

# West Dunbartonshire Council Adoption Agency Adoption Service

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## About the service

West Dunbartonshire Council Adoption Agency provides a service for children and young people aged from birth to 18 years and their families. The service recruits and supports adoptive parents to provide families for those children who cannot be with their birth parents or extended family members, and whose needs have been assessed as best met in an adoptive family.

The service covers the West Dunbartonshire Council area working co-operatively with neighbouring local authorities and approved voluntary agencies in providing placements and seeking placements for children.

It should be noted that this inspection took place during the Covid-19 pandemic restrictions and therefore followed a revised procedure for conducting inspections in these circumstances. We spoke with the management team, staff and other professionals and viewed evidence sent to us by the service virtually. We made arrangements to visit adoptive families and children in their homes, however, due to Covid-19 concerns these also took place virtually.

## What people told us

We spoke with two adoptive families using MS Teams and considered the views gained through completion of the Care Inspectorate questionnaires. Some of the comments are recorded below:

"I felt like the staff knew my child, knew me and just knew it would work. It feels like it was just meant to be."

"It blew me away how well the planning went. When i went to meet her she was at the door taking pictures of me coming down the path, she was so excited to meet me."

"The prep groups and communication were excellent. I felt that everyone i had contact with loved their job."

"We had a good picture of her background but some behavioural information was missing. The documents didn't give a full picture of her health and behaviour needs".

"I find the staff great, they have the skills and knowledge to support us."

"We have a memory box but there isn't much in it."

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst there were a number of strengths, these were compromised by significant weaknesses. As these weaknesses had the potential to have a negative impact on outcomes and the welfare of children and young people, we made a requirement for improvement.

Information was provided by the service about adoption within West Dunbartonshire in the form of an information sheet and a leaflet, this was supported with a supplied copy of the Adoption Journey by AFAS and Adoption UK. The information provided was clear and concise, however, as part of a wider preparation process, it could be strengthened by the creation of an adoption service handbook, providing an area specific written guide through this complicated and emotional process.

We saw examples of training opportunities for adoptive families, these were available at pre and post adoption stages with additional links to external agencies. The training was varied in topic and easily available. However, the oversight of who was completing the training and feedback from training did not appear to be robustly scrutinised. This impacts on the service's ability to identify strengths, gaps in training needs or capture the experience of the adoptive parent, meaning that opportunities to improve service delivery were missed.

There was evidence of a good preparation group for adoption with observations from this linked into the assessment process. This continual process of assessment supported a holistic view of prospective adoptive parents skills and readiness whilst ensuring the robustness of the assessment itself. Evaluation of the overall preparation group was provided, however, this could be improved to be more timely and targeted to ensure that parents views are routinely sought and acted upon.

We saw that children living with their adoptive families were engaged in age appropriate activities. The service supported families to access supports such as additional nursery hours. Analysis of documentation supported staff inclusion of individual children's likes and dislikes, preferences and personality through the assessment, matching and moving stages of the adoption process. Additionally, we witnessed interactions which supported parents' adaptations to their child's needs. We observed positive relationships between children and their adoptive parents, with parents telling us about the supportive relationships they had with West Dunbartonshire staff.

We heard about young people moving with memory boxes to support them to understand their history and we saw information shared with carers about how to talk with children about difficult subjects. It was noted that there was varying quality reported by adopters about the memory boxes. Additionally, we heard about the investment into life story training within the staff group. We saw and heard of positive examples of life story work. We encouraged the provider to continue to develop this and integrate this provision of high-quality service to all children.

Adopters told us that they had information through the service documentation to provide children with a narrative about their previous life experiences. Adoptive families were supported by the service to maintain links with previous carers ensuring continuity of relationships for children through their permanence journey. Later life letters were available for some children but not all sampled.

These were strengths based and will form an important part of helping children to understand their own adoption process, however, these could be reviewed to ensure quality as the errors detract from the overarching sense of care that they convey.

We found that all statutory checks were completed, and that assessments and references were of a high quality. Following placement with adoptive families supervising social workers, maintained links with families and adopters told us about strong and positive relationships with the service staff. We assessed that further internal supports could be developed to strengthen the long-term connection to adoptive families through post adoption support, ensuring that young people's later needs are met in timely ways. This was an area for improvement that was identified by the service, however, progress was limited to address this due to Covid-19 restrictions.

We noted the examples of the service financially supporting young people to remain in education through the extension of adoption allowances and the use of professional relationships to advocate for additional health supports. We noted in our sampling an example of an adopter experiencing difficulty and staff responding pro-actively and in a timely manner. Additionally, we were provided with examples where staff advocated for young people to access specialised healthcare ensuring that young people affected by disability were able to live as full a life as possible and that tailored support was provided to ensure their care. Adopters benefited from staff who were able to support them during times of difficulty or challenge and we noted that staff did reach out when they believed an adopter to be struggling.

