

North Ayrshire Council - Adoption Service Adoption Service

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Announced (short notice)

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North Ayrshire Council

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About the service

North Ayrshire 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 also have a role and responsibility in assessing and supporting foster carers who have the care of children and young people on a permanent fostering basis.

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 3 March 2025 and 28 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 four adopters and 10 responded to our survey
- met one child in an adoptive household
- spoke with five staff/management and 15 responded to our survey
- observed practice and daily life
- reviewed documents
- spoke with three external professionals and 13 responded to our survey.

North Ayrshire Fostering Service was inspected at the same time as this inspection and a separate report is available for that service.

Key messages

Children living within adoptive families experienced a high standard of care. They benefitted from loving, trusting and secure relationships and stable home environments.

Adoptive families valued enduring and supportive relationships with their supervising social workers.

Adoptive families benefitted from an experienced and highly skilled staff team. Practice and support was underpinned by therapeutic and trauma-informed care.

Adoptive parents received valuable support from the service to enable them to support children with indirect birth family contact and lifelong links.

The service worked collaboratively and proactively with children's social workers to ensure the timely progress of planning for children who required permanent care.

There is the need to review the Panel Chair role to ensure external oversight and adherence to legislation in this area.

Adoptive families received effective post adoption support however there is the need to improve the quality of post adoption support plans.

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?	5 - Very Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Children had loving and secure relationships with their adoptive parents and this instilled a sense of belonging, trust and security. We saw children thriving as a result of nurturing and enabling care that was attuned to their needs. Children were fully accepted and embraced by their adoptive families.

Adoptive parents were knowledgeable, child-centred and therapeutic in their parenting approaches. Children benefited from adoptive parents who were able to strongly advocate for their needs and work in partnership with others to ensure that these needs were understood and met. Children were involved in their care and their rights were prioritised and promoted.

Adoptive families valued enduring and supportive relationships with staff within the service. These relationships supported adoptive parents to continue to grow and thrive, even when experiencing difficulties. This resulted in children experiencing care that was responsive and attuned to their early life experiences and attachments.

The service understood the importance of preserving links between children and their birth families. We saw a strong commitment from adoptive parents to establish or maintain sibling relationships for children who did not live together. This helps to ensure that children have an understanding of their identity and a stronger sense of self.

Children benefitted from a holistic approach to education and educational supports were shaped by individual need and experiences. Children were supported to overcome barriers and achieve their potential. We saw positive working relationships with education services and the service was an important contributor to transition planning and educational reviews. This enabled educational staff to better understand and respond to the needs of adopted children.

A wide range of good quality learning opportunities were available for all adoptive parents and staff across the service. One adoptive parent told us, "Adoption Support meetings are held regularly and have interesting and relevant topics, as well as guest speakers - these are informative, but also help us connect with other adoptive parents."

The service initially approve adopters as 'dual' caregivers until a child's adoption has been legally finalised, this means that prospective adopters are initially supported as fostering caregivers until this point. We considered the need and statutory duty of the service to formally support these caregivers as fostering caregivers until an adoption order is granted. While we did not see any negative outcomes, we have asked the service to ensure that all dual approved caregivers are reviewed and that all relevant safer caring plans and checks are considered (see area for improvement 1). We have recognised the work that the service have started in this area. This is to ensure that 'pre-adoptive' caregivers have a clear understanding from the outset about the care needs of children and are supported to ensure safety and the best possible outcomes for children.

Children's health and wellbeing was actively supported and prioritised. This included appropriate access to community health services or specialist resources when required. Adoptive parents worked very effectively with other professionals to ensure that the, sometimes complex, needs of children were met. We were impressed with the range of therapeutic services and supports provided by the service's 'therapy hub'. This enabled accessible and timely interventions for children and their families.

Adoptive parents had access to good quality support and learning in preserving their part in their child's life story and in sharing this information sensitively and creatively with their child, at different stages of their life. This supports children to have better lifelong understanding of their history and, in turn, a positive sense of identity.

The service's assessments of adopters were of a consistently high standard. These were comprehensive, evidence based and contained an appropriate balance of strengths, vulnerabilities and analysis.

The assessment process was collaborative and transparent and based on positive working relationships between prospective adopters and their supervising social workers. Processes were underpinned by the principles of partnership working and there was strong evidence of close collaborative multi-agency working within the 'team around the child'.

