A quality framework for Family-based care (Including Fostering, Adoption and adult placement)

For use in self-evaluation, scrutiny and improvement support

December 2020

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How is the framework structured?

The quality framework is framed around six **key questions.** The first of these is:

- How well do we support people's wellbeing?

To try and understand what contributes to wellbeing, there are four further key questions:

- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is care and support planned?

Under each key question, there are a small number of **quality indicators**. These have been developed to help answer the key questions. Each quality indicator has a small number of **key areas**, short bullet points which make clear the areas of practice covered.

Under each quality indicator, we have provided **quality illustrations** of these key areas at two levels on the six-point scale used in inspections. The illustrations are the link to the Health and Social Care Standards and are drawn from the expectations set out in the Standards. They describe what we might expect to see in a care service that is operating at a 'very good' level of quality, and what we might see in a service that is operating at a 'weak' level of quality. These illustrations are not a definitive description of care and support provision but are designed to help care services and inspectors evaluate the quality indicators, using the framework.

The final key question is:

- What is our overall capacity for improvement?

This requires a global judgement based on evidence and evaluations from all other key areas. The judgement is a forward-looking assessment, but also takes account of contextual factors which might influence the organisation's capacity to improve the quality of the service in the future. Such factors might include changes of senior staff, plans to restructure, or significant changes in funding. We think this an important question to ask as part of self-evaluation.

In each quality indicator, we have included a **scrutiny and improvement toolbox**. This includes examples of the scrutiny actions that the Care Inspectorate may use in

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evaluating the quality of provision. It also contains links to key practice documents that we think will help care services in their own improvement journey.

How will this quality framework be used on inspections?

The quality framework will be used by inspectors in place of the older approach of 'inspecting against quality themes and statements'. Inspectors will look at a selection of the quality indicators. Which and how many quality indicators will depend on the type of inspection, the quality of the service, the intelligence we hold about the service, and risk factors that we identify, but it is likely that we will always inspect Quality Indicators 1.1, 1.2, 1.3 as well as 5.1. In our professional evaluations of the care and support we see, we will use the quality illustrations.

One of the quality indicators, 1.4, looks beyond the practice of an individual care service and introduces elements about the impact of planning, assessment and commissioning on people experiencing care. This is important because these practices impact on people's experiences and the extent to which they experience wellbeing. This quality indicator may help us during an inspection to find information or intelligence which is relevant to practices in commissioning partnerships, but our overall inspection evaluations (grades) will reflect the impact and practice of the care service itself.

We will provide an overall evaluation for each of the key questions we inspect, using the six point scale from 'unsatisfactory' (1) to 'excellent' (6). This will be derived from the specific quality indicators that we inspect. Where we inspect one quality indicator per key question, the evaluation for that quality indicator will be the evaluation (grade) for the key question. Where we inspect more than one quality indicator per key question, the overall evaluation (grade) for the key question will be the lower of the quality indicators for that specific key question. This recognises that there is a key element of practice that makes the overall key question no better than this evaluation.

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How will we use the six-point scale?

The six-point scale is used when evaluating the quality of performance across the quality indicators.

6	Excellent	Outstanding or sector leading
5	Very Good	Major strengths
4	Good	Important strengths, with some areas for improvement
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses – priority action required
1	Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

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An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

How can this quality framework be used by care services?

The framework is primarily designed to support care services in self-evaluation. In the near future we will work with care services and sector-wide bodies to build the capacity for self-evaluation, based on this framework.

Self-evaluation is a core part of assuring quality and supporting improvement. The process of self-evaluation, as part of a wider quality assurance approach, requires a cycle of activity based around three questions:

- **How are we doing?**
  This is the key to knowing whether you are doing the right things and, as result, people are experiencing high quality, safe and compassionate care and support that meets their needs, rights and choices.

- **How do we know?**
  Answering the question 'how are we doing' must be based on robust evidence. The quality indicators in this document, along with the views of people experiencing care and support and their carers, can help you to evaluate how you are doing. You should also take into account performance data collected nationally or by your service.

- **What are we going to do now?**
  Understanding how well your service is performing should help you see what is working well and what needs to be improved. From that, you should be able to

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develop plans for improvement based on effective practice, guidance, research, testing and available improvement support.

Using this quality framework can help provide an effective structure around self-evaluation. The diagram below summarises the approach:

Irrespective of our role as the national scrutiny and improvement body, care providers will want to satisfy themselves, their stakeholders, funders, boards and committees that they are providing high quality services. We believe this quality framework is a helpful way of supporting care services to assess their performance against our expectations of outcomes for children and young people, outwith the assessment process.

The quality indicator framework - Family-based care

Key question 1: How well do we support people's wellbeing?	Key question 2: How good is our leadership?	Key question 3: How good is our staff team?	Key question 4: How good is our setting?	Key question 5: How well is our care planned?
1.1. Children, young people, adults and their caregiver families experience compassion, dignity and respect	2.1. Vision and values positively inform practice	3.1. Staff have been recruited well	Not currently being assessed for these service types	5.1. Assessment and care planning reflects people's outcomes and wishes
1.2. Children, young people, adults and their caregiver families get the most out of life	2.2. Quality assurance and improvement is led well	3.2. Staff have the right knowledge, competence and development to support people being supported by the service		
1.3. Children, young people, adults and their caregiver families' health and development benefits from the care and support they experience	2.3. Leaders collaborate to support people	3.3. Staffing arrangements are right and staff work well together		5.2. Parents, carers and family members are encouraged to be involved
1.4. Children, young people, adults and their caregiver families get the service that is right for them	2.4. Staff are led well			

Key question 6: What is the overall capacity for improvement?

The use of the term “People”

Throughout the development of this quality framework, there have been various discussions around the status of caregivers, a term we have assigned collectively to adult placement carers, foster carers and adoptive parents. Consideration was given to including the quality of caregivers within the staffing section however the Independent Care Review took a much more holistic view of family. They refer to families as “biological, kinship, adoptive, foster and others”. This was in response to children and young people often feeling a sense of family when living within these situations.
The review goes on to address the need for responsive, flexible, timely, intensive supports being available to children, young people and their families to support stable living situations. We have tried to address this view within the framework and decided that key question 1 would include the extent to which children, young people, adults and their caregiver families were supported. Collectively we have used the term “people” to capture all these groups.

We have spoken about people throughout this framework and have tried to separate this into

- People who live within caregiver families. These are the children, young people and adults who are looked after or being cared for.

- People – everyone being supported by the service. This includes the people above and additionally, the caregiver and their family

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Key question 1: How well do we support people's wellbeing?

This key question has four quality indicators:

1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect

1.2 Children, young people, adults and their caregiver families get the most out of life

1.3 Children, young people, adults and their caregiver families' health and development benefits from the care and support they experience

1.4 Children, young people, adults and their caregiver families get the service that is right for them

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Quality Indicator 1.1: Children, young people, adults and their caregiver families experience compassion, dignity and respect

Key areas include the extent to which people:

- Experience compassion
- have their rights respected, and experience dignity and a life free from discrimination
- are involved in decision making

Quality Illustrations

Very Good	Weak
People living within caregiver families develop meaningful, affectionate and secure relationships with their caregiver families. Relationships are based on empathy, compassion, love and fun. Caregivers and staff within the service have a very enabling attitude and foster a strong sense of belief in the potential of the individual child, young person or adult. Children, young people and adults feel fully integrated into family life. Caregiver families enjoy positive relationships with staff within the service. They are actively supported and encouraged, through training and reflective practice discussions, to provide loving, nurturing families for children, young people and adults who may have experienced a range of broken attachments and difficult early lives.	People who live with caregiver families do not feel that the family looking after them like, know or value them as individuals. They feel excluded from family life such as celebrations, holidays and outings. They may feel alone and unsupported.
People experience a high level of respect from everyone involved in their care and support. Caregiver families and staff within the service understand the importance of safeguarding the privacy and confidentiality of the people in their care. People who live in a caregiver family feel accepted and valued regardless of their individual circumstances, physical or emotional needs. They know that their caregiver family and staff within the service will recognise and challenge any form of discrimination. The very good quality of relationships actively supports people who live in caregiver families to fully exercise their legal and human rights including their rights as a citizen, for example voting in elections. Caregiver families recognise and embrace the unique circumstances of each individual and support people to explore different aspects of	People who live in caregiver families, experience unnecessary or insensitive intrusions on their privacy. Their personal records and information may be inaccurate, insecurely retained or be shared inappropriately with others either by their caregiver family or by staff within the service. They receive limited support or information to understand their rights. Caregiver families are not supported to understand or take enough account of diversity. They do not appreciate a person's culture, language, religion or spirituality, sexuality or gender identity. Restrictions on choices and independence are not based on the needs of the child, young person or adult.

