

Adoption Service Adoption Service

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West Dunbartonshire Council

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About the service

Adoption Service 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.

We spoke with the management team, staff and other professionals and viewed evidence sent to us by the service virtually. We visited and spoke with adoptive families and children in their homes and sent out surveys to all adopters, children and young people using the service.

About the inspection

This was a short notice announced inspection which took place between the 26 October and 30 November 2022. The inspection was carried out by two inspectors from the Care Inspectorate, and the local authority's fostering service was inspected at the same time.

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 of the service we:

- Met with two young people using the service and their carers or parents.
- Spoke with 10 staff and management.
- Reviewed documents.
- Spoke with three placing social workers.
- Observed a permanence panel.
- Reviewed responses from 46 surveys sent to children, carers, staff and external professionals.

Key messages

Children and young people are offered a high standard of care, where they are loved, respected and supported.

Carers and parents valued genuine trusting relationships with supervising social workers, stating they were responsive to their needs and skilled at supporting them.

The service offered a variety of training and ongoing supports for carers and parents that ensured a community focus was maintained.

Children, young people and carers receive a high quality of additional support from Young People in Mind, a mental health service for care experienced young people living in West Dunbartonshire.

Improvements to the letterbox service positively impacted on children and young people's experience of contact and maintained connection.

Sibling contact plans are considered but need to be actioned.

For too many children, the local authority have made little progress with assessing and making plans for their future, meaning that they are spending long periods of time in temporary care arrangements.

Tracking of children and young people's journey's through care are taking place, this work needs to continue in order to help children and young people achieve positive destinations.

The staff team were knowledgeable and skilled, well supported by their manager, and had access to good quality and relevant learning opportunities.

Children, young people's, birth families and carers views were sought but written documentation needs to improve to ensure that they are acknowledged as part of the decision process.

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?	3 - Adequate
How good is our staff team?	5 - Very Good
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

Children experienced care which included them in family life, with carers committed to children and the secure places they had within families. Children developed strong and positive relationships with carers which supported their growth and development to reach their individual potential. We found examples of carers and staff advocating for the needs of individual children, with caregivers found to have strong, positive relationships with the staff team. The service and individual staff members maintained contact with caregivers through a variety of means, including ongoing training events, scheduled yearly activities, and closed social media groups to support a sense of community connection.

Caregivers were included in decision making that we looked at, with their views sought and recorded. The collection and documentation of the views of children, carers and birth parent could however improve in terms of the quality of recording and evidenced action in processes to detail that these views have been considered. Examples of views being sought and not complete or sought but not addressed were found to have a direct impact on children's outcomes (see area for improvement 1). Whilst views were sought, we found that the means of conducting meetings via group telephone calls or online and not providing documentation before or after meetings had the potential to exclude important voices from the discussions. This meant that key information or views were potentially not considered in decision making. The provider has made a commitment to increasing participation of children and young people throughout the wider services, which should have positive impacts on children and young people's experience of the care they receive. There has historically been little involvement of independent rights-based support within the wider family placement service, however discussion with managers showed a commitment to increasing the provision of rights-based supports and training to children, and their carers. We look forward to seeing the positive outcomes for children for further service in this area.

Children receiving permanent care were supported by caregivers and staff to maintain connections with birth family members through a variety of means. Recent changes to the services letter box contact process have been positive and we saw examples of these changes impacting on young people's experiences of contact and maintained connection. There was evidence throughout the documented processes for children of consideration being given to siblings and sibling contact. However, these considerations did not appear to have resulted in any concrete or agreed planning about what would occur to ensure relationships could develop. This lack of decision making meant that the positive plan to maintain sibling contact was frequently found but with no concrete actions associated with it. Meaning that it would be less likely to occur, which will be a loss for children, young people, and their siblings (see area for improvement 2).

Children were engaged in local community activities that were appropriate to their age and stage of development. There were examples of service support to caregivers to access wider provider supports and other supports in different local authorities. These steps to support access to services were valued by carers and had direct positive impacts on outcomes for children. Caregivers actively engaged in work with support services. Additionally, we found that the service had taken steps to offer skills development around therapeutic approaches to parenting that would benefit caregivers and children in their care. Core trainings for caregivers in child protection, and first aid were being offered. However, the uptake of these was impacted by lack of support for childcare. Positively, the service did offer additional sessions in the evenings to enable adopters to attend, where possible.

