

# Dumfries & Galloway Adoption Service Adoption Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
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**Service provided by:**  
Dumfries & Galloway Council

**Service provider number:**  
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**Service no:**  
CS2004080451

## About the service

Dumfries & Galloway Adoption Service provides a service for children and young people, aged from birth to 18 years and their families who are assessed as being in need of this. The service recruits and supports adoptive parents to provide families for those children for whom it has been assessed cannot live with their birth parents or extended families. The team also provide ongoing post adoption support, support for birth family members of children who have been registered for adoption and adults who have been affected by adoption.

The service is delivered by a dedicated team of supervising social workers and management who work across both the fostering and adoption services. An inspection of the Fostering and Kinship Care service was undertaken at the same time as this inspection and the findings of that inspection are provided in a separate report.

The service has been registered with the Care Inspectorate since 2011.

The Dumfries & Galloway draft adoption policy notes that "All children need the opportunity to experience safety, security and nurture within their birth family or within an alternative family if that is not possible" and that the service aims:

- To ensure that children placed for adoption in Dumfries & Galloway have the best possible start in life.
- To provide a right to family life and maintain family relationships for Looked After Children and Young People.
- To ensure support throughout the adoption journey for children, birth parents, prospective adopters and post adoption support following the granting of an adoption order.

## What people told us

Due to the current pandemic, this inspection was carried out remotely. Our contact with people who had used the service to gather their views and necessary information was therefore undertaken by telephone and by use of Microsoft Teams virtual platform. We also distributed electronic questionnaires; however, unfortunately, only one response was received.

We held a focus group of eight foster carers (some of whom had supported children to transition to their adoptive placements), a focus group of three adopters, spoke with an additional three adopters individually and two adopted adults who had used the service.

The adopters, prospective adopters and adopted adults who we spoke with were, in the main, very positive about the service and were clear that they would recommend it to others. The skill, commitment and engagement of the staff team were a key part of these positive comments.

One adopter expressed that they had not had a positive experience of the process and they were currently in the process of progressing this matter. The service was aware of this case and advised that it has been reviewed and learning identified as a result. Due to the ongoing nature of this matter, we were unable to consider it fully at the time of this inspection.

## Self assessment

The service was not required to provide a self-assessment for the purpose of this inspection.

## From this inspection we graded this service as:

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

## Quality of care and support

### Findings from the inspection

We found that children were protected from harm, neglect and abuse in their adoptive placements. Where concerns arose, these were found to be dealt with appropriately. We noted that the service had worked hard to establish online training to supplement face to face opportunities which offered a valuable resource during the pandemic. However, we found poor uptake by a significant number of foster carers, including in relation to child protection. In order to ensure the safety and wellbeing of children prior to their placement with adopters, and until an adoption order is granted, all foster carers and members of the family placement team must be sufficiently and regularly trained in child protection.

(See recommendation 1.)

Full assessments, including criminal records checks, health and finance, supported the agency to make decisions about the capacity of the adopter to meet the child's needs throughout their lifetime. Adopters told us they received important information about children, including about their health, birth families and early life experiences and that this helped them to be sure about their ability to provide a safe and loving family life for a child. We noted that this included, for most, the opportunity to meet with the agency medical advisor which those adopters found incredibly helpful.

We sampled a small number of reports which assessed a child's need for permanence and found these to be of a good quality. It was clear that all alternative options had been fully explored as part of this assessment. The need for siblings to be adopted together where appropriate and birth parents' views were generally well recorded in the child's assessment report, through Looked After Child Reviews and in adoption panel minutes.

Clear recordings of subsequent matching decisions were found in each of the cases sampled. This was an area for improvement highlighted at the time of the last inspection and we welcomed this development.

Children enjoyed good access to primary healthcare services ensuring regular monitoring and review of their health needs. Adopters were encouraged to register their children with a GP, dentist and health visiting service. Access to specialist services were supported so that adopters could be involved in stimulating learning and development from the earliest opportunity.

One adopter described poor experience of the adoption process. We encouraged the service to reflect on and review their processes as a result of this case.

Most adopters told us that introductions for children had been well planned and sensitively co-ordinated with all key individuals involved. When agreed, some foster carers who had supported the children's transition to adoption remained in contact in recognition of the importance of the attachment that the children had with foster carers. Whilst some adopters spoke highly of their experience of foster carers supporting the introductions and transition, others found there to be tensions. Some issues were highlighted in relation to preparedness of some foster carers to undertake the transition process. In these instances, there was clear potential for a negative impact on placement stability and therefore, potential poorer outcomes for children and young people.

(See recommendation 2.)

