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**Case Study**  
**Sefton's Adoption Improvement Journey**

**June 2014**

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## Summary

The DfE commissioned this case study ‘**Sefton’s Adoption Improvement Journey**’ which outlines the key themes, some context and background, how Sefton turned around the whole service including adoption and the main steps involved in the improvement journey, lessons learned and the impact of change. The overall journey needed strong leadership, effective political support and financial investment during LA cuts; and Independent Adoption health checks ensured a restructure that would focus on children’s interests as central to all services. Clarity of accountability, a systems approach to permanence and a focus on reducing delay were key steps to successful restructure and cultural change. Integral to the management of change was a culture that understood and embraced the strapline ‘the right intervention, at the right time with the least changes of workers’.

## Introduction

In April 2012 as the first Adoption Score card was published Sefton Council acknowledged the need for systems analysis, organisational structure change and efficiency savings to address previous silo working and the emerging national policy framework of:

- Professor Munro’s review May 2011
- Frank Field review on Poverty and Life Chances December 2010
- Graham Allen’s review on Early Intervention: the Next Steps July 2010
- Family Justice review November 2011
- The New Ofsted Framework for Inspection
- The Adoption Reform agenda

A new Head of Service for Vulnerable Children and Young People was appointed in April 2012 to develop and lead a whole systems transformation across Children’s Services. At the same time within the Adoption Service the timescales in Sefton between children becoming looked after and placement in their adoptive home were well outside the A1 indicator on the Adoption Scorecard and significantly greater than comparable local authorities. At that stage Sefton was one of the 12 local authorities with similarly adverse findings on these indicators of timeliness for the adoption process, all of whom benefitted from an adoption diagnostic. In September 2013 Core Assets and BAAF produced a Directors’ briefing which outlined the key themes for the sector and areas for improvement arising from the diagnostic assessments they had undertaken.

***See Appendix 1 – Director’ Briefing.***

In most local authorities permanence was not understood by all staff, or across multi-agency settings and adoption was seen in isolation from the whole journey for the child. (A1 indicator measures the time between a child becoming LAC and moving in with their adoptive family measured in days; A2 indicator measures the time between the LA receiving the agreement of the court to place a child for adoption and the child being matched with a family).

## Context & Background

In Sefton an Adoption Diagnostic was undertaken by Core Assets and British Association for Adoption and Fostering (BAAF) Associates between 2<sup>nd</sup> – 5<sup>th</sup> July 2012 as part of the Children Improvement Board and Department of Education (DfE) programme to support local authorities and explore how delay could be minimised for children who need permanence. Sefton Council impressed Associates as willing to tackle areas that needed improvement and had developed an improvement plan. The key finding was that management of a change strategy/whole systems transformation had just been initiated and the challenge for the council was to ensure comprehensive operational implementation. The Adoption Diagnostic key findings were that staff within Sefton were positive, engaged and aware that there had been unacceptable delays

in purposeful planning for children. The council had recognised the need for systems analysis and whole organisational change, to address delays and drift for some children. The Diagnostic recommendations emphasised the challenge was to translate the whole systems improvement plan into operational activity, so that all staff understood the need for change and that Adoption Services were not seen as an isolated service, but integrated. It was recognised that the improvement plan, alongside a Quality Assurance (QA) framework would require effective scrutiny of practice and management sign off and must be able to measure improvement linked to a robust and well-resourced training and development plan.

It was recognised that the role of the Independent Reviewing Officer (IRO) needed review, with the aim of increasing the challenge function of the role and incorporating IRO scrutiny as an integral part of the QA framework.

In order to achieve this ambitious plan, Core Assets recommended that additional capacity be considered. To its credit, despite fiscal challenges, the Council recruited an Interim Head of Transformation to support the required changes and reduce drift within Adoption Services.

A (DfE) improvement notice was issued on the 18/12/12 which applied to performance within Adoption Services. This followed the publication of the DfE Adoption Scorecards in May and November 2012. This notice required evidence of improvement in three areas: strengthening management and leadership; more robust quality and effectiveness of practice; and improvements in A1 and A2 Adoption indicators.