The care and support that caregivers provided, enabled stable living situations with positive relationships evidenced through our case sampling. The service staff were described consistently as supportive, knowledgeable, and available. Service efforts to improve the quality of life story information for children was

evident with all staff highlighting their efforts to ensure that quality information was available to children at later stages should they wish to access it.

Staff and caregivers supported children's access to healthcare, including mental health supports. This was seen in the inspection as a positive development for the adoption service in gaining access to specialist service support for caregivers and adopters. Recent examples of this were assessed as directly providing support and knowledge that would improve the care that young people received and therefore improve children's outcomes.

Assessments completed by the service were of a consistently high standard with detailed narratives and comprehensive overviews of information. Examples of how this information was analysed and reflected upon with potential adopters were provided through our interviewing. This was supported by feedback from caregivers and adopters about their positive learning experience of the assessment process. Incorporation of further analysis and reflection in assessments would however serve to support the high quality of work already taking place.

The decision-making process for children and young people remains an issue, with the significant drift and delay in permanency planning evident and continuing to impact on outcomes for children. With delays meaning that children are continuing to miss out on securing forever family homes. Staff across the service and managers had taken steps since the last inspection to track permanence and to progress assessments and pursue decision making that would ensure stability for young people. However, the extent of the drift and delay has meant that there is considerable work still to be completed. Staff shortages in wider provider services have meant that children's planning is not able to be progressed meaning that decision making is not occurring within the timeframes that are right for the child. The significant impacts of delays in permanency planning at the wider provider level mean that children's stability and childhood are still being adversely impacted.

The service and indeed the wider provider have made a commitment to improve pathways and transitions through the care experience for children with evidence of the adoption and fostering service collaborating with the other provider services to address delays. We anticipate that continued focused action in this area will make a positive difference to young people but cannot evidence impact on outcomes at this point (see requirement 1).

Requirements

1. By 1 March 2023, the provider must have a robust plan in place to ensure that all children in need of permanent care have their assessments completed and plans carried out without unnecessary delay.

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

- a) all children in need of permanent care have their plans reviewed by managers;
- b) managers maintain an overview of all timescales taken when planning for children in need of permanent care and address and resource any delays; and
- c) assessments are carried out within timescales.

This is in order 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).

In order 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).

Areas for improvement

1.

To ensure that the views of children, young people, their birth families and carers are sought, considered and acted upon, the provider must improve the quality of recording.

This should include, but is not limited to:

- a) recording the views of children, young people, their birth families and carers;
- b) providing practical support where required in the completion of documentation; and
- c) evidencing consideration of views as part of the decision making process.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11)

In order to comply with Part 13 of Children (Scotland) Act 2020 and the Looked After Children (Scotland) Amendment Regulations.

2. To ensure that all children are able to maintain life long connections with brothers and sisters, the provider must ensure that clear plans are made for children at key stages.

This should include, but is not limited to:

- a) recording why children are not placed together if they are separated; and
- b) reviewing this decision at key points and clearly documenting expectations around how connections will be maintained or promoted.

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).

In order to comply with Part 13 of Children (Scotland) Act 2020 and the Looked After Children (Scotland) Amendment Regulations.

How good is our leadership?

3 - Adequate

Leaders have developed systems to monitor the provision of service and track children and young people's journey through care systems. The new tracking documentation seeks to provide an overview of key decision making and highlight when assessments and decisions need to take place. The senior social worker has championed children and young people's cases highlighting to the wider provider services actions that need to take place. It is however recognised that the overview of what needs to occur is significantly hindered by severe staffing issues in the provider services. The service has provided examples of where they have highlighted actions that need to occur and when no staff have been available, they have taken the work into the adoption team to progress. This shared sense of responsibility for addressing the delays in assessments

and decision making is positive and suggests a collective response that will be beneficial to children and young people.

The senior staff in the service and managers have worked to address the requirements and areas for improvement from the last inspection. Quality assurance processes appear more robust. There is however further action required in ensuring that statutory timeframes are met, children's plans are up to date and that they present a clear vision for the service improvement.

We understand that a review of service structure is currently in progress and would suggest that staff and stakeholder views be sought at appropriate stages as part of any process of improvement or change.

The assessment of prospective adopters was assessed as being effective, with staff and panel members who were appropriately skilled and experienced, the panel diversity could be improved with members recruited from outside the local authority area. The recent appointment of a new experienced panel chair was viewed as a positive step in ensuring independent oversight and in strengthening the process. We anticipate that this strengthening of the quality assurance process through the panel will aid the service in progressing plans and developing clearer work streams.

