



# Inspection Report on Western Bay regional adoption service

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg  
This report is also available in Welsh**

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## **Description of the service**

Western Bay Adoption Service is one of the five regional adoption collaboratives which together with the Voluntary Adoption Service collaborative delivers adoption services across Wales. Western Bay regional adoption service comprises of a collaboration of three local authorities Bridgend, Neath Port Talbot (NPT) and Swansea and was developed in response to a change in guidance as outlined in the Adoption and Children Act 2002 (Joint Adoption Arrangements) (Wales) 2015 which followed new legislation.

The functions of the three local authorities' adoption agencies are mainly delegated to the Western Bay Adoption Services through the establishment of a regional interagency partnership agreement. There is a regional management board in place and a governance structure is established. The service is hosted by the City and County of Swansea with a lead head of service from that authority, but all workers are co-located in Neath Port Talbot. There are three distinct but related functions, twin tracking and family finding for children; recruitment and assessment of adopters and adoption support. The service is still relatively recently established and the staff remain employed by the authority where they previously worked. The staffing structure of the service includes a regional manager; three team managers and the equivalent of 21 full time social work posts. The service is supported by 6.5 business support staff and their manager.

## **Summary of our findings**

### **Overall assessment**

Children; adopters and people receiving adoption support receive a good service overall. The quality of adopters' assessments was mainly good and some best practice was noted with regards to direct work with children and their adoptive parents. In the past year there was a timely response to adoption enquiries with a slight increase in the numbers of adopters approved. Timeliness has improved for the period children wait to be placed for adoption, with every child placed being assessed for adoption support. Average time taken to assess adopters increased slightly, but this was influenced by circumstances outside the control of the service. The quality of adopter's assessments was mainly good but the recording of challenge was underdeveloped. There are issues around being able to recruit sufficient adopters prepared to accept sibling groups and children with additional needs and numbers of children with a 'should be placed for adoption' decision and a placement order waiting to be placed increased significantly in the past year. This is a national issue; managers were well informed of the profile of the service and have supported strategies to try to address the deficit.

Feedback from adopters about the service was mainly positive with some people expressing a high level of satisfaction. Training for adopters was reported to be of

good quality and a number of support services have been developed. Medical officer support through the adoption panel was particularly valued by adopters.

There is a central adoption panel which operates geographically to meet the needs of the three authorities and these are consistently operation to a good standard. Service users are well supported by an appropriately qualified, experienced and skilled workforce. The working environment and issues around the integration of staff from three separate services with differing terms and conditions had affected morale and sickness absence. Staff had not received refresher safeguarding training in the previous two years. Regional management arrangements are well established with effective performance management in place but quality assurance is inconsistent and still under development. Scrutiny arrangements are not consistent across the service as each authority reports differently to elected members.

### **Improvements**

This is the first inspection of the service.

### **Requirements and recommendations**

There were no areas of non compliance with the regulations.

Section four of this report sets out the recommendations to improve the service.

# 1. Well-being

## Summary

Children receive a good service and placements are made to promote their well-being. The quality of adopters' assessments was predominantly good and supported clear and well reasoned matching decisions for children to be placed with adopters. Every child placed was assessed for adoption support. The service values diversity.

## Our findings

Information about children referred to the service was comprehensive and allowed consideration of the key factors that would assist the finding of placements that would promote the child's well-being and maximise keeping them happy, healthy and safe.

We saw that the service responded promptly to referrals received and that consideration was given to identifying the family finding tasks for each child. Together with ensuring timely referral to the Welsh or National Adoption Register children had been placed safely, appropriately and without avoidable delay. Children had been visited in their adoptive placements in line with statutory requirements and reviews of placements had taken place.