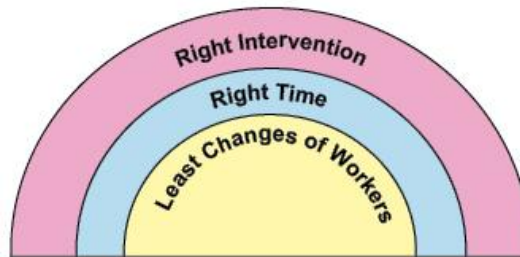
The Director of Children's Services commissioned Core Assets to undertake two independent Health Checks to track Adoption progress, give support, challenge, offer advice and review developments on the whole system re-design. These took place in January and October 2013 when the Associates concentrated on reviewing progress against the areas specified in the key elements of the DfE Improvement Notice, served in December 2012, to check if these had been met and whether the improvements had become integral to the culture, processes and delivery of service.

The issues that influenced and shaped the change agenda were:

- Relatively high numbers of children subject to a child protection plan and children who were looked after
- Recognition that too many workers were involved with individual children
- Recognition that an early help strategy was required to support staff to manage risk at lower levels and provide clear support-pathways through services that were more outcome focused, cost effective and efficient
- An Adoption inspection in February 2013, Adoption Diagnostic and Peer Review findings and recommendations
- The need to ensure a skilled and suitably experienced work-force. Ensure a career development strategy to enhance practice and retain experienced staff to support better outcomes for children.

The social care redesign proposed changes were to align council services to take a more holistic approach to the child's journey, ensuring that early help was embedded with a clear support pathway available to provide the right intervention, at the right time, with the least change of workers for the child. A multi-agency consultation, during June/July 2012, helped further develop the organisational structure and agreed a new strap-line which was integral to the management of change and the concept of a continuous journey.

**Fig 1: The Strapline**



This strap line was underpinned by the following universal values:

- ✓ Ensure the welfare and best interests of the child is at the centre in all we do
- ✓ Treat children and young people, families and carers as valued partners
- ✓ Believe change is possible and positively support parents and carers
- ✓ Value difference, ensure inclusivity and encourage engagement
- ✓ Actively listen and take action in a timely and responsive way and avoid unnecessary delay
- ✓ Achieve joined up services for families and children that make best use of resources.

### **What did Sefton do to turn around the Adoption service?**

The whole transformation strategy had a focus of embedding permanence with clearer, earlier, defensible decision-making so that adoption is considered and prepared for earlier in the process, therefore reducing the number of social workers involved in a single case. This strategy was led by the Head of Service for Vulnerable Children and Young People, supported by an interim Head of Transformation, to operationalise the implementation plan. Tasks included: project management approach; leading a communications group; developing job descriptions and person specifications based upon the Professional Capabilities Framework and re-aligning posts to increase the numbers of social workers; and provide 3 Advanced Practitioners at manager grade to support innovation, challenge and practice improvement.

The creation of a Quality Assurance Manager post was critical to the process. Reviews were undertaken of the Independent Reviewing Service and Emergency Duty Team (EDT). A Multi-Agency Safeguarding Hub (MASH) was developed and implemented. The Council's residential children's homes were reviewed to ensure smaller more focused provision and the development of a preventative adolescent service linked to respite care managed jointly with early help services. The leadership provided by the incumbents of these two posts, supported by the Director, senior management team and political leaders ensured a restructure that would focus on children's interests as central to all services. Clarity of accountability and a focus on reducing delay, particularly in Adoption, were also key to successful restructure and cultural change. It was an ambitious plan with tight timescales as follows:

**Fig 2: The main steps in the whole systems improvement journey with a focus on permanence**

<p>June / July 2012</p>	<ul style="list-style-type: none"> <li>• Management of change &amp; concept of continuous journey agreed</li> <li>• Inaugural Multi-Agency Adoption Summit Jointly led by Cabinet Member for Children, Schools, Families and Leisure and Director; this was to link the whole systems redesign to improvements in A1 &amp; A2 Adoption indicators</li> <li>• Staff consultation on model of re-design and agreed shared values and strap line</li> <li>• New ICS product in development as the previous system was not fit for purpose</li> <li>• Core Assets &amp; BAAF Adoption Diagnostic took place with report and recommendations</li> <li>• Quality Assurance framework in development and out for consultation</li> </ul>
<p>Sept / Oct 2012</p>	<ul style="list-style-type: none"> <li>• Quality Assurance (QA) framework and temporary manager in place</li> <li>• Training commissioned for Graded Care profile and Signs of Safety</li> <li>• Identified following actions over next quarter: <ul style="list-style-type: none"> <li>• Job Descriptions &amp; Person Specifications to be developed in accordance with Professional Capabilities Framework.</li> <li>• Team sizes, membership and location of teams to be agreed, base line audit of social care activity undertaken</li> <li>• Agree recruitment process and calendar</li> <li>• Team responsibilities and transfer protocols to be agreed across and within teams.</li> <li>• Work to improve defensible decision making protocols, formalise with other agencies</li> </ul> </li> </ul>
<p>January 2013</p>	<ul style="list-style-type: none"> <li>• First Independent Core Assets Adoption Health Check, quality assured by BAAF, to review progress against action plan and ascertain progress on A1 &amp;A2 adoption indicators. Further recommendations made</li> </ul>
<p>April / May 2013</p>	<ul style="list-style-type: none"> <li>• All posts interviewed, appointments made, QA Manager appointed</li> <li>• Audit outcomes published, action plan developed and reported to LSCB / CPB</li> <li>• New ICS Protocol launched January 2013 with T &amp; D plan</li> <li>• Development of MASH / protocol &amp; operating guidance agreed</li> <li>• IRO review completed, recommendations shared with SMT and IROs</li> <li>• Residential review completed, services restructured and agreed with unions, development opportunities created for staff</li> <li>• Graded Care Profile training continued and adopted by LSCB</li> <li>• Safeguarding Peer Review undertaken recommendations added to plan</li> <li>• Data accuracy work undertaken</li> <li>• Supervision audit, priority given to regular and meaningful sessions</li> <li>• Work to improve timeliness &amp; quality of assessments / plans &amp; justifiable decision making started</li> </ul>
<p>August / October 2013</p>	<ul style="list-style-type: none"> <li>• All teams located and operating in line with plan, with regular auditing taking place</li> <li>• Managers workshops established</li> <li>• C4EO supported improvement in data accuracy</li> <li>• Child Protection process review completed actions reported to LSCB</li> <li>• Caseloads reduced in 2/3<sup>rd</sup> of services</li> <li>• Service Development meetings introduced to share good practice and introduce new ways of working and shared understanding of the journey for the child</li> <li>• Legal Gateway reviewed, development of Case Manager role to support revised PLO process and track cases</li> <li>• EDT review started</li> <li>• 2<sup>nd</sup> Independent Core Assets Adoption Health Check, QA by BAAF, to review progress against action plan and ascertain progress on A1 &amp;A2 adoption indicators. Further recommendations made</li> </ul>

January 2014	<ul style="list-style-type: none"> <li>• PLO processes strengthened, system and data shared with all staff</li> <li>• All Advanced Practitioners in place</li> <li>• Case summaries completed on 200 LAC cases</li> <li>• Weekly report to Head of Service on all children open to the service</li> </ul>
March 2014	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> Independent Core Assets Adoption Health Check, QA by BAAF, to review progress against action plan and ascertain progress on A1 &amp; A2 adoption indicators. Further recommendations made</li> </ul>
April 2014	<ul style="list-style-type: none"> <li>• Permanence Strategy being developed</li> <li>• ICS business processes completed on single assessment</li> <li>• MASH &amp; Adolescent Prevention Service launched</li> <li>• 2<sup>nd</sup> Multi-Agency Adoption summit held, sharing progress to date and areas for improvement, “where are we now and where do we need to be”</li> <li>• Members of Research in Practice to enhance learning development and practice</li> </ul>

A key theme since early 2012 has been a refocus on ‘the child’s journey’ and the desire to provide the ‘right intervention at the right time with the least number of workers’. The regular independent health checks have given scrutiny, support and challenge. Regular staff newsletters have kept everyone involved and informed.

In order to understand operational performance, as Fig 2 shows, pro-actively managing the change process was important as was the QA framework, which was developed and implemented so that performance could be scrutinised on two levels; within the teams at weekly performance clinics and across the service at monthly performance management meetings.

Data is produced to inform performance against national indicators and the new QA framework ensures that audit activity is maintained as regular activity and reported quarterly to senior managers and IROs. Auditing activity consists of file auditing, supervision audits, monthly observation of practice by Team and Service Managers. The Head of Service holds 4 case discussions per month with social workers from different teams to discuss and identify levels of risk, defensible decision making, recording, analysis and assessment and identify any gaps in the completion of actions identified in the monitoring by the QA manager. This auditing activity and the use of action plans are some of the tools used to measure progress, identify areas for improvement in service delivery, reduce adoption delay and increase positive outcomes for children and their families.

The Head of Service has taken on the role of Principal Child and Family Social Worker and is holding bi-monthly meetings with Advanced Practitioners, Learning and Development and QA Manager to facilitate information and good practice exchange between the National Principal Child and Family Social Worker network and local practice. Membership of Research in Practice will also support improved practice through access to research materials, workshops and other resources.