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their lives whether these are cultural, religious or sexual orientation.	
People who live in care giver families are well informed about and actively involved in decisions about their care in ways which are meaningful to them. Ready access to specialist services and tools ensure that where there are communication difficulties or disabilities, people continue to be fully included in all aspects of family life and decision making. Caregiver families advocate passionately and effectively on behalf of people living in their family. They are recognised as significant people in the decision making process and as such have their views listened to and respected in relation to the people for whom they are caring. Independent advocacy services are available to people should they wish this.	The approach to participation for people living in caregiver families is superficial or their views do not consistently make a difference. They have limited access to either informal or independent advocacy. They or their caregiver's views that are seen as challenging are not acted on consistently by staff within the service. This means that people are not being given due regard in any decision-making process. Attempts to involve people who are seen as difficult to engage are not given sufficient priority. Involvement in decision-making of those with additional needs is limited because of perceived challenges or time constraints.

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
• Obtain the views of children, young people, adults, caregiver family, birth family (where appropriate), friends, visitors, staff, managers and other professionals. • Seek confirmation of positive relationship through visiting the caregivers home and meeting the caregiver, their family and people they are supporting. • Examine records for evidence of how people's rights are respected and their views obtained and acted on. Consider complaint and duty of candour records for the service's response to issues and concerns. • Review the extent to which relevant policies and procedures, for example confidentiality, equality and diversity, are implemented and influence care and support. • Consider people's access to advocacy and the use of communication support tools in obtaining their views. • Examine any restrictions to people's liberty and freedom of choice, whether these are justified, and how they have been explained.	The Health and Social Care Standards Information from the Scottish Human Rights Commission World Health Organisation – Quality Rights, Human Rights and Recovery in mental health The Independent Care Review Rights, Risks and Limits to Freedom Practice Guide: Involving Children and Young People in Improving Services (Care Inspectorate SCLD – Using scrutiny to drive outcomes and associated resources Guidance for Care Providers in Scotland using CCTV 7 Golden rules or Participation and other rights information (Children and Young people's commissioner Scotland)

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• Review how people are informed about their rights, for example in admission information.	Rights: Information for Young People looked after away from home (Scottish Children's Rights Officers Network) Your Rights to Care(Children and Young People's Commissioner Scotland) Who Cares? Scotland website The Keys to Life

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Quality Indicator 1.2 People get the most out of life

Key areas include the extent to which people living within caregiver families

- Make decisions and choices about their lives and how they spend their time
- Lead active and fulfilling lives

And the extent to which all people being supported by the service

- Have positive learning experiences, achieve their goals and aspirations and reach their potential
- Feel safe and are protected from abuse, harm, neglect and bullying

Quality Illustrations

Very Good	**Weak**
People living within caregiver families routinely exercise a high degree of choice in all aspects of their day-to-day lives within an overall family context. They experience highly personalised care and support that is enriched by caregiver families who have an understanding of their individual strengths and preferences. For children and young people who want or need to spend time away from their caregiver family, short breaks are planned in advance. Consistency and stability are prioritised and children and young people view short times of being looked after by others, as part of an extended family experience. Children and young people should be involved in planning these as far as is possible and view these as enjoyable and fun holidays.	People living within caregiver families have little autonomy and are expected to fit in with what is happening within the home with little opportunity to influence family life. The quality of their experiences is lessened by assumptions about what is safe or possible. Caregivers do not consider the changing needs and preferences of the people in their care Time away from the care giver family is poorly planned, with a range of different caregiver families and with little or no opportunities for introductions.
Where appropriate, people living within caregiver families are enabled to see their family and friends regularly and where appropriate family members and friends are welcome visitors to the caregiver's home. Positive relationships with peers are encouraged and promoted by the caregiver family. Children and young people are living with their siblings unless this has been assessed as not appropriate. In these situations, the rights of children and young people to have meaningful relationships with siblings is recognised and actively promoted where this is in their best interests.	People who live with caregiver families do not feel part of the family or local community. Their sense of belonging and identity are compromised because they are isolated from their birth families and local community or are not supported to form friendships with peers. Regular and meaningful contact between separated siblings is regularly interrupted due poor planning or a lack of resources. Opportunities to take part in meaningful activities are limited or aimed at whole family activities rather than based on individual need and choice.

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Recruitment practices for caregiver families and matching policies within the service, ensure that there is an appropriate range of caregiver families to meet the diverse needs of people needing family based care. People living within care giver families benefit from being active members of the local community in which their care giver family live. They are routinely supported to meet new people, develop individual interests and access facilities beyond the family environment. As a result, they have a strong sense of belonging and worth. By taking part in a range of activities they have fun, develop a sense of fairness and learn how to cooperate with others. They are enabled to feel fulfilment in life, and to create positive memories. This included planning and taking part in holidays with their caregiver families where relevant.	People living with care giver families may spend most of their time in the family home, even when they may choose to be more involved in the local community. The setting's remote location or limited transport links make it difficult for them to get out and about either independently or with support. They are less able to benefit from the opportunities provided by a diversity of relationships or membership of groups and networks
When in education, people living in care giver families receive individually tailored support to engage fully in learning, and maximise attainment as well as attendance. This may include extra tuition or individual tuition. Where challenges or barriers exist, caregiver families and staff successfully champion the right to a high quality, inclusive education. People living within caregiver families making a transition from one education setting to another, receive high quality, planned support to do so successfully. When they leave school or college, they receive support to move to positive and sustained destinations. Being meaningfully engaged in education, work or planned activities is the norm for everyone living within a caregiver family. With the support of their care giver families, at the right time and pace, people develop a wide range of life skills. These promote confidence and help them to get the most out of life. There is a culture of ambition and celebration when people living within caregiver families strive for and achieve success, and these are used to build optimism and foster further progress. This ambition extends to caregiver families who embark on ongoing learning and development to support them to provide therapeutic family environments for the people they look after.	When in education people are disadvantaged because there is no perceived value placed on learning or the support they receive is limited or takes little account of individual needs or strengths. School and college attendance is low or people receive limited targeted support for successful learning and may fall behind. They are not enabled to play a full part in school life. There is limited collaboration with schools and other learning providers to help reduce the impact of adverse experiences or overcome stigma. People and their caregiver families have low expectations about what they should aspire to and can achieve. There is a lack of clarity about what is available or what is expected. They feel they do not receive enough encouragement to reach their potential and the quality of learning resources is stale and uninteresting. People living in caregiver families have limited opportunities to practise the skills they will need in adulthood or to live interdependently. There is an over-emphasis on them achieving "independence" rather than living interdependently. Learning and development programmes for care giver families are service-led or based on what is already available rather than the development of suitable, individualised approaches to learning needs.

