

Orkney Adoption Service Adoption Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004082081

About the service

The Orkney Island's Council Adoption Service has been registered since 21 December 2005. The Adoption Service provides a service for children and young people, aged from birth to 18 years, and their families who are assessed as in need of this service. The agency recruits and supports adoptive parents to provide families for those children who cannot live with their birth parents or extended family members. The Adoption Service operates within a small geographical island area and has close links with its neighbouring island authorities.

About the inspection

This was a short announced inspection which took place between 26 August 2024 and 16 September 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 three children and young people using the service and four fostering families
- spoke with five staff and management, the Panel Chair and Agency Decision Maker
- observed practice and daily life
- reviewed documents
- spoke with three visiting 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.

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 areas for improvement will be highlighted in this report.

Key messages

Children and young people received nurturing care from their adoptive families who were committed to meeting their care needs.

Children and young people's rights were strongly promoted in the service and used to promote their voice and care needs.

Adoptive families experienced positive and helpful support from Supervising Social Workers who were trauma informed.

There was a good level of oversight on the arrangements of letterbox contact, however more support could be provided to birth family members to achieve more meaningful use of the service.

A robust improvement plan guided the service to promote positive developments and drive change.

Interim managers provided positive support with regular and high-quality supervision.

Adoption support plans clearly represented the support needs of the family and identified risk as appropriate.

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? | 3 - Adequate |
| How good is our staff team? | 4 - Good |
| 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?

4 - Good

A grade of good has been awarded to this key question, as a number of strengths were identified which when taken together outweighed any areas for improvement.

Children and young people had secure and compassionate relationships within their adoptive families, which resulted in them being part of strong and connected families. There was an appreciation within families of

the individuality of the children they cared for. Adopters had good knowledge of the impact of trauma on children which helped ensure a therapeutic approach to parenting. Children thrived within their adoptive families and enjoyed fulfilling and active lives.

Adoptive families received a highly personalised service that was responsive to their support needs where families were confident that support would be there when they needed it. One adoptive parent told us, "We're left with nothing but positive feelings about the people that made that happen for us. [Our worker] is amazing; how do you ever thank her enough?". Another told us, "They're very compassionate, I feel they do really care about you and prioritise you and your kids". However not all families were aware of the support that was available to them therefore the service needed to consider how they communicate this with all families.

Adopters were strong advocates for the children being cared for. Children's early experience of trauma was highlighted to other services to ensure a full appreciation of children's needs, and to ensure the right support for them. This was also supported by the use of independent advocacy.

Adopters had strong support networks which were well explored during initial assessments. These networks allowed children to benefit from being loved as part of the wider family. Children's former foster carers remained an integral part of children's lives and significant effort being made by families to travel to visit foster carers on the mainland regularly, in recognition of the importance of these early relationships. Adopted children were supported to live with their brothers or sisters, where this was possible.

Children experienced stable and consistent care within their adoptive family which supported their wellbeing and recovery from trauma. Lifestory work was a focus within the service and adopters managed memory boxes well for children. Letterbox agreements were set up when children were placed for adoption but the arrangements for supporting birth families to engage with this was unclear, and we considered this to be a gap in provision that could lead to arrangements not succeeding. An Area for Improvement has been made for the service to set out its commitment to supporting birth families to engage with letterbox contact arrangements. **See Area for Improvement 1.**

Children were achieving well within their education setting, with the support of their adoptive parents, and the service where appropriate. There was a care experienced children and young people attainment coordinator who provided support to children's and young people's academic attainment. Having this support created a sense of confidence for adoptive parents. One adoptive parent told us, "I'm always advocating for [child] but having backing really strengthens my view".

Training for adopters was valued and appreciated which supported ongoing learning and development. There was good engagement with training from adoptive families, which also helped maintain a community of support around them. Adopters appreciated always being offered training, even years into their adoption. Adoption support groups, while often very low in numbers, continued to run and were found to be highly beneficial to those who accessed them. The service would benefit from the creation of an adoption handbook and it was positive that when identified a draft was swiftly created.

