

## West Lothian Council – Adoption Service Adoption Service

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Announced (short notice)

**Completed on:**  
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**Service provided by:**  
West Lothian Council

**Service provider number:**  
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**Service no:**  
CS2004083333

## About the service

West Lothian Council - Adoption Service is an adoption agency that supports foster carers, already within the service, to adopt the children, that are already in their care.

## About the inspection

This was a short notice announced inspection which took place between 24 October 2022 and 15 November 2022. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations, we spoke with five adopters and had one response to our survey.

We spoke with management in the service and 10 staff within the service. We spoke with four children's social workers and had 12 responses to our survey.

## Key messages

- Caregivers had made enduring commitments to children in their care to provide long term stability into adulthood.
- Children experienced highly personalised care and support from their caregivers.
- Caregivers were not clear in how to access post adoption support.
- The service was not pro-active in providing support to adopters.
- Children experienced delays in their plan.
- The service has a strong development plan with target dates for June 2023.

## 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?	3 - Adequate
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?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children experienced meaningful, affectionate and secure relationships with their caregiver families. These relationships were based on empathy, compassion, trust, predictability, love and fun. Caregivers had made enduring commitments to children in their care to provide long term stability into adulthood.

Children experienced highly personalised care and support from their caregiver families that understood their individual strengths and preferences. Caregivers supported children to manage health needs and recover from trauma with a therapeutic approach.

Caregivers, in their role of foster carers, had access to training to support trauma informed practice. A new training programme of mandatory training had been introduced and caregivers and staff had access to a variety of external training. The programme would have benefitted from specific training or support targeted for adoption.

Caregiver families supported children to maintain family links with birth parents and siblings. This reduced further experiences of loss and trauma resulting from separation.

We saw some positive examples of life story work and care givers created memory boxes for children in their care. However, the quality of life-story-work varied and not all children had life story books. There was no system in place to monitor letter exchange for children which meant the ongoing appropriateness of these exchanges were not reviewed.

Sibling assessments formed a part of planning for children in need of permanent care but some workers were not confident in undertaking these. Information provided to panel, had at times, been insufficient in relation to sibling relationships and we saw an example of a child who did not have a full understanding of their sibling relationships. This will form an area for improvement (area for improvement 1).

Caregivers were not effectively supported following the adoption of their child. They had no identified point of contact if they required support in relation to their adopted child. They told us, "There is no allocated person to support foster carers who adopt".

Some caregivers also did not have a post adoption support plan. The caregivers had to rely on their own networks and had to seek out support themselves in order to access services for their child. Some had been told they could be referred to another agency for "one-off" support which is not relationship-based practice. The service should improve its practice in this area, and this will form a requirement (see requirement 1).

The service had been part of the Permanence and Care Excellence (PACE) programme and continued to monitor permanence practice using this methodology. They are also involved in concurrency work in order to speed up the permanence timescales for children. The service had aims and systems in place to evaluate practice but children experienced drift and delay in achieving permanence. Senior managers also recognised the impact that the Covid pandemic had on the service. This will form an area for improvement (area for improvement 2).

Children had also experienced delays in their plan due to an absence of a medical advisor for the carer approval panel, but the service has now appointed one.

Caregivers were assessed by a staff team who were still developing their skills and experience in adoption. This in turn meant a variation in the quality of assessments. The service recognised a gap in workers knowledge in relation to adoption assessments and had a plan for training and support to address this.

The adoption service had made positive changes regarding assessment and decisions relating to adoption allowances. The service also had a strong development plan and we look forward to seeing the progress of this development plan at the next inspection.

## Requirements

1.  
By 1 March 2023, the service must ensure that adopters within their service are able to access post adoption support.

To do this the provider must as a minimum:

Review the support needs of adopters within the service.

Identify staff training needs in providing post adoption support.

This is to comply with Regulation 4(1)(a) and (d) (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)

### Areas for improvement

1. To ensure children and young people enjoy enduring relationships with important family members, the service should develop a consistent approach to life story work, sibling assessments and letter exchange

This should include but is not limited to:

Identifying learning needs for staff in completing life story work and sibling assessment.

Developing a central overview for the management of letter exchange.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing." (HSCS, 2.18)

2. To ensure that children in need of permanent substitute care do not experience delay in planning, the service should continue to evaluate practice in relation to Permanence.

This should include but is not limited to, ongoing monitoring of timescales contained using Permanence and Care Excellence (PACE) to drive improvement.

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 unnecessary delay." (HSCS 1.16)

### How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children and young people benefited from robust assessments prior to adoption, and these reflected their outcomes, wishes, and needs. The service advocated for children and there was a joined-up approach to care planning with children's social work teams. This in turn meant that children had an opportunity to form secure attachments and experienced minimal disruption. Planning meetings helped to support positive outcomes, but some caregivers felt that communication with young people's social workers could be improved.

Young people and their caregivers did not benefit from pro-active post-adoption support plans and they felt unsupported in relation to adoption. Caregivers were unaware if they had a post-adoption support plan and did not know who to contact in the service when they needed support.

The post adoption support plans that we saw were vague and not Specific, Measurable, Achievable, Relevant and Timebound (SMART). There was also an inconsistency of plans in terms of anticipating the future needs of the children and/or the caregiver. We saw no evidence that post-adoption support plans were reviewed or adapted as young people and their caregivers needs and circumstances changed. This will form an area for improvement (see area for improvement 1).

## Areas for improvement

1. To ensure children and adopters get appropriate support the service should improve the quality of post adoption support plans.

This should include but is not limited to:

Ensuring all adopters have an adoption support plan that anticipates future need.

Undertaking regular review of adoption support plans.

This is to ensure that practice is consistent with the Health and Social Care Standards (HSCS) which state that:

"My care and support meets my needs and is right for me." (HSCS 1.19)

## 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

The provider should implement a robust strategic plan for the development of the adoption service, in partnership with staff, adopters and young people who use the service and prioritise key areas that need urgent attention.

**This area for improvement was made on 11 December 2018.**

### Action taken since then

This area for improvement has been met. The service have developed a robust strategic plan for the adoption service. There are a number of areas within the plan that provider plans to develop with target dates for June 2023.

### Previous area for improvement 2

The service should ensure that co-ordination meetings for children and young people are accurately and consistently recorded to ensure all information is shared, and in addition that any actions outstanding are addressed within a timescale

**This area for improvement was made on 11 December 2018.**

#### Action taken since then

This area for improvement has been met. The service has developed a template for coordination meetings. Team managers from the practice teams are responsible for completing these and we have seen examples of these.

### 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?	3 - Adequate
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	3 - Adequate
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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