A training suite is now available for foster carers, adopters and panel members to access which we recognised as having a good and relevant breadth of content. However, there is currently no dedicated suite of specific post-approval pre-placement training or post adoption training provided by the service. Whilst the service improvement plan recognises this as an area for improvement, it does not detail what this will, or could, entail.

(See recommendation 3.)

We were provided with evidence that post adoption meetings were now held; however, these had not as yet taken place for some cases sampled. We noted that reference to post adoption support plans were not routinely recorded and plans were not always found to be in place.

Support groups for adopters were introduced towards the end of 2019 and these were relatively well received. These were impacted by COVID-19 but have recently resumed and it was positive to note the plan to progress with both face to face and virtual meetings to support accessibility. At the time of the last inspection, it was noted that the service planned to introduce a buddying system for new adopters. It appears that this is in the early stages of consideration and development, with those adopters consulted expressing an interest in this service. We look forward to seeing this in operation in the future.

At the time of the last inspection, it was noted that in order to support good outcomes for children and young people the service should review their work on the provision of later life letters and the completion of life story books. We noted in the cases sampled that these were not in place in all instances. We were advised that there was a recognition of this and the service were working through a backlog in an attempt to address this. We also encouraged the service to further enhance their method of recording information around letterbox contact.

A small number of adopted adults were supported to access their records in 2019 and 2020 (we noted that the current pandemic was likely to have impacted the figures for 2020). We had the opportunity to speak with two adopted adults who accessed this service. Both described a swift response and subsequent very high level of support from the service in achieving their desired outcomes. Both stressed that the worker involved had made it clear that ongoing support was available and both were confident that they would be able to access this in the future.

The service is a 'PACE authority', working with CELCIS (Centre for Excellence for Looked after Children in Scotland) to improve permanence for looked after children.

We noted that significant staff turnover in the placing locality teams and limited availability of internal legal input had led to delays in progressing plans for children. The authority had taken the decision to outsource some aspects of legal work to address this issue over a period and sought to reduce the number of outstanding cases. We have been advised that it is likely that some level of outsourcing will continue to be

required due to staffing capacity within the legal department and that this matter has been highlighted and escalated for consideration within the local authority.

We recognised the negative impact of COVID-19 on plans being progressed for some children and young people (specifically due to the impact on the operations of Court and the Children's Hearing system). However, we identified significant delays which were not linked to this. Lack of legal security reduces positive outcomes for children and does not reflect the identified best interests of the child being met. (See requirement 1.)

## Requirements

### Number of requirements: 1

1. The provider must improve timescales for securing children's futures when they are identified as in need of permanence and adoption. They should develop a comprehensive action plan detailing the reason for delay, actions for addressing this and make it available to the Care Inspectorate.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 – Regulation 4(1)(a).

This is also to ensure that quality of care and support is consistent with the Health and Social Care Standards which state that:

"As a child or young person needing permanent alternative care, I experience this without unnecessary delay." (HSCS 1.16).

Timescale: 11 April 2021.

## Recommendations

### Number of recommendations: 3

1. The service should ensure that the health and wellbeing of children is always appropriately managed. In order to achieve this the service should ensure foster carers and prospective adopters receive sufficient training in child protection.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard which state that:

"I am protected from harm abuse, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20); and "I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.24).

2. The service should ensure that foster carers are fully prepared and supported to undertake their roles in relation to positively assisting children and young people in their transitions to their adoptive placements.

This is to ensure quality of care and support is consistent with the Health and Social Care Standards which state that:

"I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.24); and "If I have a carer, their needs are assessed and support provided." (HSCS 4.26).

3. In order to support positive outcomes and experiences for children and young people, the service should further develop a dedicated suite of post-approval pre-placement and post adoption training.

This is to ensure that quality of 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 4.27).

**Grade:** 4 - good

## Quality of staffing

This quality theme was not assessed.

## Quality of management and leadership

### Findings from the inspection

We were extremely appreciative of the time and assistance given to us by the management team throughout this inspection. Due to the pandemic, we conducted this inspection remotely and this would have not been possible without the help of the service in providing information electronically, arranging focus groups and by generously giving their time. We understand this would have been an onerous task.

Staff spoke highly of management and leadership within the service, particularly throughout the period of the pandemic. They described line managers offering various methods of support, including making daily calls, to ensure their staff's emotional wellbeing. Staff noted that this was welcomed during this challenging period and highlighted that it, in turn, meant that they were able to maintain a high standard of support to their adopter households during this period. We also noted that a similar supportive approach had been used by the agency decision maker, who had been contacting staff for the purpose of wellbeing checks. He advised that he planned to continue this direct contact with staff moving forwards.

