

Highland Council Adoption Service Adoption Service

Fostering and Adoption Service, Room 4
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Highland Council

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About the service

Highland Council Adoption Service provides a service for children and young people, aged from birth to 18 years of age, and their families.

The service recruits, assesses and supports adoptive parents throughout the Highland area to provide families for those children for whom it has been assessed cannot live with their birth parents or extended families. Potential adopters are assessed for a dual foster care role. This enables children to live with potential adopters at an early stage in permanency planning and limits the number of times children join new caregiver households.

The team also provides ongoing post adoption support to children, young people and their caregiver families.

Inspections of the fostering and adult placement (continuing care service) were also undertaken, and separate reports completed. Reports should be read together as potential adopters initially provide a fostering service, and it is the same staff and management team across all three services.

About the inspection

This was a short notice inspection which took place between 8 April and 8 May 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 or observed:

- Two young people using the service.
- 23 caregivers.
- 14 staff, including managers.
- Seven external professionals
- The panel chair and the agency decision maker.
- Two fostering and permanency panels.

We also reviewed survey responses from

- 33 caregivers
- 13 staff
- 8 external professionals.

Key messages

- Children experienced loving and nurturing relationships with caregiver families.
- Staff were knowledgeable and responsive to the support needs of caregivers.
- Matching and transition planning was thoughtfully planned, implemented and recorded.
- Caregivers were provided with consultations and therapeutic support from mental health specialists.
- Timely permanency planning remains a high priority in the service improvement plan.
- Improvements are required in relation to timely recruitment and assessment of caregivers.
- Caregivers should receive annual reviews in line with best practice.

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 good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths have a significant positive impact on people's experiences and outcomes. Improvements are required to maximise wellbeing and ensure people consistently have experiences and outcomes which are as positive as possible.

Children experienced improved outcomes because of the care they were provided with. They enjoyed affectionate and nurturing relationships with their caregivers. Caregivers were empathetic, compassionate and understanding about the life experiences of children and their birth families. We were confident that children were experiencing love and fun with their needs fully met by committed dual approved fostering and adoptive caregivers.

Children experienced highly personalised care by caregivers who understood their individual needs. Caregiver families worked well with important people in children's lives. We saw examples of caregivers working collaboratively with birth parents and a promotion of sibling relationships. Tracking of sibling relationships took place centrally to ensure that family links were maintained.

Children's ability to develop a positive identity and sense of self was promoted. Staff and caregivers recognised the importance of ensuring children could understand their own unique life story and complex family dynamics. The children's services wide approach to undertaking therapeutic life story work was sector leading. A worker trained in therapeutic life story work was a valuable addition to the team and we were of the view that many aspects of this life story work evidenced elements of excellent practice.

We received mixed feedback about children being supported through short breaks. Some children experienced inconsistencies in caregivers. Positive examples were evident where caregivers used their family networks for support to provide an extended family experience. The service is aware of the need to continue to focus on the best interests of children and the need to maintain consistency and limit changes where possible.

Child plans evidenced a multi-agency approach. This contributed to holistic and comprehensive assessments which promoted positive outcomes. Children were thriving and reaching age-related developmental milestones. Adoptive families supported children to have fulfilling lives with high aspirations for success.

Children had access to a wide range of educational toys and attended local nurseries and community activities. Caregivers supported children to be well-informed about healthy lifestyles. Positive mental health was a priority, and we saw that children's lives were enhanced by being around and caring for animals.

Caregiver families were comprehensively assessed to ensure that they have the capacity to meet the needs of children. Assessment for annual and panel review and permanence approval were generally of a good quality. The areas for improvement relating to caregiver recruitment and assessment, annual reviews and panel attendance have been repeated (**see area for improvements 1 and 2**).

Caregivers were provided with safeguarding and child protection training and supported to understand links between early childhood trauma and presenting behaviours. They had access to consultations and specific therapeutic interventions from the Child and Adolescent Mental Health Service (CAMHS) team. This enabled caregivers to provide responsive support at times of difficulty, ensuring children felt understood and valued.

Comprehensive and robust matching processes improved the quality of assessment when children and young people joined caregiver families. The service monitors outcomes for children in caregiver families with the aim of increasing stability of care arrangements.

The service had strengthened their work regarding permanence plans to identify and address the significant drift and delay for some young people. Embedded tracking systems and regular meetings support this work. The area for improvement made at the last inspection was met, however, we encouraged the service to remain focused on this area of work.

Areas for improvement

1. To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of caregivers and that guidance regarding assessment timescales are adhered to.

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).

2. For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration.

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

- a) Undertake annual reviews of all caregiver families
- b) Ensure that all applicants and caregivers attend Panel's and that this adheres to fostering regulation timescales.

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?

5 - Very Good

We evaluated this key question as very good. We identified major strengths in supporting positive outcomes for people, with very few areas for improvement.

Continuous and robust evaluation of people's experiences were in place, to ensure they receive the best possible care and support. Data collection, analysis and solution focused discussions with colleagues across children's services identified themes and patterns which influenced service improvement plans. Plans were based on research and best practice and subject to regular reviews and updates. They were specific, measurable, achievable, realistic and time bound (SMART).

The management team's approach to improvement planning was inclusive and empowering. The voices of people who use the service were sought. Staff development days provided opportunities to share data and discuss the relevance in relation to improvement planning. Input from external agencies encouraged open and honest discussion around high standards of care, promoting professional development and consistency in practice. Despite changes within leadership teams over the last year, staff were optimistic and confident with the management teams' vision and improvement plans.