The care, education and health needs of children and the potential impact of their earlier life experiences of attachment and trauma, were identified and shared with adopters, who were offered training and support to understand these. Children who were old enough had been helped to know and understand why they have been adopted. We learned that children had been supported to cope with difficult life events, transitions to new placements and experiences of loss. Foster carers had been involved in preparing children for moving to their adoptive placement, the intensive introductions and supporting the adopters to get to know the child. Adopters reported their appreciation of the role of foster carers in preparing children for the transition to their adoptive placement. Social workers working with both the child and adoptive family had worked as a team around the child to make introductions and placement a thoughtful, measured and positive experience. Although some life journey work had been undertaken with children and later life letters had been written in good time, not all had been shared with adoptive parents in a timely way. We saw examples where the information had not been available until after the adoption order had been granted.

The quality of adopters' assessments (PAR's) was predominantly good. The required statutory checks had been undertaken on prospective adopters and children were safeguarded by these and the comprehensive assessments of adopter applicants. The recording of challenge within the assessment is an area for improvement. Panel members reported that the quality of PAR's was generally good. Overall the depth of

information in the assessments supported the making of clear and well reasoned matching decisions for children to be placed with particular adopters. As a result children have been matched and placed with adoptive parents whose assessment evidenced that they were most likely to meet their needs.

The majority of adopters who responded to Care Inspectorate Wales questionnaires reported they had received good information about the service and what adoption entailed. They had found the assessment process to be timely, balanced and fair. They also felt that when matching and placement decisions were being considered the service had taken into account their family composition and circumstances.

We learned that people involved with the service were treated fairly, without prejudice and with respect. There was evidence of respect and inclusiveness in assessments and contacts with adopters. We saw that in some cases birth parents had been involved in giving their views about the kind of people who would adopt their child and that their views had been listened to. People with particular health or communication needs had been responded to sensitively and compassionately. In a number of cases there had been pre-assessment consideration of particular issues so that if an assessment was not likely to be viable applicants did not engage only to be disappointed at a later stage. We found that when adopters had given their views about the service they had been listened to although they may not always have been agreed with. We saw that lessons learned from feedback about the service had been considered with a view to improving future practice. An example of this was the issue of life journey work not always being made available to adopters in a timely way. Children experience enhanced well-being because the service ensures that they have good quality information about them and their needs, and strive to provide for their needs to be met. Children's support needs are considered as part of the matching considerations of a placement. Children have their individual identities and cultures recognised and valued and placements had been made to support these being met. The Welsh culture and language, or other heritage, is considered as part of adopter assessments and prospective placements and we saw that children from Welsh speaking homes had where possible been placed with adopters who spoke Welsh.

Children's individual and diverse needs are recognised and catered for, their rights are protected by the decision making processes and children who are old enough, have a voice and are encouraged to speak up. We read for example that children had been consulted by adopters about a possible change to their first name and that children had been listened to and their wishes respected.

We saw records that reflected that children experienced warmth, attachment and belonging in their adoptive homes. Children had made progress developmentally, emotionally, socially and in education since placement for adoption. Children had remained healthy because their needs were known and anticipated and they were able to have access to relevant specialist or medical support. Their health needs

were being monitored and addressed and many of the children were reported to be thriving.

A number of placements had been made of sibling groups. There was evidence of decision making regarding placement decisions for siblings and the considerations of retaining attachments with siblings where appropriate. If this was not possible or appropriate there was clear reasoning recorded and evidence of each child and their needs being considered individually as well as part of the sibling group. Financial support had been provided for some placements to support siblings to be placed together.

Children and young people are able to live with loving supportive adoptive parents who are committed to understanding and meeting their needs. Children are supported to have positive understanding of their journey to adoption and as agreed on an individual basis, arrangements had been put in place if contact was to be maintained with their birth family. The well-being of children is prioritised in this service which is child focused and attuned to children's needs. Children have been able to experience stability in their adoptive homes as within the period considered only one placement had been disrupted.

## **2. Care and Support**

### **Summary**

The panel arrangements mainly comply with legislative requirements, a designated professional advisor and decision maker are in place. However, some areas were identified as needing to be developed such as introducing business meetings and panel member appraisal and training.

