong relationships with staff from the service. A stable and experienced staff team ensured adoptive families received reliable and responsive advice and support. Families were visited regularly and adoptive parents felt listened to and treated with respect. One adoptive parent told us, "Staff are knowledgeable and able to offer appropriate advice/possible solutions. They also show empathy and understanding when we are facing difficulties". Adoptive parents had confidence in their support due to trust with their social worker.

Adoption support groups were well planned and included a variety of interesting topics. However, there was no clear programme of ongoing training opportunities for adoptive parents, and adoptive parents were unable to access foster carer training. The service should address this gap in learning activities for adoptive parents, to enhance opportunities for ongoing support and development throughout the adoption journey (see area for improvement 1). The service should also ensure staff have completed updated protection training, in line with SSSC requirements (see again area for improvement 1).

Birth family members were valued and respected. The service supported birth parents to engage with letterbox contact arrangements where there were barriers. Birth origins support was also offered to help establish important family connections. Brothers and sisters were supported to live together. When this had not been possible, relationships were highly supported, with adopters helping to facilitate ongoing quality time together. This meant that children and young people were able to develop a clear sense of identity and belonging.

Children were supported to understand their life story and were provided with later life letters and life story books to support them as they grew older. The team benefitted from having a therapist, who could offer individualised pieces of work where this was needed. It would be helpful for the service to offer life story training to adoptive parents as part of their training programme.

Post adoption support interventions were varied and helped to build resilience for adoptive families. The team were equipped to offer support including Theraplay, and the in-house therapist and family support worker provided capacity to respond as needs arose. This enabled support to be individualised and responsive.

Prospective adoptive parents were comprehensively prepared and assessed to ensure they had the capacity to meet the needs of children. Assessments were completed timeously and were of a consistently high standard. The absence of a medical advisor had impacted upon some assessments, but this has now been addressed. We were also pleased to hear the service are working on a new adoption handbook to support clarity for adoptive parents throughout their journey.

Some prospective adopters who were waiting to be linked with children had been assessed and approved to also offer short break fostering. We urged some caution over this plan due to the potential challenges in matching.

Adoptive parents were dual approved as foster carers. This supported a streamlined process for children moving to adoption. However, fostering regulations had not been fully applied to families in a pre-adoptive situation. Improvements are needed to ensure families in these circumstances receive the required level of support and review (see area for improvement 2).

Matching considerations for adoption were robust and a collaborative approach was embraced, with placing social workers being involved from an early stage to inform detailed matching assessments. This approach also supported the progression of permanence planning, with close working supporting children to move as early in the process as possible. Transitions to adoptive households were also well planned. Children were

supported to move to the right family, at the right time, supporting a strong sense of belonging.

Unplanned ending meetings took place when an adoption disruption occurred. However, improvements are required to ensure the learning from disruptions is fully considered and feeds into the service development plan.

#### Areas for improvement

1. To ensure that children and young people's care reflects best practice, the service should ensure that staff, adoptive and prospective adoptive parents have access to training opportunities to support their ongoing learning needs.

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).
- 2. To ensure families are best supported within the appropriate regulations, the service should ensure that all dual registered foster carer/adopters are supported in line with fostering legislation and best practice. To do this the provider should as a minimum:
- a) Ensure systems are in place for identification and panel review of dual registered prospective adopters;
- b) Ensure that all carers are supported through regular supervision;
- c) Ensure best practice is followed with regards to safer caring procedures.

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 well is our care and support planned?

3 - Adequate

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

Children had plans which were reviewed in multi-agency forums. The service worked with other agencies including health, social work, and education to promote child-centred planning. Supervising social workers spent time getting to know children and played a key part in statutory reviews. We received positive feedback from placing social workers about the contributions made by supervising social workers. A collaborative approach helped to progress planning for children.

The service advocated for children to support their plans, particularly in relation to decisions relating to family time and permanence. Independent advocacy had been accessed by the wider service where needed. We were pleased to hear of the local authority's plan to extend the remit of independent advocacy to ensure all children and young people have strong voices in relation to their plans.

The service responded quickly to requests for post adoption support and we saw examples where a number of members of the team were involved in offering individualised support to adoptive households. However,

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the service did not use adoption support plans to pre-emptively plan or review people's support; these plans are a statutory requirement. In the absence of adoption support plans, it was unclear what families' current or anticipated future needs were, how the service planned to intervene to promote positive outcomes, and how the effectiveness of support would be measured. Improvements are required to ensure adoption support plans are used meaningfully to plan and review support for adoptive families (see requirement 1).

While the service was responsive to requests for support, there was a lack of clarity from some about what support families could come back to access in the future. This was compounded by the lack of adoption handbook and training programme. When asked what the service could do better, one adoptive parent told us, "Reach out to adoptive parents however long they've had the kids to check in. It's a hard and lonely place when things are not going well...". The service should consider this feedback as part of their review of adoption support planning (see again requirement 1).

#### Requirements

- 1. By 30 June 2025, the provider must ensure adoption support plans are used to meaningfully plan and review the support needs of adoptive households. To do this the provider must as a minimum:
- a) Ensure that post adoption support plans identify future needs;
- b) Undertake regular reviews of post adoption support plans.

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 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, quidance and best practice' (HSCS 4.11).

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

Stirling Council should ensure that all children placed for adoption have a later life letter provided for safe keeping with their adoptive parents with a copy held in the social work file.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard 1.14, which states "My future care and support needs are anticipated as part of my assessment."

This area for improvement was made on 6 December 2019.

#### Action taken since then

Later life letters are now an expectation for all children placed for adoption. The team were clear they would not end involvement until a later life letter had been completed.

# Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

# Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people. adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good

How well is our care and support planned?	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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