Children and young people were kept safe within loving adoptive families. Although safeguarding procedures were followed, some notifiable incidents had not been fully processed. **See Area for Improvement 2.**

The preparation and assessment of new adoptive parents were comprehensive, analytical and clear over strengths and areas of potential vulnerability. New adopters were dual approved as foster carers, which helped support a seamless approach.

Delays in permanency planning for children had been significant in previous inspections. However, robust tracking and increased manager oversight had successfully achieved permanency for a number of children. This was a requirement in the last inspection which we have assessed as being met at this inspection however the level of scrutiny needs to continue to be prioritised for the remaining children's requiring permanent plans.

Families felt very supported by the service during transitions. Staff from the service regularly checked in with them and offered valued advice and guidance to help families navigate those early days. The experience and stability within the staff team helped to ensure support continued throughout the adoption journey. Support was individualised and responsive, and this was highlighted as a strength which supported continuity and gave families reassurance.

Recruitment of prospective adopters was an area for improvement identified at the last inspection. Although steps have been taken in terms of recruitment, this needs further focus from the service therefore this Area for Improvement will remain in place.

Areas for improvement

1. To support children and young people to have meaningful relationships with members of their birth family, the service should develop a clear approach to supporting and managing letterbox contact arrangements. This should include offering support to birth family members to engage in these arrangements.

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) and "I am supported and cared for sensitively by people who anticipate issues and are aware and plan for any known vulnerability or frailty" (HSCS 3.18).

2. To safeguard children's welfare and ensure effective external oversight of procedures, the service should improve its recording when incidents occur. This should include but is not limited to:

- a. Identifying learning from incidents where safeguarding issues have occurred.
- b. Ensuring effective monitoring and tracking of incidents.
- c. Notifying the Care Inspectorate appropriately.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect and abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20)

How good is our leadership?

3 - Adequate

This key question has been awarded a grade of adequate as some strengths were identified which just outweighed the weaknesses identified. Whilst clear progress was made, not all requirements from the last inspection had been met.

Leaders within the service, whilst fairly new to their posts, had a good level of oversight of case work. Quality assurance systems such as the tracking key areas of operation were in development but needed further time to embed them in practice.

There was a clear line management structure which was supportive and positive for staff, however team manager and service manager roles continued to be interim appointments. We were reassured by the focus of current temporary leaders, and the permanently appointed Head of Service, on developing and embedding solid processes and practices that will support standards to be continued in the longer term. Stability in leadership was a requirement made at the last inspection, and while some steps have been taken in the permanent appointment of a Head of Service, there remains a high level of uncertainty for staff and caregivers, and in the service's capacity to continue to improve.

There was a comprehensive and dynamic improvement plan which reflected an open and honest approach to improvement. Current leaders were responsive to reflective feedback and swift to respond which evidenced a capacity for improvement.

The Fostering and Adoption panel was well functioning and provided a robust quality assurance role in the approval and review of caregivers. The panel was led by an experienced chair and complemented by panel members with a range of skills and experience. During the inspection, a Panel Administrator was appointed to address delays in administration tasks. Panel member recruitment was ongoing and a new Agency Decision Maker had been appointed. However annual appraisals had not been routinely completed and some panel members felt they did not have access to high quality learning and development opportunities. This was an area for improvement at the last inspection, which will remain in place following this inspection.

The historic gaps in service provision, combined with significant delays in planning for children, had a lasting and profound impact for many caregivers. Changes in management also led to a mistrust from some caregivers and a reluctance to invest in developing relationships with temporary leaders. One caregiver told us "workers try their best, but it's a different manager everytime". This suggested there was further work required to restore trust and faith in the service.

The Team Manager, whilst interim, provided effective support and guidance to the team which resulted in the staff being guided and focused on improving outcomes for families. However the staff team had experienced a number of manager changes which had impacted their confidence in the wider management team. There should be continued mindful consideration of ensuring positive and open communication with staff within the context of their employment history.