Careful consideration is given to matching children and prospective adopters with appropriate processes in place to do so.

A range of appropriate support is in place to promote successful placements of children with adopters/prospective adopters. We identified some examples of good practice support and some areas where improvements could be made. Support plans were consistently put in place at the point of matching but robust arrangements for their review were not consistently in place.

The adoption service had effective mechanisms to provide good quality intermediary services that met people's needs and promote their wellbeing. However, the demand for the service could not always be met in a timely way although priority was given to do so for those adoptions pre November 1975.

### **Our findings**

Good adoption panel arrangements had been developed. The adoption service had allocated both team managers to be Adoption Support Service Advisors (ASSA's) with each having designated roles within the service, for example one is panel advisor.

The panel membership and the way it operates had been developed since the restructure of the adoption service and the panel chair came in post in January 2015. The panel chairperson is the same for all three panels thus promoting consistency and rarely misses a panel meeting. There are usually three panels a month, which is geographically located in each of the local authorities. An adoption panel protocol was in place that sets out how the panel operates.

The service has established a central pool of panel members, a core of who attend regularly and some who only attend in their geographical area. The panel chair and ASSA told us that it was not difficult to ensure that panel meetings were quorate. Panel members were described as dedicated and committed which was evidenced by the care taken in their preparation for panels and their levels of attendance and participation at the meetings. This was observed at panel where members were seen to actively engage in the process and in the discussions held.



Whilst the panel members were seen to function well and show consideration to relevant issues, there was a lack of representation at a strategic level to influence policy and wider decision making. For example there was a retired teacher as a panel member and a LACE's coordinator was also a panel member, however, the LACE's coordinator told us they did not attend panel meetings and therefore did not have a sense of the operation of the panel or wider issues arising.

The medical advisors work well at sharing relevant information and to ensuring information is shared with prospective adopters. They are clear about their roles and responsibilities. Similarly each local authority has a legal advisor who provides information and guidance when needed.

Panel minutes are processed promptly and the chair told us there was good business support to administer the panel. The agency decision makers are effective at completing their roles in a timely manner. Records of panel meetings were suitably detailed.

The panel was described as working well with an open and honest culture. The panel chair promotes opportunities to explore issues and encourages questions and an open honest exchange of views from panel members. Acknowledgement of good quality reports and assessments by panel members was observed and also the identification of concerns about the quality of some reports and request that they be updated (usually the CAR B). Questionnaire responses indicated that the CAR B provided sufficient information about the child but often did not reflect the wishes of birth parents.

Panel members identified areas where improvement was needed. Panel members do not receive appraisal or training; this is identified in regulation 8(b) as the responsibility of the adoption advisor. The adoption advisor told us that when one team manager left there had not been time to undertake this work. Similarly, (Regulation 8(d)) panel have requested occasional business meetings and information regarding placement breakdowns to be brought to panel but this has not happened. The panel protocol indicates that business panel meetings will take place every six months but this has not taken place. This was confirmed in comments made in questionnaire received from panel members. Questionnaire responses also indicated that panel members had not received relevant policies and procedures. Steps need to be taken to address these issues.

Clear matching processes were in place to ensure that children and adopters needs are considered at the point of matching and placement. Consideration is given to the suitability of the match and any support needs the child or adopters may have. This process also monitors life story work and later life letters for children being placed. Whilst we saw some examples of good quality life story work, there was also examples of delays in this work and later life letters not being provided until very late

into placement and sometimes after the adoption order had been made. The ASSA told us that there were plans from April 2018 to drive forward a framework around life story work with independent reviewing officers (IRO's) taking on the responsibility for ensuring there is a named person responsible for this work and panel monitoring this with an expectation that it will be completed at the point of matching.

Arrangements were in place to ensure that information about children, their families and any health implications are shared with adopters. The medical advisors filled a positive role in this process.

