

# Argyll and Bute Council Adoption Service Adoption Service

Social Work Service Centre  
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**Type of inspection:**

Announced (short notice)

**Completed on:**

13 June 2019

**Service provided by:**

Argyll and Bute Council

**Service provider number:**

SP2003003373

**Service no:**

CS2004082322

## About the service

This service has been registered since 2005. The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

Argyll and Bute Council provide an adoption service for children and young people who have been assessed as being in need of adoption. The family placement team comprises of a practice lead and six supervising social workers. They also recruit, assess and support adopters and share time working within Argyll and Bute Fostering Services.

The service headquarters is based in Dunoon, with the family placement team members based in Helensburgh, Dunoon and Lochgilphead with staff supporting fostering households throughout the entirety of Argyll and Bute.

## What people told us

As part of the inspection, we met with 9 adopters who had been assessed and approved by Argyll and Bute Council and spoke with 2 adopters by phone. We met with one infant during a home visit. Two adopters responded to our request to complete a questionnaire prior to the inspection starting.

While we received a range of views, the majority of adopters spoke positively about their experiences, including their participation in preparation groups, the assessment process and their experience of attending panels. They also spoke positively about their supervising social workers, and they valued the knowledge and skills of the staff team.

We acknowledged geographical challenges in terms of providing on going post adoption support to all adopters in Argyll and Bute given the large areas to cover. However, we heard from 4 adopters who had been approved some time ago, that they had found it very difficult to contact the service during times of need, and they were unaware of local support currently available. We discussed this with managers at feedback, please see under 'what the service could do better'

Comments from adopters included the following:

'We were well prepared by Argyll and Bute training sessions and from the information our social worker gave'

'We have always found Argyll and Bute to be responsive to our needs. The financial support has been a crucial factor in meeting our sons educational needs and has changed his life chances'

'We had a change of assessor due to our social worker being off sick, this was unfortunate as we were assessed twice and made the process longer'

'The information provided for xxx has been really good, it has allowed us to make the right decision and find our family'

'I was confident that Argyll and Bute would be there to support us'

'My worker listened carefully to my views and that made me feel valued'

As the findings in this inspection are based on a sample of children and adopters, we cannot assure the quality of service received by every single child in the area in need of care and protection.

## Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection. We looked at the annual return for the year January to December 2019 and the services development plan which was comprehensive and linked to the Health and Social Care Standards.

## From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

## What the service does well

In the cases we tracked, children had experienced positive outcomes within their adoptive families. Adopters informed us that they had received relevant information about children, including details about their health and birth family history. It was evident that children were meeting their developmental milestones, growing in confidence and developing appropriate social skills. As a result, children were attending and sustaining nursery placements and managing daily routines well. Adopters presented to us as having a thorough understanding of their children's needs and demonstrated a patient and nurturing approach to parenting.

The service suitably matched adoptive families with children mainly from the local area. However, when this was not possible they explored the potential to match adoptive families with children using forums such as activity days and adoption exchange days. These approaches help to prevent lengthy waiting times for approved adopters to have a child placed with them. During this Inspection, a very small number of children were waiting to be adopted, and the service were working very hard to find appropriate families.

We were impressed by the recent introduction of 'life appreciation days' designed to enhance the matching process, and ensure that all known information about the child's background and experience was fully shared prior to the child going to live permanently with their new family. All key individuals in the child's life were involved in this process, and discussions were carefully documented. This type of initiative, helps adopters to have a clearer and more detailed picture of the child, and a fuller understanding of the child's life journey.

Adoptive families had the opportunity of gaining support from the skills of a therapeutic social worker when required, and we saw good evidence of this type of support being offered to a traumatised child during this Inspection. Additional input of this type should help to increase the likelihood of placements having longer term success, and reduce the impact of attachment difficulties.