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People living within caregiver families are kept safe both emotionally and physically. This includes caregiver families ensuring that people can access the internet and social media safely. Caregiver families benefit from staff supporting them to identify any concerns early and to take action to support the people in their care. Caregiver families are encouraged to actively engage and work in partnership with other agencies. The service fully implements national guidance and best practice in child and adult protection, including sexual exploitation and challenges decision making if necessary or appropriate. People living within caregiver families are supported by their caregiver family to develop the skills and knowledge they need to understand risk, make informed decisions and make their lives as safe as possible. Adults understand their right to make choices and take informed personal risk. People living within caregiver families always have access to responsible people outside the service or in other organisations, who consistently act in their best interests and provide additional support and safeguards. People living within caregiver families are confident that their caregiver family will be supported by staff to recognise and effectively challenge all forms of bullying, including prejudice-based bullying. Caregiver families benefit from staff who support them during times of difficulty including where allegations have been made against them.	Children, young people and adult's safety and wellbeing, and the extent to which they feel protected, may be compromised by a failure to identify and respond to indicators of concern. The needs of those with disabilities or who are less able to communicate their experiences do not receive enough attention. People who live in caregiver families may not feel involved in, or well-informed about decisions that are made about their protection. People living in caregiver families do not learn how to promote their own safety and wellbeing. Networks of support for children, young people and vulnerable adults outside the home are limited and do not provide the additional safeguards required. Children, young people and adults experience bullying or may be hurt, feel threatened, afraid or excluded. Their wellbeing is affected by insensitive or inconsistent responses when bullying occurs. The service does not have a preventative approach to bullying.

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
• Speak with people living in caregiver families, family members, visitors, staff, managers and other professionals. • Observe staff practice and interaction with people who use the service.	Stand up for Siblings (web resource): Go Outdoors! Guidance and good practice on encouraging outdoor activities in residential child care (SIRCC, SCCYP and Scottish Government): Care About Physical Activity The Keys to Life

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• Review people's suggestions, comments and requests and how the service responds. • Examine people's records, including assessments, plans and reviews, and the extent to which they demonstrate they are safe, active, achieving, respected and responsible. • Review the effectiveness of support for young people to attend school, college or work. Consider how the service supports wider learning and achievement outside the formal education setting. • Consider the relevance, variety and quality of caregiver learning and development and adherence to core training requirements • Review relevant policies and procedures, child protection records, incident records, staff and caregiver training and their understanding of their responsibilities. • Consider people's access to protective adults and supports outside the home.	Information resources on person centred practice Disability rights uk – doing sports differently Promoting excellence in dementia care Arts in Care Learning in Care (Education Scotland and Care Inspectorate): Celebrating Success: What helps looked after children succeed (SWIA): National Guidance for Child Protection in Scotland (Scottish Government): Child Sexual Exploitation: Definition and Practitioner Briefing Paper (Scottish Government): Practice Guide: supporting professionals to meet the needs of young people with learning disabilities who experience, or are at risk of, child sexual exploitation National Guidance for Child Protection in Scotland: additional notes for practitioners: protecting disabled children from abuse and neglect (Scottish Government): National Missing Persons Framework for Scotland (Scottish Government):: On Risk (IRISS): Scotland Works for You Guidance Pack (Scotland Works for You):

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Quality Indicator 1.3: People's health benefits from the care and support they experience

Key areas include the extent to people living in caregiver families:

- experience care and support based on relevant research, guidance, standards and good practice
- have the highest attainable standards of physical and mental health
- have good nutrition, enjoy their food and learn about healthy eating.

Quality Illustrations

Very Good	Weak
People living in care giver families thrive, develop a strong sense of identify and positive mental health. This is supported by stable living situations, positive relationships with caregivers and appropriate timely, supportive interventions. Where appropriate, people living within care giver families are supported to understand their history in an age appropriate manner. Staff support and equip care giver families, to share information sensitively and creatively with people about their lifestory. Information about their origins is available to children and young people, currently and in the future as their understanding matures. People living in caregiver families consistently experience care and support that reflects their developmental stage and needs, and is nurturing, attachment-based and trauma aware. A range of credible, high-quality interventions enables them to develop emotional regulation, resilience and self-esteem. Their capacity for growth and change is recognised and promoted. Where caregiver families experience difficulty, staff actively listen and involve them in planning responsive, tailored, timely interventions to support stability. People living in caregiver families benefit from a positive and enabling culture which allows them to cope with distress and frustration and resolve conflict in a safe and healthy way. Staff support caregiver families to make early and effective use of strategies for preventing escalation of harmful or challenging behaviour.	People living in caregiver families have their emotional development compromised by a lack of stable, secure attachments with adults. They may feel that consequences are used inconsistently or arbitrarily or receive a message that being valued and loved is conditional on their behaviour. The care and support they experience is driven by processes or tasks or are at a basic level. Support for them to maintain, re-establish or repair family and other significant relationships is lacking. People experience a number of moves due to caregiving families being ill prepared and ill equipped to support their needs. Children and young people's sense of identity is compromised by a lack of information about their history, and a lack of priority or a lack of skill and creativity in engaging with them.

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People receive high quality support when they experience significant changes in their lives, including loss and bereavement.	
All people being supported by the service are as healthy as possible. They benefit from comprehensive, holistic health assessments and primary and specialist healthcare. There are a range of opportunities which promote health education, including sexual health. Where necessary and with support, they make best use of the right technology and specialist equipment. People living in caregiver families affected by disability or a long-term illness or condition, enjoy as full a life as possible. There is a continuous review of their needs. Caregiver families support the people they care for to be well-informed about how to lead a healthy lifestyle, including health promotion activities. They are enabled and encouraged to make informed health and lifestyle choices by adults who are positive role models. Daily routines and structures, including good sleep patterns, support their health and wellbeing. Positive mental health is a high priority for all people living within caregiver families. This might include the use of a range of credible self-help strategies for relaxation and stress-reduction. Those with additional mental health needs benefit from the support of skilled, informed and confident caregiver families and staff. They have timely access to appropriate specialist services for support in recovering from trauma, abuse and neglect. Where challenges exist, staff and caregiver families advocate persistently on their behalf. Children and young people benefit from safe and robust management of medication in line with legislation and good practice. If they are able and choose to do so, they are supported to safely manage some or all aspects of their own medication. Children and young people's lives are enhanced by being around and caring for animals. This may include having pets.	The service is not proactive when there are unmet needs or delays, or when healthcare is disjointed. Information about their health needs may not be up to date at the point of moving to live with the care giver family which compromises their caregiver family's ability to make decisions about or to meet these health needs. Heath information is not up to date and made available when they move on. Children, young people and adults have limited opportunities to develop an understanding of what contributes to a healthy lifestyle. Their right to have their views taken into account and make informed decisions about their healthcare are not respected. The service does not have a robust, preventive approach to children, young people and adult's mental health. Lack of access to specialist intervention or effective advocacy may compromise their health, wellbeing or recovery.
People living with caregiver families benefit from a tasty, varied and well-balanced diet that promotes their health and wellbeing and a	People living with caregiver families report a diet which lacks variety and balance. They may have limited choice or receive little of the food they

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positive body image. Food practices in the family contribute to them feeling nurtured, provide social experiences and instil a sense of belonging. There is a proactive approach to meeting their cultural and dietary needs and preferences. Children, young people and adults play an active role in family life and are fully involved in a range of activities such as menu planning, the family shop, and preparing meals where appropriate. They acquire the necessary practical skills and knowledge for life, to look after their food and dietary needs including food safety.	enjoy. They do not benefit from the important social aspects of sharing food and eating together. Food practices may be insensitive and do not take into account their previous experiences of food or their cultural and medical needs.