Placements are supported through adoption support arrangements and plans. Support needs are considered at the point of matching and a support plan was consistently put in place at the point of matching/placement. However, the reviewing arrangements at the point of adoption order were not consistently taking place and there was a lack of monitoring process to identify these short falls. If the need for a support service is identified post placement, processes were in place to ensure these are subject to appropriate monitoring and review.

Efforts have been made to develop staff skills in order to provide good quality support to adopters and children. The support arrangements provided by the team include:

- Therapeutic social work;
- Theraplay techniques;
- Task centred/solution based;
- Attachment assessment;
- Therapeutic life story;
- Post approval training for adopters;
- Support groups;
  - Adopters – 2 groups, 1 in the east and 1 in the west. Includes a guest speaker and opportunity for adopters to meet and chat. A social worker from the team supports each of the groups.
  - Talk Adoption – 2 groups children a younger group and older group including children who have been adopted up to the age of 25. A social worker from the team attends. These were described as successful and provide an opportunity for children to talk about their experiences of adoption.
  - An adopter and child group – young children under 8 years of age. Three groups, one in each authority. A social worker attends each group and an adopter leads in one of the groups.

Where specialist therapeutic support has been identified for children and funding agreed, it can be difficult to locate/source. An example was seen of a worker who went to great lengths to find the right support for a child but this had the inevitable result of taking time to find.

Financial support: An adoption allowance policy has been developed for the three local authorities. Where arrangements are in place under the old arrangements, these will be honoured. An annual means test is undertaken for people in receipt of financial support. A means test is carried out initially and to ensure continued eligibility each year.

Letter box arrangements have been a challenge as there are very high numbers to manage. There is a dedicated business support officer to assist with the task and they ensure that everything is logged and scanned into the system. The work has now been shared across team members so everyone has some letterbox on their work load. The ASSA told us that efforts had been made to make dormant cases live and where necessary to investigate to ensure the legitimacy of the contact. It was described as being a lot of work but was seen as successful with greater clarity of the arrangements in place.

The team has a specialist worker to undertake intermediary work. However, efforts were being made to build up other team member's skill base in order to increase capacity in the team to meet the demand. This service had previously been regarded as low priority. Specialist training around this area of work was described as hard to find.

There had been a high number of unallocated cases for birth record counselling and intermediary services, inherited following the restructure of the adoption services. The cost of commissioning the service was prohibitive so there are plans for the one worker to take the lead for the next year with a view to developing staff skills and knowledge in this area of work. When work has been undertaken we saw examples of good work, one was a lengthy piece of work and the other a short focused piece of work. They showed that attention was given to follow correct procedures with sensitive and respectful consideration given to the specific communication needs of people.

Priority was given to provide a timely service to people adopted before November 1975 in line with regulation. An example of this was seen, but lack of capacity may impact on overall; timeliness of this service.

The service is planning to develop guidance for people to help to keep them safe if using social media and other processes to undertake their own searches.

We therefore found that the quality of work to help people with birth record counselling and intermediary work was very good although the overall demands of the service resulted in a lack of routine timeliness.

### **3. Leadership and Management**

#### **Summary**

Leadership and governance arrangements comply with statutory guidance. All stakeholders were satisfied with the partnership agreement which was finalised in January 2017. The working arrangements are echoed in the statement of purpose for the regional service. There is good routine reporting on performance into the regional management board and members report positive partnership working. However, it would appear that the process can impact on the agility to implement decisions and quality assurance is relatively undeveloped.

Lines of accountability to elected members are not consistent or entirely clear across the three authorities. This is an area particularly influenced by a regional model. There is annual reporting on the performance of the regional service but there was little opportunity for members to scrutinise the outcomes of the children from their own authority for whom they have corporate parenting responsibility. Members acknowledged that this was an area for review.

There is good regional representation on the national advisory group and an elected member from the region had been chairing the national governance board promoting good communication. Western Bay had been identified as a progressive region with regard to innovative and creative practice. However, the two significant issues of recruitment of a sufficient number and range of adopters and the increase of children waiting to be placed for adoption remain a challenge.