The assessments for prospective adopters which we examined continued to be generally well written with good analysis. The motivation of the applicants to adopt was carefully examined along with the identification of any potential vulnerabilities. When required, the medical advisor for the service would participate in the assessment process by offering an independent opinion on any complex health issue, and we welcomed this robust approach. Second opinion visits were carried out by the manager of the service and the assessing social worker. This gave further assurance to the suitability of potential adopters.

At feedback we discussed how second opinion visits could be further strengthened in relation to independence with managers, who were receptive to this advice.

Post adoption support was provided to adopters four times per year, and took the form of support groups where advice and guidance could be given, alongside training events (provided by Adoption UK) and annual family fun days. The majority of adopters informed us that they found these forums helpful, and in particular they benefited from recent training to help promote positive behaviour. However, several adopters told us that these meetings could be at short notice or at times or localities that did not suit them. Staff members advised us that it was challenging at times to reach all adopters given the wide area that the service covers. Staff were actively collaborating with adopters in an attempt to make appropriate adjustments and ensure increased participation.

Management and staff of the service were committed to ensuring children who required adoption were placed with their new family without unnecessary delay. To achieve this, the service was working with PACE (Performance in care excellence a Scottish Government approach to permanence). This means working with all partners who have decision making responsibilities as early as possible to ensure sustainable and improved outcomes.

The service had introduced tests of change and monitoring systems to drive care plans, identify areas of drift and improve timescales. As a result of this the service had identified that there was a need to hold reviews for children who had been accommodated at an earlier stage, and had made necessary changes. We confirmed that for some children this had taken place, and early indicators demonstrated that the children and their families involved were benefiting from this approach. The service is well placed to build on this area of strength and we will look at progress made during the next service Inspection.

The panel consisted of a good mix of skills and there was a consistency of membership and experience which strengthened the quality assurance of practice, assessments and decision making. We observed an approval and matching panel during the Inspection, where thorough discussion and well considered recommendations were made regarding the matching of a child. Feedback had been requested and analysed which showed us that the service valued the participation and views of those who attended panel.

Staff commented that there is good morale within the team and they told us that they are having monthly supervision and are well supported by their line manager. A few staff members voiced a frustration with the impact of the budget being fully spent and committed on the availability of staff training, however, we were able to see that several of the staff had undertaken training such as 'Securing Children' Futures' which enabled them to be informed in their support to carers and young people.

We looked at child protection procedures and practice and were satisfied that there were procedures and practice in place to ensure service users are protected.

## What the service could do better

We have asked the service to include the following areas for development within their overall improvement plan, and we will examine outcomes during the next service Inspection.

We found that although prospective adopters were subject to dual registration as prospective adopters and foster carers to enable smooth transitions, not all adopters were clear about the process or potential legal outcomes. The service intends to address this area through their panel business meetings. We would also ask that the service draw on the experience of adopters who had already been through this process to inform practice and support future planning.

Children's assessments we considered as part of this Inspection generally provided clear details about the child's history, an analysis of why adoption was needed and information about the child to support an appropriate family being found who could meet the child's needs. However, in several of these assessments we noted a lack of information about the child's views regarding adoption, due to their young age. We discussed this with managers, who agreed that in some circumstances alternative approaches needed to be taken and due attention would be given to improvement.

A small number of adopters who had been approved by Argyll and Bute some time ago, were unaware of support or services that could and should be on offer to the adoptive family. Managers of the service advised us at feedback that they would audit their mailing lists, and also devise a leaflet that would be sent to all adopters stating clearly their rights for review and further assessment if needed. This will also be placed on the support group agenda. We were also advised that the services' website would be updated with this important information.

During the last Inspection we made a recommendation about adoption support plans as they lacked clarity as to when and who would be carrying out specific areas of work identified. We noted some good progress during this Inspection in terms of content and these plans being more comprehensive. However, there was a lack of consistency in terms of when these documents were being completed and shared with adopters. A more robust process is required to ensure that the timescales for the production of these plans is adhered to.