How good is our staff team?

4 - Good

An evaluation of good was awarded to this key question. Important strengths were identified which outweighed any areas of improvement.

The service benefitted from a stable and experienced staff team, who knew caregiver families incredibly well. One carer told us that their worker "was the consistent person that I used to offload - she was there during the whole time".

Supervising Social Workers had a strong value base with an emphasis on relationship-based practice. Timely interventions were available to support children, young people and their families which were effective and very much appreciated. One family told us that they had a very good relationship with their worker, who was "very knowledgeable in terms of trauma and child development". Some caregiving families shared with us that individual workers were responsive and helpful but that it could be difficult to get answers to questions and processes, which was frustrating for families.

Workers had previously experienced gaps in their support and supervision. However, during this inspection,

we found practice was supported by a manager who offered regular and high-quality supervision which resulted in the Supervising Social Workers feeling valued.

Supervising Social Workers were reflective which supported their learning and development. The team engaged in training and implemented this in their practice. There had been a strong focus on lifestory training which staff were enthusiastic to offer to children and young people. The workers were trauma informed and were being supported to embed this further into their practice.

How well is our care and support planned?

4 - Good

This key question has been awarded an evaluation of good as a number of key strengths were identified.

Planning for children and their adoptive families was clear, and a high level of multi-agency work supported this. Plans in place were generally SMART (specific, measurable, achievable, relevant and timebound) and appropriate to the needs of families.

Adoption support work was well responded to. Supervising Social Workers were quickly allocated to be part of multi-agency assessments and interventions, which contributed to the develop of a collaborative approach to support the family. In some situations, the same worker was allocated which ensured a comprehensive assessment of need and well-planned interventions which supported the whole family.

Children and young people had strong voices in relation to planning their care and support with independent advocacy successfully used to strengthen care planning in adoption.

Families who were actively working with the service had their support needs accurately reflected in adoption support plans which recognised risk within adoptive households and detailed the needs of adopters and children. This had been a requirement made at the last inspection which we have assessed as being met.

Robust tracking tools had been implemented to ensure oversight of adoption support plans with an ambition for these to be reviewed annually. This will support best practice and encourage an early intervention approach to support.

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

Requirements

Requirement 1

By 30 January 2024, the provider must improve the quality of permanence planning for children to promote stability in children's lives. In order to achieve this, the service must ensure that:

- a. Procedures to secure permanent alternative care are embedded in practice.
- b. Staff are supported and feel confident in planning permanent alternative care.

c. Assessments are undertaken and children are presented at permanence panel within timescales.

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) and 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).

This requirement was made on 23 October 2023.

Action taken on previous requirement

We found that the planning for permanence for children had improved since the last inspection. Permanency had been secured for a number of children, with plans progressing for others. Staff were clear on the procedures and we saw evidence that these were embedded into practice.

Met - within timescales

Requirement 2

By 30 January 2024, to evidence the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:

- a. Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.
- b. Ensure a direct line management responsibility within the service.

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) and 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).

This requirement was made on 23 October 2023.

Action taken on previous requirement

We reviewed the quality assurance documentation practices within the service and found these to be effective and robust. Audits were being undertaken within the service with a clear plan and regular overview.

There was a clear line management structure and we heard that this was supportive and positive for staff. However, these roles were held by interim employees with them currently being advertised. We look forward to seeing the impact of the permanent appointments at the next inspection. We have been assured that there will be comprehensive handovers to between managers which was evident at the last transition.

Not met

Requirement 3

By 30 January 2024, to ensure that children and young people receive quality care and support, the provider must ensure effective tracking and planning for outcomes for children and young people. To do this, the provider must as a minimum:

- a. Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.
- b. The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.

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) and 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' (4.19).

This requirement was made on 23 October 2023.

Action taken on previous requirement

Tracking for permanency was effective and robust. Documents for tracking was held centrally with regular meetings to ensure progression. This resulted in positive outcomes for children securing permanency since the last inspection.