The integration of the workforce from the three partner authorities had presented some difficulties. A number of issues had impacted on team morale and there was still progress to be made in developing a whole service ethos. The decision not to recruit into one of the team managers posts had an impact on capacity. This decision had been reversed but it was unclear how timely recruitment would be. There were some local management issues within the service which the regional management board acknowledged had been difficult to address.

Management were aware that the inter dependency which could impact on timeliness and quality of information between the local authority child care teams and the regional adoption service could impact negatively on practice. For example improvement life journey work had been made but the ensuring capacity to achieve consistent quality and timeliness, which would be a challenge.

#### **Our findings**

There had been a great deal of effort made by the region to set up what essentially is a new service. The establishment of a national adoption service with the regional structure being crucial in delivering the aims and intended improvements; required a

high level of commitment from all involved. The national service aims and objectives are incorporated into the working agreement. The multi tiered arrangements are well understood and work effectively although the requirement to report on an increasing number of performance indicators was proving challenging. There was some evidence of a drift between decisions being agreed at board level and actions being implemented. The chairperson's role was vacant for a period which could have influenced timeliness.

Representation on the regional management board from other agencies has taken longer to achieve. There was little evidence that the involvement of partner agencies in the regional management board is currently making a difference to adoption support in the longer term. Although individuals were committed and there were examples of good working relationships and good quality support particularly from health. It is difficult to see what influence is being exerted across the health board and education directorates to embed improvements in adoption support. Third sector involvement is strong with good links into national structure. Board members were confident that progress in meeting national standards and improving quality is being made. There was a level of optimism about the potential benefits of national initiatives such as a scheme to support the adoption of children with additional needs 'Adoption Together' and national framework /training for life journey work. There was an acknowledgement that increasing the availability of sufficient adoption placements and improving long term support for adopted children remain problematic.

Heads of service from the three local authorities are very positive about the working arrangements of the regional management board. The lead head of service has additional responsibilities, supervises the regional manager and also represents the region nationally. Although the management board were able to scope service provision as data and trends were reported systematically the variability in the numbers of children with a plan for adoption being referred and little control over the number of potential adopters who could be recruited made planning a challenge. It was reported that there had been a surplus of adopters in recent years but a subsequent increase in children with a plan for adoption led to a deficit which it was not possible to make up in the short term. There was also a rise in the numbers of older children with a plan for adoption and those with additional needs which had contributed to an increase in the numbers of children waiting to be placed. i. e. from 86 in 2015/16 to 102 in 2016/17. There was a systematic process in place to ensure children were registered with the Welsh Adoption Register in a timely manner and additional initiatives such as 'exchange days' are attended in an effort to find suitable adopters.

There were some examples of good commissioning with training for prospective adopters and therapeutic services. The availability and range of post adoption support was less consistent. The board are aware that there is a need to develop a

more regional or even national approach to developing an appropriate range of services. There are plans for working in partnership with CAMHS to develop better psychological support to those affected by adoption across the region.

A quality assurance framework is being developed and while there was evidence that work was being reviewed this was not consistent across the service. Authorities have their own quality assurance processes in place but the regional service needs to establish systems to ensure continuous improvement of its work. There had only been one adoption disruption in the previous year for any children in the period between the adoption placement and the adoption order being made. However, there had been no review or quality assurance of the disruption nine months later; this was reported to be because of staff sickness. Plans were in hand to complete this piece of work and share the learning.

All heads of service expressed confidence in their knowledge of the effectiveness of the regional adoption service and their ability to track the progress of children from their own individual authorities. All were the designated 'agency decision makers' (ADM) for their own authority which gave them the opportunity to gain an overview of the quality of work being carried out. This work can demand a high level of capacity although it is variable. The arrangements are not consistent across authorities for example it was reported that there is local quality assurance of Children's Adoption Reports; however, documents recorded fairly routine criticism from the adoption panel. It would appear that that the link back to improvement in practice is not working effectively. Support for the ADM process was also variable which could impact on quality assurance although this did not appear to impact on outcomes. Practice opportunities to share learning could be improved.