We were impressed with the approach of the carers and adopters we met and read about to meet the needs of children in their care. Actions suggested that they understood early trauma and the impact this had on children and that they took steps to be calm and nurturing in their approaches. One example in the adoption sampling was of the foster carer who provided a polaroid camera to the young person to capture the moment they first saw their mum.

The medical component of the preparation group for adopters was good with positive adaptations having taken place utilising technology to increase participant pre learning and support the session. Adopter assessments and matching took into consideration how they would support young people to lead healthy lifestyles.

We found that adoption services assessment and support was robust, however, review of the services permanency process was of concern. The provider had completed considerable work with PACE to improve this since the last inspection which has resulted in the development of clearer procedures and changes to the process. However, when examining outcomes for young people there remained delays in all cases that were reviewed where children had been identified as requiring permanent alternative care. The tracking of data by the service did not effect change, with drift and delay across all cases. If permanence is identified as required, it needs to occur quickly to ensure that children and young people have the best possible outcomes. We found evidence that planning was not actioned in a timely manner with delays in the completion of parenting assessments. The drift we saw in individual plans and delay in achieving permanence, directly impacted on children's opportunity to move to a permanent or adoptive family. (See requirement 1)

## Requirements

1. By 1 February 2022, the provider must improve the quality of permanence planning for children to promote stability in children's lives.

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

- a) Permanence is monitored in order to improve permanence decisions, timescales and outcomes for young people.
- b) Where monitoring identifies drift and delay the provider must ensure that this is addressed with clear action planning across young people's plans.

This is to comply with Regulation 4(1)(a) and ensures that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person needing permanent alternative care, I experience this without delay' (HSCS 1.16).

## How good is our leadership?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst there were a number of strengths, these were compromised by significant weaknesses. As these weaknesses had the potential to have a negative impact on outcomes and the welfare of children and young people, we made a requirement for improvement.

The services approach to monitoring of key systems, processes and events did not occur in a holistic and systemic manner. There were positive examples of staff and senior management tracking and monitoring individual cases, however, the broader overview of statutory checks was not evidenced. We saw evidence of a service awareness of the concerns around permanence and improvements in the service in this area through the previous work with Permanence and Care Excellence programme (PACE). However, the lack of robust systems to track performance and regular reporting of these key permanence performance indicators to senior management, significantly impacted on the services ability to advocate for improved timescales. This was assessed as having had a direct impact on young people's outcomes.

The adoption panel membership was broad with a range of voices across professional backgrounds. During the observed panel there was good evidence of appropriate questioning and challenge by the panel members and the panel chair. We noted that the service had made a request for the appointment of an independent chair to the panel, as this position is currently held by a senior member of the service's operational management team. The professionalism of the senior staff on the panel was evident and their efforts to take unbiased decisions. However, the provider should ensure that the panel has independent oversight, this would remove any unconscious bias and allow robust challenge of the service to occur.

We found that there was no overview of panel members training, additionally, there was no panel supervision or appraisals taking place. This impacts on the services ability to support panel members effectively. There was no overview of adopter training which would allow the service to evaluate the provision of and uptake purchased or in-house training. There was also no overview of the training plan or goals for each year to keep adopters engaged in post adoption support. We do however recognise the impact of senior staff vacancies on the service alongside Covid-19 restrictions with positives being noted around panel recruitment.

There was no external overview of planning for children, for adopters or of the panel. Looked After Children (LAC) reviews were found to be chaired by line managers, and the panel was chaired by the operational manager. We acknowledge that there is a current request to review panel chairing, but we think the provider needs to go further to ensure that planning is robust, effective and provides appropriate quality assurance of practice and decision making for the service.

Due to pressures on the service from Covid-19 there was no current action plan. We were however able to look at the previous year's action plan for the adoption service. This identified a number of areas for service development. These included key areas also identified as part of the inspection process. The identification of these areas for improvement was let down by the lack of a current overall service development document which would guide the work stream towards improvement. The lack of a service development plan impacts upon the services ability to capture the current situation and agree tasks for improvement. We heard of other improvements around letter box contact and life story work which have the potential to greatly improve experience for young people, these were being progressed by the team members, however, there was no overarching sense of what the end goal was, what the timeframes were for completion, who was responsible and how the service would measure success.

In conclusion, we found a number of strengths in the staff approaches, individual case tracking and in the identification of areas to improve. We also experienced a service and management team who were open, insightful into the difficulties and keen to use the inspection as a form of audit to begin to build an improvement plan. However, the weaknesses that were identified had a direct impact on the care that children and young people received and timeliness of decision making and as such we have made a requirement for improvement (See requirement 1 for this section).