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
Discussions with: • people living in caregiver families • the manager and staff • Caregiver families • child/young person/adults social worker/care manager • parents • other professionals Observation of interactions between caregiver families and people being cared for. Review: • children and young people's records including contact records, carer supervision records, life story work, risk assessments, reviews and evaluations • records of young people's meeting (if applicable • records of complaints, accidents and incidents, including restraint • relevant policies and procedures including medication • carer training records on meeting the physical and emotional health needs of people and promoting healthy lifestyles • staff training records on meeting the physical and emotional health needs of people and promoting healthy lifestyles	A Guide to Youth Justice in Scotland: Policy, Practice and Legislation: Section 3: Theory and Methods (CYCJ): http://www.cycj.org.uk/resource/youth-justice-in-scotland-guide/ Life Story information Guidance on Health Assessments for Looked After Children and Young People in Scotland (Scottish Government): https://www.gov.scot/publications/guidance-health-assessments-looked-children-scotland/ Practice Guide: Suicide Prevention for Looked After Children and Young People (Care Inspectorate): https://hub.careinspectorate.com/media/1630/suicide-prevention-for-looked-after-children-and-young-people.pdf Transforming Psychological Trauma: A knowledge and skills framework for the Scottish Workforce National Health and Wellbeing Outcomes (Scottish Government) Mental Health Strategy for Scotland Notifications about Controlled Drugs: Guidance for Providers (Care Inspectorate): https://hub.careinspectorate.com/media/1566/notifications-about-controlled-drugs-guidance-for-providers.pdf

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	Safe Administration of Medication: Modules 1-3 (SSSC): http://learn.sssc.uk.com/sam/ Animal Magic: The benefits of being around and caring for animals across care settings (Care Inspectorate): http://www.careinspectorate.com/images/documents/4476/Animal%20Magic_2018.pdf Insights: Children, Food and Care (IRISS): https://www.iriss.org.uk/resources/insights/children-food-and-care Food for Thought SCLD Healthy eating, health living pack Eating Well for Looked after Children and Young People (Caroline Walker Trust): https://www.cwt.org.uk/wpcontent/uploads/2014/07/EatingWellChildren2001.pdf Holding Safely: A Guide for Residential Child Care Practitioners and Managers about Restraining Children and Young People (SIRCC): https://hub.careinspectorate.com/media/1213/holding-safely-a-guide-for-residential-child-care-practitioners-and-managers.pdf Insights: Trauma Sensitive Practice with Children in Care (IRISS): https://www.iriss.org.uk/resources/insights/trauma-sensitive-practice-children-care Insights: Attachment-informed Practice with Looked after Children and Young People (IRISS): https://www.iriss.org.uk/resources/insights/attachment-informed-practice-looked-after-children-young-people Insights: Supporting Positive Relationships for Children and Young People who have Experience of Care (IRISS): https://www.iriss.org.uk/resources/insights/supporting-positive-relationships-children-young-people-experience-care Leading for Outcomes (IRISS): https://www.iriss.org.uk/sites/default/files/iriss_leading_for_outcomes_a_guide_final-1.pdf

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Quality Indicator 1.4: People get the service that is right for them

Key areas include the extent to which people:

- are involved in a comprehensive assessment of their holistic needs
- exercise choice in the care and support they experience
- experience high quality care and support at all times.

Quality Illustrations

Very Good	Weak
Caregiver families are comprehensively assessed to ensure they have the capacity to meet the needs of the children, young people and adults they are caring for. The conclusions of the assessment are evidence based and support clear recommendations with regard to the carer strengths and potential vulnerabilities. Children, young people and adult's views and choices are central to a comprehensive assessment of their needs. Staff creatively seek the views of children or adults where communication is compromised due to age or disability and decisions reflect the needs of the people involved. Where children and young people are in need of permanent alternative care, assessments are completed without unnecessary delay. Any delays are identified by the service who advocate on behalf of the children and young people. Everyone using the service has the support they need to be fully involved in reviews of the quality of care being provided and future planning. This includes any review of the caregiver family or the child, young person or adult living in the caregiver's family. Assessment and reviews always involve all key partners, including family members, carers, representatives and professionals.	The assessment and review process lacks clear conclusions or planning. Approval ranges for caregiver families are informed by the service's need for resources rather the skills and experience of the carer family. Training needs are likely to be identified from existing training provided rather than what is needed. This compromises the ability of caregiver families to provide stable, nurturing care for people who need family care. Children and young people experience significant delays in planning for permanence and this is likely to significantly adversely impact on their childhood and stability.
Young people and adults receive meaningful support to enable them to be full and active partners in how their choices and needs are met. They are well-informed about and understand the reasons for any decisions affecting their lives.	Decisions about young people's care and support may be service-led or based on what is already available rather than the development of suitable, individualised responses. Their changing needs and preferences are not taken into account.

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People being supported by the service benefit from strong links between the service provider, commissioners and the health and social care partnership to ensure that their care and support needs are fully met. Decisions are strongly informed by the matching of the needs of the person requiring family care and the capacity of the caregiver family to meet those needs. Strengths and potential vulnerabilities are recognised and supports put in place to address these. The needs of those already living in the family are fully considered, and they experience minimal disruption as a result of someone new joining the family. Wherever possible, children, young people, and adults have sufficient time and support to visit the caregiver family prior to moving to live there. Children, young people and adults benefit from well-managed and positive pathways and transitions throughout their care experience. Their care and support is enhanced by creative solutions to conflicts and challenges and adapts to their changing needs and circumstances. Where relevant, they are well-informed about continuing care and related rights. The service ensures that young people have been involved in the development of a comprehensive welfare assessment to support their current and future needs. They are encouraged and enabled to remain in their care setting for as long as possible, and until they wish and feel ready to move on. Where relevant, children and young people are full partners in regular reviews of their progress. When the time is right, and with their active involvement, there is a coordinated and planned approach to looking at suitable alternatives to their care and support. In addition to high quality practical and emotional support when they have left care, children and young people benefit from continuity of relationships with the people who matter to them. If children and young people will eventually require the support of adult services, the process of consultation, assessment and planning begins well in advance. There is a strongly collaborative approach between children's and adults' services, in which they are	The security and wellbeing of people living in caregiver families are compromised by poor planning around new people joining the family. These may be crises led or short notice arrangements where little thought has been given to people already living in the family. The caregiver family do not have access to the full range of information to allow them to meet people's needs. Children and young people wish to 'stay put' but feel unable to do so. They have limited access to independent advice about their options. Decisions may be based on monetary considerations rather than what is best for the child, young person or adult. When they leave their care setting, young people experience unnecessary disruption in their lives and in key relationships. They may feel unprepared or lacking in the support they need to sustain them at this critical time.

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fully involved at all stages. The transition is implemented at a pace that suits them and reflects best practice.	

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**

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Discussions with: • people living in caregiver families • the manager and staff • Caregiver families • child/young person/adults social worker/care manager • parents • other professionals Observation of interactions between caregiver families and people being cared for. Review: • people's records including assessment reports, panel minutes, contact records, carer supervision records, risk assessments, reviews and evaluations • Welcome and introductory information for caregiver families and people living with caregiver families • relevant policies and procedures including referrals and admissions	Children and Young People (Scotland) Act (2014): Guidance on Part 11: Continuing Care (Scottish Government): https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2016/11/guidance-part-11-continuing-care-children-young-people-scotland-act/documents/00509205-pdf/00509205-pdf/govscot%3Adocument Children and Young People (Scotland) Act (2014): Guidance on Part 10: Aftercare (Scottish Government): https://hub.careinspectorate.com/media/1136/children-and-young-people-scotland-act-2014-guidance-on-part-10-aftercare.pdf The Scottish Care Leavers Covenant: https://www.staf.scot/scottish-care-leavers-covenant Continuing Care and Co: Conversation Openers: https://www.iriss.org.uk/sites/default/files/2018-04/continuing-care-co-web.pdf Inform: The Children and Young People (Scotland) Act 2014: Parts 10 and 11 (Aftercare and Continuing Care): https://www.celcis.org/files/9114/3878/4824/Inform__Children_Young_People_Act_Part_10-11.pdf Practice Guide to Chronologies (Care Inspectorate): http://hub.careinspectorate.com/search/?s=practice+guide+to+chronologies&type=0&view=0&ord=0 Creating a Tobacco Free Culture (Care Inspectorate and ASH Scotland): http://hub.careinspectorate.com/media/515579/creating-a-tobacco-free-culture_guidance-for-providers-of-residential-care-for-cyp.pdf Principles of Good Transitions 3 (Scottish Transitions Forum), including the autism and life shortening conditions supplements, can be found at: https://scottishtransitions.org.uk/blank/wp-content/uploads/2018/01/Principles-of-Good-Transition-CHAS-2017-supplement-Final.pdf

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Key question: 2

How good is our leadership?