We also found that further tracking and quality assurance processes had been implemented since the last inspection. This included a comprehensive action and development plan which will be effective at supporting and promoting improvements.

Met - within timescales

Requirement 4

By 30 January 2024, the provider must ensure that all staff receive regular, and good quality formal supervision and that an appropriate record is maintained.

This is necessary in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 3 "A provider shall provide a service in a manner which promotes quality and safety" and 15(b)(i) "ensure that person's employed in the provision of the care service receive training appropriate to the work they perform". 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 and are able to reflect on their practice and follow their professional and organizational codes' (HSCS 3.24).

This requirement was made on 23 October 2023.

Action taken on previous requirement

All staff advised that they had regular supervision which resulted in them being supported within their employment.

Met - within timescales

Requirement 5

By 30 January 2024, to ensure that children, young people and their families care and support needs are accurately reflected in support plans and anticipate future needs. These plans should be responsive, person-centred with goals which are SMART (specific, measurable, achievable, realistic and time-bound). To do this

the provider must as a minimum:

- a. Ensure that post adoption support plans identify future needs.
- b. Are informed by a child's care plan and risk assessment.
- c. Reviewed regularly to ensure that adopters needs for post adoption support are met.

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) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in assessing my emotional, psychological, social and physical need at an early stage, regularly and when my needs change' (HSCS 1.12) and 'my future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This requirement was made on 23 October 2023.

Action taken on previous requirement

Adoption support plans were in place for both families we tracked, and these were representative of the needs within both families.

We saw tracking of all adoptive families in the area, which included whether or not the family had a plan in place (some did not due to adopting from another Local Authority or if they adopted some time ago and did not access post adoption support).

Met - within timescales

Requirement 6

By 30 January 2024, to ensure the safety and wellbeing of children and young people and the provision of high-quality care and support, the provider must ensure risks are recognised, identified and analysed. To do this the provider must as a minimum:

- a. Ensure all risks identified are recorded within risk assessment documentation.
- b. Details interventions and strategies required to reduce the risk for children and young people.

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) and 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) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 23 October 2023.

Action taken on previous requirement

On reviewing the risk assessment documentation, we saw an increase in quality in identify and analysing risks. Interventions and strategies were included and although these could be detailed further, we concluded that this requirement had been met.

Met - within timescales

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 enable children and young people to be aware of their rights, have their voices heard and respected, the provider should embed awareness of children's rights within the service. This should include, but not be limited to, advocacy services being visible to children and young people and training for all staff.

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 use independent advocacy if I want or need this (HSCS 2.4) and 'I am supported to understand and uphold my rights' (HSCS 2.3).

This area for improvement was made on 23 October 2023.

Action taken since then

We found good links between the service and independent advocacy services. We heard that advocacy is now an opt out approach instead of an opt in approach. We saw good evidence of the use of advocacy and the staff had a high understanding of children's rights which they promoted to children and young people.

Previous area for improvement 2

To enable children and young people have their current and future needs met within the fostering service, the provider should proactively recruit new caregiving families who can offer nurturing care to children in need.

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) and 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 23 October 2023.

Action taken since then

We heard plans for a recruitment campaign but that this had not yet progressed as it was linked to carer pay which is under review and was not yet finalised. We have concluded that this area for improvement has not yet been met.

Previous area for improvement 3

To enable the Fostering and Permanency Panel are able to make informed and balanced decisions in the welfare of children, young people and their families, the provider should ensure suitable training and regular supervision is available to all panel members.

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)

This area for improvement was made on 23 October 2023.

Action taken since then

Panel members received appraisals in March 2023 but only two of the panel members had received one since this date. Good practice is for annual appraisals. We saw evidence of a panel development day and heard that panel members can attend some of the training offered to staff and caregiving families. Half of the panel members who responded to our survey felt they did not have access to good quality learning and development opportunities. As a result, we have continued this Area for Improvement to ensure improvements are made. We would suggest opening up staff/caregiver training to panel members unless there is reason not to, and to track attendance.

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 | 4 - 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? | 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? | 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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