When an adoption placement ended that was not part of the child's care plan, the service held a disruption meeting to review and evaluate the case. The objective being to look at the sequence of events and to learn from the experiences. We examined the minutes of a meeting that had been held, and found the content to be contradictory in places with limited learning for future practice. It was clear that there were significant weaknesses in terms of quality assurance resulting in an overall lack of analysis throughout the assessment process. Managers agreed with us at feedback that standards need to be raised (Recommendation 1)

Staff reported that they were receiving regular supervision, however, the service were not following their own policies and procedures and there was no written record of supervision sessions signed by both parties. (Recommendation 2)

Later life letters offer the child a personal account of their early history, including information about their birth family and are written by the child's social worker. This helps children to understand the events of his or her early life at an appropriate time. During the last Inspection we asked Argyll and Bute Council to ensure that adopters were provided with later life letters for children. During this inspection we considered that this was still a matter outstanding for most adopters. Staff within the service we spoke with were not clear in terms of roles and responsibilities for taking the task forward. This will form a repeat recommendation (Recommendation 3)

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. The service should strengthen their quality assurance of assessment reports to ensure that any inconsistencies or vulnerabilities are clearly identified and appropriately explored.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states 'I experience high quality care and support based on relevant evidence, guidance and best practice (4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19)

2. The service should review their staff supervision policy and procedures and ensure that staff supervision is recorded and signed by both parties.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11)

3. The provider should ensure that a robust process is in place for adoptive parents to receive the later life letter within an appropriate timescale.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.22)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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

## Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

#### Recommendation 1

Adoption support plans should contain clarity as to whom, when and how identified areas of need are to be progressed.

National Care Standards adoption agencies – standard 9: getting help.

**This recommendation was made on 25 May 2017.**

#### Action taken on previous recommendation

Use of Adoption support plans will be discussed at the LA's Linking Meeting, and the task for completion noted in the decisions of the meeting.

Use of Adoption support plans as contained within CAPR paperwork will be promoted as a tool to be completed jointly by the child's social worker and the family placement social worker, for submission at A&M panel for formal Matches.

Adoption support plans will be shared with prospective adopters and reviewed formally up to a year post adoption, with changes made to reflect any new areas of need identified during this period.

Partially met, will continue as an area for development.

#### Recommendation 2

The quality of children's assessment and permanence reports should be improved and reflect good quality assurance.

National Care Standards adoption agencies – standard 32: providing a good quality service.

**This recommendation was made on 25 May 2017.**

#### Action taken on previous recommendation

Training will be carried out with all area team Practice Leads, to improve quality of reports as well as quality assurance before progressing to A&M panel.

Children's assessments presented to us appeared to be satisfactory in respect of factual information. An area of development will continue due to lack of children's views noted during this Inspection.

#### Recommendation 3

The service provider should monitor the progress and continually evaluate the effectiveness of proposed and ongoing changes to mental health services for children and children's access to these services.

National Care Standards adoption agencies – standard 9: getting help.

**This recommendation was made on 25 May 2017.**

## Action taken on previous recommendation

Argyll & Bute Council is currently undergoing a redesign of mental health services for children. Changes will be implemented as soon as possible to improve service provision and access to services.

Children now have access to a therapeutic social worker, and primary mental health worker.

## Recommendation 4

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

National Care Standards adoption agencies – standard 10: accessing records.

**This recommendation was made on 25 May 2017.**

## Action taken on previous recommendation

Later Life letters will be provided for all adopted children and a copy will be given to the adoptive parents as well as one being retained in the child's social work file.

Remains an area of weakness – recommendation will continue.

## Inspection and grading history

Date	Type	Gradings
25 May 2017	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
26 Nov 2015	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 5 - Very good
6 Oct 2014	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
23 Oct 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good

Date	Type	Gradings	
		Management and leadership	4 - Good
22 Nov 2012	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Sep 2011	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
1 Mar 2011	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
22 Nov 2010	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
28 Jul 2009	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
25 Jul 2008		Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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