There is a pooled budget for the running costs of the service which includes adoption support costs, each partner expressed satisfaction with the funding arrangements. The agreement for the provision of both one off and on-going adoption allowances had declined in the previous year. There did not appear to be any clear explanation for this change. This is an area which would benefit from review by the regional management board. Examples were seen of good therapeutic support packages being provided in preparation for adoption although these are funded by each local authority. Children could benefit further from consistency of provision of pre adoption support in an effort to ensure the best outcomes. Good efforts had been made to improve 'letter box' contact for example and the managers are proactive in driving forward improvements across the service.

There is a wide breadth of experience and skill mix in the workforce. All workers are suitably qualified, and registered with Social Care Wales. Turnover of staff is low, but there had been some long term sickness absence. There was a range of relevant training available but staff had not completed any refresher safeguarding training in the previous two years. There is a high level of commitment to supporting the best

outcomes for children and adopters. The arrangements for the running of the service were well organised but the team manager vacancy, the inherent challenges of bring three separate service together with differing terms and conditions for staff carrying out the same work and cramped working environment had impacted on staff morale. Work loads had been high due to sickness and vacant posts; some staff reported feeling unsupported at times. Staff supervision had not been routinely completed and there is mostly a case focussed approach. Better recording of supporting staff development and well being is needed. This was in the process of being resolved at the time of the inspection.

## **4. Improvements required and recommended following this inspection**

### **4.1 Areas of non compliance from previous inspection**

This was the first inspection of this service.

### **4.2 Recommendations for improvement**

- The regional management board should review the arrangements relating to the implementation of agreed actions and ensure there are vice chairing arrangements in place.
- Consideration should be given to how improvements in adoption support can be more systematically developed across partner agencies.
- A quality assurance framework should be implemented across the service and consideration given to linking into the associated functions which are completed by children's services. i.e. CAR/B; life journey work and later life letters.
- All operational regional adoption service staff should complete relevant safeguarding training every two years.
- The process for assessing and agreeing financial support for adopters should be reviewed to ensure the system is working appropriately.
- The timeliness and quality of supervision should be reviewed to ensure there is a consistent approach to case management and staff support and development.
- Consideration should be given to how staff can be provided with a more suitable working environment.
- Panel members should be provided with an appraisal and training opportunities.
- Consideration needs to be given to provide the panel members with occasional business meetings and bring information and reports about placement breakdowns to panel. Panel member need to be provided with relevant policies and procedures.
- Monitoring arrangements need to be put in place to ensure review of support plans.



## 5. How we undertook this inspection

This was a full inspection and the first for this regional adoption service since its inception in 2015.

The inspection took place between 28 November and 19 December 2017 with an additional interview taking place on 8 January 2018.

Information for this report was gathered from:

- The service completed a self evaluation and data return.
- Inspectors reviewed a number of policies and procedures and workforce data.
- Read 21 case files including case tracking 8 files; interviewing social workers, team managers and adopters (where available)
- Interviews were held with:-
  - 3 Elected members (one from each partner local authority )
  - The head of children's services from each of the 3 partner local authorities.
  - The chairperson and members of the regional management board representing Voluntary Adoption Agencies and partner agencies.
  - Members of staff individually and as a team.
  - The regional team manager.
  - Two team managers and ASSA's.
  - One of the medical advisors.
  - The foster panel chair person.
  - A group of panel members.
  - The legal advisor for NPT, Principal Officer for Swansea and the LACE's coordinator for NPT as a group.
- Meetings with 4 adopters and adoption support group.
- Attendance of adoption panel.
- Questionnaires were completed by seven adopters and eight adoption panel members.

Further information about what we do can be found on our website  
[Careinspectorate.wales](http://Careinspectorate.wales) [Arolygiaethgofal.cymru](http://Arolygiaethgofal.cymru)