We identified some issues surrounding attention to detail in record keeping and management oversight. The management team acknowledged the importance of accurate and robust recording in relation to complaints management, and ensuring notifications provided were categorised correctly.

Panel members were skilled and experienced. They raised questions in a sensitive manner and challenged appropriately. Panel members were proactive in seeking out training opportunities and had completed self-

evaluations. Undertaking annual appraisals of panel members was an area for improvement in the previous inspection. This was not met and will be repeated in this key question (**see area for improvement 1**).

Areas for improvement

1. The service should ensure that panel members are provided with regular opportunities for support and annual appraisals are undertaken.

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 staff team?

5 - Very Good

We evaluated this key question as very good. We identified major strengths in supporting positive outcomes for people, with very few areas for improvement.

Staff practice, observed through sampled cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards.

Staff displayed passion for their area of practice and had worked hard to build genuine and trusting relationships with caregivers. Consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Staff appreciated the level of support they received from their visible management team. They received monthly formal supervision in addition to a high level of informal supervision. Monthly team meetings provided staff with an additional reflective space for case discussion and consideration and prioritisation of key tasks.

Staff were empowered through strong leadership to be equipped to deliver best quality practical and emotional care and support. A strong culture of reflection and learning was facilitated through team meetings and the development of working groups. We asked the service to strengthen this through the provision of more reflective individual supervision.

The service is considering how best the views of caregivers and young people could also shape staff supervision and appraisal.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. We identified major strengths in supporting positive outcomes for people, with very few areas for improvement. Children were leading positive, healthy, enjoyable and meaningful lives through the implementation of good quality planning.

Care Plan meetings were multi-disciplinary in approach with regular reviews taking place. Child plans identified involvement and input from a range of professionals supporting the child and their caregiver family. Comprehensive assessments provided to planning meetings promoted positive outcomes for children.

Caregivers were supported by a collaborative approach with specialist health services and the offer of therapeutic consultations. Caregivers were assisted to understand children's presenting behaviour within a trauma informed lens. These provided children and caregivers with a solid foundation to build their relationship and improve outcomes for adoptive families.

Post adoption support needs were identified in matching reports. When the adoption order is granted, caregivers are provided with a post adoption support plan. The service intends to include post adoption support needs at child planning meetings, to ensure proactive planning in post adoption support. Later life letters were comprehensive and sensitively written. They included a chronology and insight to complex family dynamics and will assist a child to understand their early life experiences.

The service provided a wide range of post adoption support to children and families. They promoted adoption forums and facilitated adoption learning circles. Peer support and reflective learning within a safe and confidential space was valued by caregivers. Providing increased knowledge and confidence in a positive parenting approach will improve outcomes for children as they grow and reach age and stage developmental milestones.

Plans are in place to develop letter box contact processes. This will include ensuring birth and adoptive families understand the value of these to adopted children and receive support to meaningfully engage in the process.

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 support long term stability for children and young people the service should ensure that analysis of permanence practice informs continuous improvement and service development.

This should include but is not limited to:

- a) Identifying patterns and trends in relation to permanence practice.
- b) Taking this learning to inform ongoing development of practice.
- c) Ensure tracking systems in place are used to robustly monitor and evidence improved outcomes.

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 organisations having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 11 April 2024.

Action taken since then

Review tracking of permanence plans for children and review these quarterly.
Identify patterns and trends. Workshops to share findings of the patterns and trends to inform and improve practice.

This area for improvement has been met.

Previous area for improvement 2

To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of caregivers and that guidance regarding assessment timescales are adhered to.

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).

This area for improvement was made on 11 April 2024.

Action taken since then

Preparation courses are planned well in advance.
Review and monitor assessment timescales.
Record reasons for assessments going on hold.
Support staff with protected time to complete assessments.

This area for improvement has not been met and has been restated. Please refer to area for improvement 1 in 'How well do we support people's wellbeing?'

Previous area for improvement 3

For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration.

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

- a) Undertake annual reviews of all caregiver families.
- b) Ensure that all applicants and caregivers attend Panel's and that this adheres to fostering regulation timescales.

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).

This area for improvement was made on 11 April 2024.

Action taken since then

Review the current procedure for carer reviews taking place.
Ensure those overdue reviews take place.
Ensure all care givers are invited and expected to attend panel when their reviews are discussed.

This area for improvement has not been met and has been restated. Please refer to area for improvement 2 in 'How well do we support people's wellbeing?'

Previous area for improvement 4

The service should ensure that panel members are provided with regular opportunities for support and annual appraisals are undertaken.

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).

This area for improvement was made on 11 April 2024.

Action taken since then

Review the current self-evaluation form and create a new appraisal form. Discuss with the current independent chairs and agree a plan for annual appraisals.

This area for improvement has not been met and has been restated. Please refer to area for improvement 1 in 'How good is our leadership?'

Previous area for improvement 5

The service should ensure post adoption support plans are in place for all young people including but not limited to:

- a) Ensuring all adoptive families are aware of their right to ongoing support.
- b) Ensuring that all adoptive families have a post adoption support plan that anticipates potential future need.

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).

This area for improvement was made on 11 April 2024.

Action taken since then

Ensure all adoptive families have post adoption meetings and they are minute with an action plan and support plan that anticipates future need.

Ensure all adoptive families are aware of their right to ongoing support.

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?	4 - 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	4 - 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 good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement are led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	5 - Very Good

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