Overall, leaders in the service and wider provision were able to express an understanding of what was working well in the service and what was not. With the real improvement since the last inspection being the continued identification of what needed to improve and the shared responsibility with the wider provider in planning around this. However, further action still however needs to occur to improve outcomes for children and young people (see area for improvement).

Areas for improvement

1. To enable young people to experience permanent care at a time that is right for them, the provider should ensure that the monitoring of permanency processes meets statutory timeframes and that all assessments and decision making is undertaken timeously for all young people using the service.

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

'My future care and support needs are anticipated as part of my assessment' (HSCS1.14).

How good is our staff team?

5 - Very Good

There was a team culture of learning and development with individual team members responsible for changes since the last inspection. Staffing within the service was an area of strength. Feedback, interviews, and case tracking evidenced strong values led practice. This supported the creation of enduring and supportive relationships with caregivers and parents. Staff were supported through regular supervision, team connections and access to training to develop skills and reflect upon their work. We anticipate further improvements through additional quality assurance processes. There was a communicated sense of collective responsibility between staff and leaders of the service in relation to children and young people's outcomes. Staff expressed their continued commitment to providing high levels of service whilst also acknowledging the distress they experience at the work tasks that they and their colleagues cannot get to due to workload pressures. Staff were fully cognisant of the impact of drift and delay on children and young people and the emotional burden of this was clearly expressed.

How well is our care and support planned?

3 - Adequate

The quality of assessment and planning by the adoption service was of a good standard. Wider provider led care planning was however found to be inconsistent with outcomes for children directly impacted by missing assessments, unclear decision making and importantly a lack of analysis in the documents available about what the information meant for the child or young person. This meant that case recordings did not consistently hold the child at the centre and did not explicitly outline what the information meant in terms of decisions making (see requirement 1).

Regular reviews were taking place however, the recording of these would benefit from clearer identification of specific timeframes and a member of staff responsible for the action. Adoption support plans were completed, and caregivers reported their satisfaction with supports offered. In the review of transition timeframes from foster placement to adopters homes it would be useful for the service to re-evaluate their timescales. We found that child-centred assessments suggested the need for greater timeframes and more adaptive and creative transitions, but in practice adult needs appeared to take precedence. This meant that children experienced disruptions in attachment relationships which had the potential to be traumatic and impact upon their emotional wellbeing (see area for improvement 1). The service have advised of their involvement with the 'staying connected project' with the Association for Fostering, Kinship and Adoption (AFKA) Scotland. It is envisaged that this will support the service to review their current process and support training on transitions across both Adoption and Fostering services and fieldwork services.

Overall, and similar to the last inspection, there was a concern about the progress of decisions for children's care and well-being. However, there was evidence of the adoption service advocating on behalf of children and young people in meetings. The continued 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 was occurring, but as yet we have not been able to evidence of positive outcomes for children from this tracking.

Requirements

1. By 1 March 2023, 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; and
- 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 (SS! 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).

Areas for improvement

1. To ensure all children and young people experience transitions of care that are right for them, the provider should ensure detailed plans are in place.

These plans should be informed by recommendations from previous assessments, national guidance and theories of child development, trauma and attachment. The plans should include but not be limited to, identify support needs, and include strategies for emotional safety. Ensuring that transitions occur within a timeframe that is right for the child and does not cause emotional harm.

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).

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

Requirements

Requirement 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).

This requirement was made on 20 January 2022.

Action taken on previous requirement

The provider has set up a permanence tracking system, although this system should be more robust, with outcomes that are SMART (Specific, Measurable, Achievable, Realistic and Time-bound). Assessments of children's long term needs are still not being carried out within acceptable timescales.

Not met

Requirement 2

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).

This requirement was made on 20 January 2022.

Action taken on previous requirement

The service has a clear and SMART improvement plan in place. An independent panel chair has been appointed which means that there is now independent oversight and scrutiny of the service. Management systems are in place although the function of these is impaired by a lack of business support to ensure that all recorded details are up to date.

Met - within timescales

Requirement 3

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).

This requirement was made on 20 January 2022.

Action taken on previous requirement

Child's plans were produced for all children using the service by the end of April 2022. However, these were not outcome focused or SMART. The views of children and carers are still not accurately reflected during the review process, in meeting minutes, or in child's plans. The provider is currently recruiting for independent reviewing officer posts which will provide more independent scrutiny once these people are in post.

Not met

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very Good

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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