The service have taken proactive and creative steps to improve the planning and timescales for children who are in need of permanent alternative care, including adoption. This was greatly aided by the strength of relationships and practice between the service and the children's social work practice team. The role of the service's 'tracking social worker' at an early stage and the tasks assigned to this role, including individual mentoring, has had a positive impact on children's outcomes.

The matching of children with prospective adopters was very strong and this was informed by the quality of assessments and staff within the service's knowledge of the strengths and vulnerabilities of adoptive parents. This ensured that the needs of the child always remained at the centre.

Areas for improvement

1. The service must ensure that all dual registered foster carer/adopters are supported in line with fostering legislation and best practice. To do this the provider must 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 and have access to relevant training
- c) ensure that the safety of children and young people is improved through unannounced visits
- d) individual safer caring plans are developed and reviewed regularly in response to changing need
- e) full carers checks are monitored and kept up to date, including health and safety checks.

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?

3 - Adequate

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

There was strong leadership within the service and a positive and enabling culture. Staff spoke very highly about the support and guidance they received from the manager. This extended to staff outwith the service and collaborative working and relationships were led by managers. Quality assurance systems were in place to monitor evaluation of outcomes. There was a culture of reflection and learning within the service. Service development and improvements were well considered and staff had an active role in the service development plan.

The adoption panel provided a key role in assuring that the approval and review of adopters was carried out comprehensively. Panel members were appropriately skilled and experienced, providing good quality advice and guidance and ensuring scrutiny and analysis of assessments. We saw limited evidence of panel training. No annual appraisals had taken place to ensure that panel members' learning and development was ongoing and up-to-date. This was recognised by the service (see area for improvement 1).

The Panel did not have an independent chair which undermined its ability to ensure objectivity, rigor and transparency in its decision-making. This was raised with senior management and this was acknowledged as a contravention of the Fostering Regulations (see requirement 1).

There was the need to improve adopters' understanding about the care and support they can expect to receive. We heard that adopters were not always certain what support they were entitled to and what resources would be available to them. We are aware that adopters are provided with various and useful information at different stages of the process. However the need for an adoption handbook outlining the role of the service, in relation to support and processes, was identified. This would also ensure consistency in the information being shared (see area for improvement 2).

Leaders had good insight into the strengths of the service and what needed to improve. They were ambitious and actively seeking to achieve best outcomes for the people using the service.

Requirements

1. By 31 September 2025, the provider should ensure that the Panel Chair is appropriately independent.

To do this the service must ensure that the appointed chair is in line with Fostering Regulations which state,

'This person should be independent of any management responsibility for cases presented to the panel. This may be through the appointment of a chairperson external to the local authority or someone from another part of the local authority with relevant experience.'

(Guidance on Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007: PART VI FOSTERING PANELS, REGULATIONS 17 TO 20)

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: '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 3.17).

Areas for improvement

1. To ensure that Panel Members are supported to keep their practice and knowledge base up-to- date, regular supervision and appraisals by an appropriate person should to take place.

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).

2. To ensure that adoptive parents have understanding about the care and support they can expect to receive, policies and procedures for staff and adopters should be contained within an adoption handbook.

This should provide clarity of process and reflect current legislation, policy and best practice.

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).

How well is our care and support planned?

4 - Good

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

The service had a key role in contributing and reviewing children's plans. Delays and gaps in reviewing these were progressed by the service and the role of the 'tracking social worker' was helpful in preventing 'drift'. We saw adoptive parents, the service and multi-agency partners contributing well to the plans for children. Children's views and their participation was sought and influenced aspects of service development. However, within reviews and decision making forums, we felt the child's voice and lived experience could be clearer within records.

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.

Adoptive families placed great value on the support they were provided by the service. One adoptive parent told us, 'my post adoption social worker is always on hand to support me in any way I need. I can call them at any time for help, support and advice and also invited to attend any relevant training.they are the most supportive team you could ever ask for.'

Post adoption support plans were in place for adoptive 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. Adoptive families were supported well by service but arrangements for the formal review of post adoption support plans could be further improved (see requirement 1).

Areas for improvement

1. To ensure that post adoption support is responsive and anticipates future needs, the service should improve the quality of post adoption support plans.

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 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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

North Ayrshire 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 4 June 2019.

Action taken since then

The service have procedures in place to support the completion of later in life letters for children at the conclusion of their adoption. We viewed examples of these as part of the inspection. Therefore, this area for improvement has been met.

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?	5 - Very Good
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	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	5 - Very Good
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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