This key question has four quality indicators associated with it. They are:

2.1. Vision and values positively inform practice

2.2. Quality assurance and improvement is led well

2.3. Leaders collaborate to support people

2.4. Staff are led well

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Quality Indicator 2.1: Vision and values inform practice

Key areas include the extent to which:

- vision, values, aims and objectives are clear and inform practice
- innovation is supported
- leaders lead by example and role model positive behaviour.

Quality Illustrations

Very Good	Weak
The vision, aims and values are clear, understood by all, fully implemented and embedded in the culture of the service. They are inspiring, inclusive and embrace equality. Leaders are ambitious in actively seeking to achieve the best possible outcomes for the people using the service. People being supported by the service and staff contribute to any review of the service's aims and objectives, which strongly inform the way in which care and support is provided and experienced.	The vision for the service lacks clarity or collective ownership and does not focus sufficiently on improving outcomes. An inclusive, rights-led and personal outcomes approach is not fully embedded in the culture and systems of practice. Staff have limited awareness of the service's ethos, values and aims.
The culture encourages and supports creative contributions from people using the service, staff and other stakeholders. Care and support is person-centred and fosters a culture of positive and informed risk-taking. Leaders and staff respect human rights and embrace the service's vision, values and aims to ensure these are met.	Where improvements are needed, there is limited strategic or innovative thinking. The management culture is focused on organisational goals, which are prioritised over the needs of people using the service. Staff do not feel confident about making suggestions or implementing improvements. They do not adapt practice and tailor care and support in order to meet people's needs and wishes.
Leaders ensure that the culture is supportive, inclusive and respectful, confidently steering the service through challenges. They are visible role models and guide the service's strategic direction and the pace of change. Distributed leadership is developed at all levels to support stability during times of change and staff turnover	Leadership is weak or lacks stability, energy or effectiveness. Shared leadership is not in evidence. There may be a blame culture. Leaders may not be sufficiently well known to either people being supported by the service or staff.

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
Discussions with: • people using the service • managers and staff • parents and carers • stakeholders	Step into Leadership (SSSC): http://www.stepintoleadership.info/frontline_questions.html Insights: Achieving Effective Supervision (IRISS):

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• Observation of staff practice and interactions Review: • statement of aims and objectives/vision • participation records • risk assessments • evidence of shared leadership.	https://www.iriss.org.uk/resources/insights/achieving-effective-supervision Supervision learning resource (SSSC): http://www.stepintoleadership.info/assets/pdf/SSSC-Supervision-learning-resource-Sept-16.pdf

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Quality Indicator 2.2: Quality assurance and improvement are led well

Key areas include the extent to which:

- Quality assurance, including self-evaluation and improvement planning, drives change and improvement
- leaders are responsive to feedback and use learning to improve
- leaders have the skills and capacity to oversee improvement.

Quality Illustrations

Very Good	Weak
There is continuous, robust evaluation of people's outcomes and experiences to ensure they receive the best possible care and support. Quality assurance also leads to improved inputs and processes for delivering the service. People's views are central to the process of evaluation and they are well-informed about any changes. Leaders ensure that all staff have a meaningful role in comprehensive quality assurance activity. This leads to the development of a dynamic improvement plan which is continuously evaluated and successfully drives the future direction of the service. This process is well-managed, with research and best practice used to benchmark measurable outcomes. Senior managers are clear about their roles and responsibilities and act as champions for people who are supported by the service. They play a key role in monitoring the quality of their experiences, safeguarding and promoting positive outcomes. They also provide strong support for the manager and effective links with the provider. Panel members are appropriately recruited, trained, supervised and supported. They are appropriately skilled and experienced to provide professional advice, guidance and challenge to the service in relation to how people experience the service and decision making. The Agency Decision Maker role is well defined and provides a clear overview of decision making.	There are some systems in place to monitor aspects of service delivery and impact but they may be disorganised or haphazard. There is a lack of clarity about roles and responsibilities. Quality assurance processes, including self-evaluation and improvement plans, are ineffective. The approaches used do not allow accurate assessment of performance or have effective review arrangements to assess the likely impact of any planned improvements. Staff and people's contribution to quality assurance is minimal or peripheral. They have limited awareness of the methods used or the intended outcomes. There is a lack of external oversight to support good quality practice and outcomes. People being supported by the service may not know what the external oversight arrangements are or rarely have opportunities to share their views at that level. External leaders' lack of contact with and knowledge about the service make them less effective in providing additional safeguards and assurance. Panels and the Agency Decision Maker provide little helpful input to the service. They may accept all recommendations with little challenge. Decision making is poorly recorded.
People being supported by the service are well-informed about the standards they should expect from the service. There is a culture of learning within the service which genuinely values the	Leaders fail to motivate staff and others to contribute to positive change. Lack of information regarding the rationale for improvement may inhibit change. Changes may

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voices of people being supported. People who use the service feel empowered to give feedback and raise concerns. They know their views are valued, inform future planning and will be acted on promptly without negative consequences. Where things go wrong with a person's care and support, or their human rights are not respected, leaders learn from this and offer a genuine apology. Reflecting on complaints, concerns and significant events is fully embedded in the service and leads to improvement.	happen as the result of crisis management rather than through robust quality assurance. People are not encouraged to have high expectations of their care and support, are unsure how to raise concerns, or do not feel supported to do so. If complaints and concerns are upheld, or mistakes are made, there is limited learning to drive sustained and meaningful change.
Leaders know what is working well and what needs to improve. They communicate this effectively to staff. They ensure that the needs and wishes of people being supported by the service are the primary drivers for change. Leaders at all levels successfully direct and support improvement activities and are confident about where to obtain support and guidance. The pace of change reflects the improvements needed. The culture and leadership of the service allows caregiver families and staff to nurture relationships with the people they care for.	There is insufficient capacity to support improvement activities effectively or to embed change. The pace of change may be too slow or is unsustainable.

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
Discussions with: • people who use the service • parents and carers • managers and staff • stakeholders Review: • quality assurance records • self-evaluation records and improvement plan • records of complaints and incidents • Feedback from people who use the service	The Model for Improvement and associated resources: http://hub.careinspectorate.com/improvement/ Organisational Duty of Candour (Scottish Government): https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2018/03/organisational-duty-candour-guidance/documents/00533470-pdf/00533470-pdf/govscot%3Adocument National Occupational Standards (NOS) http://learn.sssc.uk.com/nos/about.html EFQM Excellence model Learning from adverse events through reporting and review. A national framework for Scotland 2015

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Quality Indicator 2.3: Leaders collaborate to support people.

Key areas include the extent to which:

- leaders understand the roles and responsibilities of other partners
- services work in partnership with others to secure the best outcomes for people being supported by the service
- leaders oversee effective transitions for people.