Since the time of the last inspection, there have been some significant changes within the panel. We found that the service had responded well to address unplanned changes to ensure the smooth running of panel processes and therefore, limit the impact on applicants and children and young people's planning.

They had also developed a comprehensive panel member handbook which is due to be issued and plan to commence annual appraisals for panel members and chairs commencing next year. We also noted that business panels had resumed and that panel members could now access the training suite provided for foster carers and adopters. The service hopes to further develop training opportunities for panel members and chairs which will support them in carrying out their roles and functions.

At the time of the last inspection, it was noted that "the panel process could be further strengthened by the inclusion of the voice of a young person". At the time of this inspection, the service had identified this as an area of development linked with their improvement plan and were considering how this could be achieved. This was similarly the case in relation to seeking the views of adopters and young people, as highlighted at the previous inspection. We found it clear that the service recognised the importance of seeking the views of those carers, workers and birth families who attend Panel; however, they remained in the early stages of progressing improvements in this area.

We discussed with the service the benefits further diversification in panel membership may bring, highlighting the areas above and also the fact that membership is almost entirely drawn from Dumfries & Galloway quality assurance and social services. We felt in some examples that this did not always offer enough independence to the process.  
(See recommendation 1.)

We also reiterated how a formalised and embedded process of seeking feedback would support meaningful participation and inform quality assurance and development as this did not appear to have been progressed in a tangible way.

The service had undertaken work to develop draft adoption policies and procedures which we were given sight of during the inspection. They advised that there had been consultation with operational social work staff and colleagues in the development of these documents and they are now ready to be shared with adoptive carers (which they hope to do early in 2021). As the policy paper will require the endorsement of members prior to implementation on 1 April 2021, we were unable to see the impact of these on practice, experiences or outcomes at this inspection.

We noted that a distinct adoption improvement plan had been developed since the time of the last inspection; however, felt that it would benefit from more detail to allow the service to target improvements and benchmark progress, particularly in relation to recruitment and post adoption training and support.

We noted that there had been significant efforts to improve systems since the time of the last inspection. However, we felt that some information systems should continue to be developed as they were not providing the accuracy of information that the service perhaps hoped to achieve, did not interface well enough with one another and did not provide easily accessed overview of key information. This perhaps contributed to some of the issues with notifications to the Care Inspectorate which we identified and increased risk in some areas for children and young people.

Issues with notifications to the Care Inspectorate and the broader quality assurance systems related to this were an area identified at the time of the last inspection. While we recognise that there have been measures taken since that time to address these matters, this remains an area which the service should seek to improve. We will consider this at the time of the next inspection.  
(See recommendation 2.)

There was clear evidence of a management vision for service development and commitment to this being achieved. However, at the time of this inspection, many aspects of these developments were in the early stages of implementation and we were therefore, unable to see their impact on outcomes and experiences. We look forward to seeing these aspects of service delivery embedded in practice at the time of our next inspection and their meaningful impact on experiences and outcomes for adopters, children and young people.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 2

1. The service should seek to increase diversity and independence of panel membership in order to promote transparency and inclusion.

This is to ensure that Management and Leadership is consistent with the Health and Social Care Standards which state that:

"I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

2. The service should continue to strengthen and develop existing quality assurance mechanisms to support an effective service provision.

This is to ensure that Management and Leadership is consistent with the Health and Social Care Standards which state that:

"I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes." (HSCS 4.19); and "I use a service that is well led and well managed." (HSCS 4.23).

Grade: 4 - good

**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

There is a need for the development of an internal audit plan to be progressed with a view to ensuring chronologies are in place and that all relevant reports and documentation are evidenced and stored in a centralised system.

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" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

**This recommendation was made on 19 December 2018.**

#### Action taken on previous recommendation

MET: The service have adopted a centralised system where all documents are stored. They also have a policy for the use of chronologies which links to this system.

#### Recommendation 2

Permanence should continue to be a focus of monitoring in order to improve permanence decisions, timescales and outcomes for young people.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states "As a child or young person needing permanent alternative care, I experience this without delay." (HSCS 1.16).

**This recommendation was made on 19 December 2018.**

#### Action taken on previous recommendation

NOT MET: The service continue to monitor permanence; however, this was not found to have improved timescales and outcomes for young people to a satisfactory level. (Please see body of the report and related requirement).

## 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).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
6 Nov 2018	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
6 Sep 2016	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
3 Dec 2014	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
9 Jan 2014	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
21 Feb 2012	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
27 Jan 2011	Announced	Care and support 5 - Very good Environment Not assessed Staffing 3 - Adequate Management and leadership Not assessed
22 Mar 2010	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good

Date	Type	Gradings	
		Management and leadership	Not assessed
14 Nov 2008	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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