## Requirements

1. By 31 April 2022, the provider must ensure that the management vision for the service is communicated and that the appropriate systems are in place to support quality assurance and improvement within the service. To do this the provider must, at a minimum ensure:

- a) A statement of aims and objectives are updated, detailing what the service aims to provide and how.
- b) Management systems are developed to ensure appropriate oversight of key systems, processes and events.
- c) Appropriate independent scrutiny is in place to ensure professional challenge to the service aimed at improving practice.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

## How good is our staff team?

Not assessed at this inspection.

## How well is our care and support planned?

**3 - Adequate**

We made an evaluation of adequate for this key question. While the strengths had positive impact, key areas needed to improve. As these weaknesses had the potential to have a negative impact on outcomes and the welfare of children and young people, we made a requirement for improvement.

The quality of the care planning for children and young people viewed as part of the inspection process was varied. However, the overall quality of assessments by the adoption service were of a good standard. There was an example of those involved in the care of children being asked for their views about what the child's needs were, and even if a potential adoptive match was appropriate in their opinion. This meant that those directly involved in the care of children and who knew them best, were part of the wider decision making. This inclusive practice in terms of gathering stakeholder views was not evident across the documentation provided, but we were reassured to see the panel and the service driving this expansion.

There were concerns with the documentation examined, these included the lack of regular reviews for children, the inconsistent way of recording meetings and the use of task lists to drive the next actions, but without identified responsible people or timeframes. The concerns with the documentation reviewed meant that there was no reference to permanency timeframes and that drift and delay in plans occurred, impacting on children's moves to permanent care. We thought that it would be helpful to provide a chronology of significant events as part of the CAPR/Form E summary to assist in the adherence to timeframes and support identification of drift and delay. The inclusion of a clear narrative for children and young people of their care would be beneficial in later years if they wished to review the documentation to gain a sense of their own journey. Analysis of the care planning documents did not provide evidence of the adoption team driving compliance to the statutory requirements.

Adoption support plans were of a high standard, however, there was little evidence of contingency planning in transitioning children to adopter's care. There was a sense that workers would have been responsive to challenges in the process, and we were provided with evidence that meetings did occur, but it wasn't evidenced clearly, meaning that we were unable to assess the consistent quality of provision to children.

Post adoption support services were unclear, we recognise the impact of Covid-19 restrictions on the ability to hold normal support events, however, the communication of supports that were able to occur to adoptive families was assessed as inconsistent. This was part of the service's own areas for improvements and as such we are reassured that action will be taken to address this quickly and convey what is available to adoptive families in a planned manner.

Overall, there was a concern about the frequency and recording of key meetings where decisions for children's care and well-being were being made, significantly for this inspection there was no recorded evidence of the adoption service advocating on behalf of children and young people in these meetings. Additionally, lack of identified timeframes, responsible individuals and chronologies from the care planning made it difficult to see who was responsible for ensuring that agreed actions were completed in a timely manner. Tracking of permanence did occur, but documents showed the data being used was not complete, that key timeframes were missed for a majority of children and examination of the data was then not taken forward into planning or resourcing to ensure future compliance with timeframes (See requirement 1 for this section).

## Requirements

1. By 31 April 2022, the provider must ensure a clear, outcome focused Child's Plan is in place with statutory timeframes recorded as part of the action planning. To do this the provider must, at a minimum ensure:

- a) An audit of children's plans is undertaken to ensure they are outcome focused and SMART.
- b) Statutory timeframes are included as part of the planning and review process.
- c) Where timeframes have been delayed there are clear actions and resources identified to remedy this.

d) The adoption service have a clearly recorded role in ensuring compliance within plans to statutory timeframes.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the care and support provided is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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

### Areas for improvement

#### Previous area for improvement 1

Improvements should be made to the timescales for children moving into their adoptive family.

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

**This area for improvement was made on 26 April 2018.**

#### Action taken since then

The service worked alongside the PACE programme with Celcis to improve process in identifying prospective adopters and moving children's plans on in a timely manner.

This recommendation is met as processes were improved. However, timeframes have not.

#### Previous area for improvement 2

Timescales should be set for children's social workers to consider potential adopters for children and a member of the adoption team should be involved throughout this process in recognition of their expertise in this area.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person needing permanent alternative care, I experience this without delay' (HSCS 1.16) and 'I receive high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 26 April 2018.**

#### Action taken since then

The procedures have been changed to;



- a timescale set for the children's social worker to consider potential adopters this will be a maximum of three weeks,
- a member of the permanence and adoption team attends the initial meeting with adopters alongside area team social worker or senior social worker,

This recommendation is met as processes were improved. However, timeframes have not.

## Previous area for improvement 3

The adoption and permanence procedures should be updated to promote best practice in the adoption of children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I receive high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 26 April 2018.**

### Action taken since then

The adoption and permanence procedures were reviewed as part of the PACE programme.

This recommendation is met as procedures were reviewed. However, timeframes have not improved.

## 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).

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

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