Quality Illustrations

Very Good	Weak
Leaders have a sound knowledge of the key roles and responsibilities of their own and partner agencies. Effective partnership working is facilitated by a clear strategy, including sharing of relevant information, policies and procedures. Leaders confidently work across boundaries and overcoming barriers between different agencies and organisations to enable people to benefit from effective multi-agency support. A culture of joint responsibility and decision-making helps create a positive climate. Leaders recognise the benefits of sharing ideas and successes both within the service and further afield. Leaders ensure that services are delivered efficiently and effectively. They monitor the effectiveness of joint work with other providers and agencies.	Leaders lack understanding of how people may benefit from the involvement of external organisations. They do not ensure that care and support is provided collaboratively. There is an absence of strategy and guidance to inform this approach. Leaders lack the knowledge, skills and confidence to access and harness additional or specialist support and expertise.
Where people are supported by more than one organisation, they benefit from all of them working together effectively. This includes sharing information appropriately and coordinating care and support so that they experience consistency and continuity. Where information is being shared between agencies for specific purposes, consent is obtained except where to do so is likely to cause harm.	Communication with partners is ineffective. Progress is constrained by leaders being unclear about the principles of consent and information sharing. Leaders do not implement learning from other organisations to influence and improve the services they provide.
Leaders ensure that commissioned services are delivered efficiently and effectively and are satisfied that caregiver families can meet the needs of children, young people and adults who are planning to live with them. There are clear processes in place to support people who are moving on and the service is fully	There are no or poorly managed commissioning arrangements in place meaning that positive outcomes for people are compromised. Transition processes are experienced as disconnected and complex. For young people

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engaged in discussing and supporting positive destinations.	this might mean they are constrained in their ability to move on to adulthood by difficulties in accessing suitable services such as mental health and wellbeing services and housing options. This results in uncertainty or distress.

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
Discussions with: • people using the service • parents and carers • managers and staff • stakeholders • Observation of staff practice and interactions Review: • children and young people's records for evidence of inter-agency working • information sharing policy and practice.	Step into Leadership (SSSC): http://www.stepintoleadership.info/frontline_questions.html Information Commissioner's Guide to data protection including GDPR

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Quality Indicator 2.4: Staff are led well

Key areas include the extent to which:

- leaders at all levels make effective decisions about staff and resources
- leaders at all levels empower staff to support people
- leadership has a positive impact on staff.

Quality Illustrations	
Very Good	**Weak**
Leaders engage meaningfully with staff, people being supported by the service, their families and others, taking a collaborative approach to planning and delivering care and support. They are skilled at identifying and delivering what is needed to provide the best care, support and protection. They understand any limitations the service may have.	Leaders do not anticipate the type and level of resources needed for people or identify potential barriers. This has a detrimental impact and fails to prevent difficulties arising or escalating. There is a lack of vision and creativity in identifying resources or interventions which meet the unique needs of each individual.
Leaders model a team approach, encouraging and appreciating the contributions and expertise of others. By listening to others' ideas and respecting different perspectives, they promote a supportive, learning culture in which it is safe to challenge. They recognise that people are often experts in identifying their own needs and encourage staff to adopt this approach. Leaders ensure equality of opportunity both among staff and for people supported by the service. They use successes as catalysts for further improvement in the quality of each individual's outcomes and experiences.	Staff are not empowered to help identify solutions for the benefit of people being supported by the service. Leaders do not always engage staff, leading to confusion and a lack of clarity of roles and responsibilities. The service may have a culture of blame. Communication and direction are lacking, and the steps required to make improvements are not sufficiently detailed. The rationale for change is not always clear to staff, and this has a negative impact people's experience. Equality and inclusion are not embedded within policies, procedures and plans. There is a lack of understanding of staff and caregiver's role in delivering high quality care and support.
Leaders adapt their leadership style to help motivate staff to deliver high quality care and support. They promote a good work-life balance which has a positive impact on both staff and people being supported by the service.	Opportunities for staff to use their initiative, take responsibility and influence change are limited. They seldom adopt leadership roles. The extent to which professional learning is linked to organisational priorities is limited. Staff may work in isolation rather than as part of a team with shared responsibilities.

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
Discussions with:	Step into Leadership (SSSC):

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• people using the service • parents and carers • managers and staff • stakeholders Review: • service improvement plan • quality assurance policy, procedure, practice and outcomes • staff learning and development records • staff supervision and appraisal records.	http://www.stepintoleadership.info/frontline_questions.html

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Key question: 3

How good is our staff team?

This key question has three quality indicators associated with it. They are:

3.1. Staff have been recruited well

3.2. Staff have the right knowledge, competence and development to care for and support people being supported by the service.

3.3. Staffing levels and mix meet people's needs, with staff working well together

We are considering staff employed by the service. Not carers or panel members. Carer recruitment is under 1.4 Panel member recruitment is under 2.2

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Quality Indicator 3.1: Staff have been recruited well

Key areas include the extent to which:

- the service implements safer recruitment principles and practice
- recruitment and induction reflect the needs of people experiencing the care
- induction is tailored to the training needs and roles and responsibilities of individual staff member.

Quality Illustrations

Very Good	Weak
Recruitment and selection is informed by national guidance and best practice. There is a strong emphasis on values-based recruitment. High quality recruitment information including contractual agreements ensure that candidates are fully aware of the conduct, capabilities and qualities that are required of them. The process is well-organised and documented so that core elements of the procedure are followed consistently. Staff are appointed and start work only after all pre-employment checks have been concluded. People being supported by the service have opportunities and the necessary support to be actively involved in recruitment and selection. This is done in a meaningful and appropriate way which takes their expertise and views into account.	There is insufficient understanding of the principles and practices of safer recruitment and the part they play in preventing unsuitable people from entering the workforce. This may lead to key elements of the process not being fully implemented, even when good quality recruitment policies are in place. Recruitment and selection is not informed or enhanced by people's views and active involvement.
The skills, knowledge and values of the staff being recruited reflect the needs of the people being supported by the service There is a clear link with the service's aims and objectives.	The service may not fully understand the essential characteristics required by staff. New staff may therefore not have the appropriate attitudes and values or the potential to gain the necessary knowledge and skills to support high quality outcomes.
All staff take part in a thorough, comprehensive, well-planned induction that has been developed to ensure they are able to perform their work to a high standard. This includes significant emphasis on implementing the Health and Social Care Standards and other research and good practice including the Independent Care Review. The pace and length of induction ensures that staff become familiar with expectations and demonstrate competence in all key areas. There is sufficient flexibility to take into account individual learning needs and styles.	Induction provides limited opportunities for genuine learning. There is no expectation that staff will perform to a required standard and demonstrate potential for continuous development. Induction policies, procedures, guidelines and structures of support do not provide an adequate framework for new staff to develop confidence in their new role. There may be a lack of clarity about their role or the provider's responsibilities for promoting their development. Formal supervision is limited and there is no shared understanding of next steps.

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A variety of induction methods is likely to be used. Staff are clear about their roles and responsibilities and conditions of employment. They have written information to which they can refer and a named member of staff for support. There is additional supervision during the induction and probationary period. This allows them to receive the necessary opportunities to discuss learning needs or other issues. People who are supported by the service are enabled to contribute their views to the evaluation of staff performance during the induction phase.	

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
Discussions with: • people being supported by the service • the manager and staff (including new staff) • parents and carers • visitors • other professionals. Review: • recruitment and induction policy and procedure • recruitment and selection and induction records • analysis of staff skills • staff turnover information and action plan. •	Safer Recruitment Through Better Recruitment (SSSC and Care Inspectorate): http://hub.careinspectorate.com/knowledge/safer-recruitment Further information and a range of resources can be found at: https://www.sssc.uk.com/ The National Health and Social Care Workforce Plan: https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/ Independent Care Review

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Quality Indicator 3.2: Staff have the right knowledge, competence and development to support people being supported by the service

Key areas include the extent to which:

- staff competence and practice lead to improving outcomes for people
- staff learning and development lead to improving outcomes for people
- staff practice is supported and improved through effective support, supervision and appraisal.

Quality Illustrations

Very Good	**Weak**
Staff practice strongly reflects the values and principles of the Health and Social Standards and relevant professional codes. Staff consistently form enduring, trusting and genuine relationships with people being supported by the service. They use their authority appropriately and are highly skilled in supporting caregiver families to manage challenging situations such as resolving conflict. Staff are empowered and equipped to deliver the best quality practical and emotional care and support. Their competence is regularly assessed to ensure that learning and development strategies support the highest quality outcomes and experiences.	Staff may be registered with relevant professional bodies but lack understanding of and commitment to what is expected of them. Staff adopt an overly procedural approach to their work, which is not based on relationships and values. They may have limited understanding of the symptoms of trauma or the impact of adversity on people's life experiences. Arrangements for assessing staff practice are under-developed. There is limited support for staff to reflect or for identifying and meeting learning needs.
There is a strong culture of reflection and learning in the service. Staff have high quality learning opportunities based on research evidence and good practice. These are regularly evaluated to meet changing needs. The needs of people being supported by the service influence staff development and training and they may be directly involved in its delivery. There is a range of approaches to learning, including the opportunity for group and face-to-face training, staff coaching, mentoring and peer review. A clear structure of training and learning and development is in place for each staff role and all staff have individual plans. They consistently implement their learning to provide high quality care and support. Staff fulfil their responsibilities for continuous professional development and for meeting any registration requirements.	Continuous learning has a low priority in the service. There is limited access to best practice and research or opportunities to ensure knowledge is consolidated and embedded into practice. Learning opportunities lack breadth and scope, with little reference to values and codes. There is no effective training analysis for the service or individual staff. This means the plan for training is static and may not reflect people's needs. Staff do not take sufficient responsibility for their own learning and development or for reporting misconduct or unsafe working practices. They have few opportunities for exercising autonomy, using their initiative or developing leadership skills.

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Staff benefit from a framework of support which reflects the demanding nature of their work and promotes high quality, sensitive care and support. Regular, high quality supervision and appraisal are used constructively by staff. These contribute to their professional development and enable them to become competent, confident and reflective practitioners. Supervision and appraisal inform the development of the service's staff skills analysis and training plan. The views of children, young people, adults and their caregiver families inform and enhance the quality of supervision and appraisal.	Insufficient attention is paid to staff self-care and support. As a result, they may regularly experience stress, or their ability to manage setbacks and challenges and promote attuned care and support is compromised. Supervision takes place infrequently or is given insufficient priority as a key element of a staff support and development framework. It is limited in its breadth and scope and provides few opportunities for reflection. Supervisors and staff are unclear about the purpose and principles of professional supervision. Records do not reflect discussion and decision-making. Systems for identifying and meeting learning needs are not robust enough and result in gaps remaining unfilled. The potential for children, young people, adults and their caregiver families to contribute their views to the staff support and development process is not recognised.

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
Discussions with: • caregiver families, children, young people and adults • the manager and staff • parents and carers • visitors • other professionals. Review of: • training analysis, plans and records • records of observation of staff practice • records of supervision and appraisal • disciplinary records • staff support/learning and development policies and procedures • system for monitoring staff registration.	Codes of Practice for Social Service Workers and Employers (SSSC): https://www.sssc.uk.com/knowledgebase/article/KA-02412/en-us The Framework for Continuous Learning in Social Services (SSSC): http://www.continuouslearningframework.com/ Common Core Skills and National Occupational Standards (SSSC): http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=83 Insights: Achieving Effective Supervision (IRISS): https://www.iriss.org.uk/resources/insights/achieving-effective-supervision Supervision learning resource (SSSC): http://www.stepintoleadership.info/assets/pdf/SSSC-Supervision-learning-resource-Sept-16.pdf Supporting psychological wellbeing in adults with learning disabilities – an educational framework on psychological interventions. https://www.nes.scot.nhs.uk/media/4148312/LDFrameworkPDF.pdf

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Quality Indicator 3.3: Staffing arrangements are right and staff work well together

Key areas include the extent to which:

- there is an effective process for assessing how many staff or staff hours are needed
- the skill mix, numbers and deployment of staff meet people's needs
- staff are flexible and support each other to work as a team to benefit people.

Quality Illustrations

Very Good	Weak
A process of assessment determines the numbers, experience, qualifications and skill mix of staff required within the service to promote positive outcomes. It takes into account the level of workload, the complexity of the task, the recruitment of caregiver families, the overseeing and delivery of learning and development for caregiver families, and a range of other factors.	The number of staff or staff hours being deployed does not reflect changing needs within the service. There is an over-reliance on agency or sessional staff, or caseloads are continually changing between staff. This leads to people being supported by the service experiencing a lack of consistency and stability in how their support is provided and limits their ability to build trusting relationships with staff.
Staff have time to provide care and support with compassion, and to spend meaningful time with individual families. Staff are clear about their roles and are deployed effectively. They help each other by being flexible in response to changing situations to ensure care and support is consistent and stable.	There is a minimal number of staff at any one time and this is sometimes insufficient to fully meet diverse needs. Staff frequently work excessive hours or under pressure, leading to some aspects of support being neglected, with negative outcomes. Families perceive staff to be too busy to provide effective support and some activities such as support groups may be cancelled.
Families being supported and staff benefit from a warm atmosphere created by good working relationships, support and mutual respect. There is effective communication between staff, with opportunities to discuss and reflect on their work and how best to improve outcomes for people using the service. High levels of motivation and good team working mean that families experience a team approach to support and feel they can speak to anyone in the team for support or advice. Staff resilience helps to support and guide caregiver families through times of change. There is recognition of the important role played by staff who are not involved in providing direct care for families, for example administration staff. They are empowered to contribute to the	Pressure on staff leads to an over-emphasis on completing designated tasks without regard for the wider needs of either people being supported by the service or colleagues. Care and support is at a basic or superficial level, with little time for meaningful communication and support. Communication and team building may suffer due to lack of time and affect staff motivation and morale. This has a negative impact on families.

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overall support available to families and to build positive relationships with them.	
Staff turnover is minimal and continuously monitored. There is proactive use of a range of methods for retaining skilled and experienced staff so that families benefit from stable, enduring relationships.	There is a lack of understanding of attachment and the importance of continuity of relationships for people. The service does not use targeted actions to address high turnover, based on accurate data and analysis.

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
Discussions with: • caregiver families, children, young people and adults • the manager and staff • parents and carers • visitors • other professionals. Observe staff practice and interaction as a staff team. Review: Assessments of staffing levels (workload capacity)	Records that all Registered Care Services (except Childminding) must keep and Guidance on Notification Reporting (Care Inspectorate): https://hub.careinspectorate.com/media/1601/records-that-all-registered-care-services-except-childminding-must-keep.pdf

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Key question 4: How good is our setting?

Currently not assessed for this service type

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Key question: 5

How well is our care planned?

This key question has two quality indicators:

5.1 Assessment and planning reflects people's needs and wishes

5.2 Parents, carers and family members are involved

Legislation does not require Fostering or Adoption Services to produce personal plans for children, young people or caregiver families. Planning referred to in this section relates to a range of planning processes including:

- ***Fostering Agreements (SSI 2009/210)***
- ***Fostering Placement Agreements (SSI 2009/210)***
- ***Pathway Plans***
- ***Welfare Assessments***
- ***The Child's Plan***

- ***Adoption***
- ***Adoption Support Plans***
- ***Coordination meetings***

- ***Adult Placement services***
- ***Carer agreements***
- ***Placement agreements***
- ***Personal plans***

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Quality Indicator 5.1: Assessment and care planning reflects people's outcomes and wishes

Key areas include the extent to which:

For all services

- people are involved in directing and leading their own care and support.
- all plans are reviewed and updated regularly, and as people's circumstances, needs and desired outcomes change

For fostering services

- the fostering service actively seeks involvement in multi agency planning for children and young people

For adoption services

- the adoption service proactively plans the need for post adoption support services for families

For adult Placement service

- the adult placement service uses personal plans to deliver care and support effectively

Quality Illustrations

Very Good	Weak
For all services: People lead positive, heathy enjoyable and meaningful lives through the implementation of high quality, SMART care planning. People are at the heart of planning for their care and support. They are enabled to lead and direct their development so they feel a real sense of ownership and can clearly recognise their own voice. They receive full support to communicate what their outcomes should be, including advocacy where required. Planning is clearly understood by all involved. Where people are not able to fully express their wishes and preferences, individuals who are important to them or who have legal authority are involved in shaping and directing planning. Where planning is the responsibility of other agencies (such as the child's plan for children and young people using fostering services), the service strongly advocates for and supports the involvement of people being cared for and their caregiver family. The service challenges situations	People have limited involvement in the care and support planning and review process. This means they do not consistently experience care and support in line with their wishes and preferences. When plans conflict with their wishes, there is no clear legal justification, they do not receive a proper explanation and the service fail to advocate on their behalf. Plans and reviews are not routinely made available or provided in an accessible format to children, young people, adults and their representatives.

where people they support are not involved in planning	
For all services: People benefit from planning which is updated and reviewed in processes involving relevant professionals (including independent advocacy). There is high quality evaluation, reflection and recording of people's progress and planning takes account of good practice and people's individual preferences and wishes. Plans are regularly reviewed where appropriate and amended in accordance with their changing needs, circumstances and desired outcomes.	Plans are not reviewed in line with guidance or legislation and services do not take action in respect of this. There is a lack of multi-disciplinary involvement in the care planning and review process and this may compromise its quality. Assessment and evaluation against intended outcomes do not form an integral part of the review process.
For fostering: Very good outcomes are supported by high quality multi-agency planning and individualised safer caring approaches. These are underpinned by a robust assessment of need and risk. People benefit from a dynamic and aspirational approach which consistently informs all aspects of care and support. The service actively seeks and supports multi-agency involvement in the planning process and takes appropriate steps to ensure that all children, young people and their care giver families have appropriate planning in place. Children and young people's records are of a consistently high standard and are informed by rights, values, principles and codes of practice.	Children and young people's wellbeing is compromised by admissions that are inadequately planned. Staff and caregiver families do not have access to the relevant information to allow them to meet their needs. The standard of assessment or planning is weak, with insufficient attention to children, young people's needs, strengths and potential. The quality of their outcomes and experiences may be limited by the low expectations of those involved in planning or plans may be out of date. Leaders do not maintain oversight of the assessment and planning process, and there is a lack of effective quality assurance. Plans are static documents rather than tools to inform care giver families of approaches to care and support. They may not reflect the care and support provided, experienced or needed by children, young people adults or their care giver families.
For adoption: Very good outcomes for families are supported by high quality multi-agency and individualised adoption support planning. This identifies the need for current and future supports. These are underpinned by a robust assessment of need and risk. Adoption Support plans are of a consistently high standard and are informed by rights, values, principles and codes of practice. People benefit from available current and future support which is responsive, timely and	Family stability is compromised by poor quality coordination and planning. Practical and emotional support needs are not available or inadequately anticipated or planned. Poor information exchange means families lack the ability to fully meet their children's needs. The standard of assessment or planning is weak, with insufficient attention paid to the family's strengths and vulnerabilities. Leaders do not maintain oversight of the assessment and planning process, and there is

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creative. This recognises the need to support families to nurture their children throughout their lives and overcome the difficulties that get in the way.	a lack of effective quality assurance. Plans are static documents rather than tools to inform staff practice and approaches to care and support. They may not reflect the care and support provided, experienced or needed by families.
For adult placement: Very good outcomes for families are supported by high quality care and support planning. People, and where relevant, their families are fully involved in developing their personal plans. Strong leadership, staff competence, meaningful involvement and embedded quality assurance and improvement processes support this happening. Care and support planning maximise people's capacity and ability to make choices. This includes the potential for people to reduce the support they receive and to maximise independence.	Personal Plans are basic or static documents and are not routinely used to inform staff practice and approaches to care and support. People may not know whether they have a personal plan, or it may be in a format that is not meaningful to them. The standard of care and support planning is inconsistent and is not supported by the strong leadership, staff competence and quality assurance processes. Personal plans focus entirely on people's needs or a deficit led approach rather than on building an enabling approach based on assets or outcomes.

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**
Speak people being supported by the service, family members, visitors, staff, managers and other professionals. Review children and young people's assessments and planning including (where appropriate) • The child's plan and reviews • Welfare Assessments and reviews • Pathway Plans and reviews • Adoption support plans and reviews • Adoption coordination planning • personal plans and reviews. • Foster care agreements • Placement Agreements	Public Services Reform (Scotland) Act 2010, asp 8: https://www.legislation.gov.uk/asp/2010/8/contents Children and Young People (Scotland) Act 2014, asp 8: http://www.legislation.gov.uk/asp/2014/8/contents/enacted The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210: http://www.legislation.gov.uk/ssi/2011/210/pdfs/ssi_20110210_en.pdf Understanding Personal Outcomes (SSSC): http://learn.sssc.uk.com/personal_outcomes/Personal_Outcomes_booklet_p2_FV_GM.pdf A Guide to Youth Justice in Scotland: Policy, Practice and Legislation (Section 3: Theory and Methods) (CYCJ): http://www.cycj.org.uk/resource/youth-justice-in-scotland-guide/ Leading for Outcomes: Children and Young People (IRISS): https://www.iriss.org.uk/sites/default/files/iriss-leading-for-outcomes-children-and-young-people.pdf Further information, advice and evidence on personal outcomes approaches can be found at: www.personaloutcomescollaboration.org

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	My Anticipatory Care Plan (Healthcare Improvement Scotland): https://ihub.scot/media/1982/my-acp.pdf Continuing Care and the Welfare Assessessment: Practice Note

Quality Indicator 5.2: Parents, carers and family members are involved

Key areas include the extent to which:

- parents, carers and family members are involved in delivering care and support
- the views of parents, carers and family members are heard and meaningfully considered.

Quality Illustrations

Very Good	**Weak**
The service is influenced by parents, previous carer families and family members where appropriate. Their views and wishes also strongly inform the individual assessment, planning and review process, even where this challenges previous approaches. Where they have additional communication needs, or English is not a first language, they have ready access to the right services and tools to ensure they are fully included.	Parents, previous carers and family members may feel overlooked or are not given enough encouragement and support to make their views known or contribute to decision-making. The quality of assessments, plans and evaluation may be compromised because insufficient weight is given to their knowledge about what is or is not likely to work for people being cared for.
Where relevant, there is a supportive and inclusive approach to working in partnership with parents, carers and family members in the delivery of care and support. They make suggestions, comments or complaints, knowing that these are always listened to and acted on in an honest and transparent way. Leaders and staff always sensitively manage any conflicts between children, young people, adults and their caregiver families and family members' views and wishes. This shows due regard for consent and other legal considerations. At all times, high expectations and aspirations and the best interests of children, young people, adults and their caregiver families are at the forefront of the way care and support is delivered.	Leaders and staff either seldom engage with people's families or fail to do so in a meaningful way. There are limited ways for parents, carers and family members to be actively involved. Changes to how care and support is provided are rarely made as a result of their involvement. Leaders and staff are not well-informed about who has parental responsibility or other legal powers and may fail to fulfil their legal obligations in relation to information sharing and consent.

Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	**Key improvement resources**

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Speak with children and young people, family members, visitors, staff, managers and other professionals. Review children and young people's assessments, personal plans and reviews. Observe staff working with parents, carers and family members.	Parental rights and responsibilities under Children (Scotland) Act 1995: https://www.legislation.gov.uk/ukpga/1995/36/part/I/crossheading/parental-responsibilities-and-parental-rights Guidance on Looked After Children placed in Residential Establishments – Looked After and Accommodated Children (Scotland) Regulations 2009, Part 9, regs 34 & 35: https://www.gov.scot/publications/guidance-looked-children-scotland-regulations-2009-adoption-children-scotland-act-2007/pages/12/

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