The findings of the last independent health check in March 2014 showed the organisational infrastructure and associated activity had been completed. Implementation of this huge change agenda had progressed smoothly, despite some staff reporting they had experienced the process as stressful at times. Workers interviewed reported they felt more confident and supported in making safe decisions and achieving the desired outcome of reducing delay for children and thinking about permanence much earlier in the child’s journey. Case loads are



reported to have dropped significantly. Staff morale was good and staff were complimentary about the new structure and different ways of working. Fewer changes of social workers were reported, with many children experiencing one worker from handover from the first response team to a permanency placement.

A new integrated Children's recording system was established in 2013 with upgrades to the system going live in January 2014. Social workers report that it is much more 'fit for purpose' than the previous system and easier to input data. Evidence from a social worker focus group was that the role of IROs is much more effective in QA, Quality Control (QC) and challenge: one IRO has a specialist function liaising with locality team workers in relation to adoption and this was reported by workers to be very helpful.

The Public Law Outline (PLO) Case Manager post, which is supervised by an IRO, is reported as effective in tracking individual cases in the PLO process. The role incorporates acting as a Court Liaison Officer, with a performance and monitoring role and links with operational managers on timescales and minimising drift within the PLO process. Since the last Health Check the PLO tracking systems and data base have become much more sophisticated and now produce a range of management information that is reported to be useful in minimising delay for children. The Case Manager has improved the relationship between Permanence Planning meetings and Legal Gateway meetings. The whole system approach to adoption has contributed to reduced delay in care proceedings: 2011/12 = average 69 weeks to 2012/13 = average of 41 weeks to 2013/14 average 26 weeks.

Permanence planning meetings for non-complex cases work well. The last Health Check identified a need to implement a system to pro-actively manage the more difficult current cases (known as "legacy cases") to avoid drift and adverse impact on future A1 and A2 figures. See Fig 3 below, which is a useful checklist. To address this 'Becoming Looked After' data is scrutinised weekly and there are now monthly specialist adoption permanency planning meetings which address the following:

**Fig 3 Useful checklist**

- ✓ Ascertain; if the current placement continues to meet the child's needs
- ✓ If the current foster carer would consider adoption
- ✓ What level of support including financial support might be necessary
- ✓ What progress has been made to date on family finding
- ✓ Monitor timeliness of adoption panel and convene extraordinary panel to avoid delay when necessary
- ✓ Inform the Adoption Agency Regulations of any issues that would indicate the need to change the plan
- ✓ Track all children from BLA date to post placement order through to adoption order
- ✓ Track all 'A1' and 'A2' timescales and take direct action if slipping
- ✓ Include attendance of specialist Independent Reviewing Officer adoption champion at Permanency Planning Meeting
- ✓ Ensure early notice to Head of Service around all potential financial issues to avoid delay
- ✓ Ensure a robust escalation to the Director for Children's Services when timescales are in jeopardy
- ✓ Foster carers expressing a wish to adopt children placed with them – adoption assessment to commence from expression of interest pre placement order
- ✓ Capacity of adoption team to complete assessment in timely manner. Two additional full time social workers have been appointed.

- ✓ Delays by courts in listing adoption final hearings following filing of application and Annex A to be escalated to Head of Service for feedback to Merseyside Family Justice Council

Scrutiny of A1 and A2 indicators and evidence of workers compliance with timeframes and indicators have given a sharper focus to tackling delay. However, the complexities for some children in pursuing a plan for adoption and then failing to identify current carers as potential adopters within the DfE timeframes has resulted in performance against A1 and A2 as poor against the targets.

### **The lessons learnt**

Some of the lessons that staff and managers have highlighted are:

- The need for leaders and managers to initiate and communicate the need for a whole system change so that all staff can “buy in” and commit to the new vision and service design.
- Adoption needs to be understood by all staff as an integral part of children’s services and not seen as an isolated Adoption service.
- Political leadership and commitment to do the right thing for children, leading Adoption Summits, chairing of corporate parenting board that governed the improvement plan, along with increased investment to add management capacity, supported the Director and senior management team to achieve the ambitious improvement plan in a timely way.
- A key theme since early 2012 has been a refocus on ‘the child’s journey’ and the desire to provide the ‘right intervention at the right time with the least number of workers’.
- The Investment in an interim Head of Transformation has been critical to drive the local change implementation plan, build on strengths, consult with staff, identify what needed to be achieved, which methods and people to involve and recognise effort and offer encouragement
- There was a need for base-line data at the beginning of the change process to evidence improvement and on-going feedback
- The initial Adoption Diagnostic and the independent health checks, with a consistent Consultant taking the lead were used effectively to monitor progress, challenge practice and facilitate continuous improvement
- A key resource for the improvement journey was the early development of the Quality Assurance framework and the investment in continuing professional development for all staff
- Staff need to have a genuine commitment to improving outcomes, reducing delay and an understanding of where and why they impact on the child’s journey
- Where there are ‘legacy cases’ ensure a robust plan is in place which is reviewed regularly and changed if necessary. However, continue to pursue adoption as a permanence outcome if that is the right decision for the child
- Continue to listen to adopters, foster carers and adoptees

### **The impact of change**

- Most staff welcomed the service redesign and the opportunities this offered, whilst a small minority saw it as an unnecessary disruption and felt insecure
- C & YP & staff like having fewer changes of social workers. Staff like the development mornings (every two weeks), which enable reflective practice
- Less defensive practice is reported with staff willing to share good practice examples and discuss how to improve practice in a safe learning environment.



- Practice improvement is evidenced through the QA process and improved auditing
- Decision making is more robust, with the use of the case management document to record reasons for decisions
- Proceedings are now mostly completed in 26 weeks
- Performance meetings are very robust
- There have been compliments from the courts on the improved quality of court reports and presentation of evidence, to the consistent oversight from S/W managers, the new post of PLO Case Manager post, who is supervised by the IRO linked to the Legal Gateway meetings with oversight from LA legal department. This has enabled S/Ws to become more skilled and competent with this additional support.

### **Recommendations for LAs**

1. Learn the lessons from Sefton's adoption change journey and whole systems redesign and QA practice improvement model.
2. Alongside the A1 and A2 indicators (recognising the 3 year lag issues within this data) LAs need to systematically assess and understand how wider culture, practice and performance affect the permanence agenda for children and young people.
3. An independent, initial Diagnostic and subsequent Health Checks are a useful tool to monitor the implementation and impact of improvement plans. Also to assess outcomes for children, challenge practice and support continuous improvement over time.
4. The DfE in partnership with LAs to organise a Workshop / Conference on what works; share good practice; share the health check model with local authorities.

### **Key Contacts**

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## **APPENDIX 1: DIAGNOSTIC ASSESSMENT OF COUNCIL ADOPTION SERVICES**

### **DIRECTORS' BRIEFING**

#### **1. Purpose**

The Children's Improvement Board (CIB) together with the DfE commissioned Outcomes UK in partnership with BAAF to complete 10 diagnostic assessments of councils' adoption services, commencing in January 2013. This work follows the first round of 12 diagnostics that were completed May-July 2012 that were also delivered by Outcomes UK and BAAF. The diagnostic was designed to assist councils in managing their own improvement in response to national policy, particularly reducing adoption delay.

This briefing outlines the key themes for the sector and areas for future improvement arising from the diagnostic assessments. It concludes with 5 key recommendations based on what "good" looks like.

#### **2. Key Themes for the Sector**

##### **Headline Messages**

- The Government's adoption reform agenda is having an increasing impact in driving activity around service and system improvement. It is focussing minds on "causes and forces at work" and what needs to change to improve practice and performance. Alongside this we found evidence that sector led support and challenge is driving council collaboration to work differently and more effectively. There is a growing appetite for sharing learning, peer challenge and the beginnings of a real step change.
- Adoption cannot be seen as a "single event" and all our diagnostic work indicates that progress is only possible if there is a real systemic understanding of when and how the key decisions that affect children's lives should be made.

#### **2. Themes Identified in 2013**

**Adopter Recruitment and Family Finding** – A recurring local line of enquiry was meeting the demand for more adopters as more children are placed for adoption. This is causing a real challenge but there was evidence that regional work and local consortia arrangements were helping to meet the challenge e.g. North London, the Black Country where there is a focus on cross boundary adopter recruitment. This has been confirmed by the recent work by the ADCS (April, 2013). Councils need to work collaboratively around sharing adoptive placements where that is appropriate. The diagnostics revealed examples of local Adoption Activity Days where potential adopters come together (to look at the benefits of becoming an adopter) and there is growing evidence of their impact in relation to recruitment. There is still a way to go to though in terms of how councils effectively market and publicise what their adoption and adoption support services offer, how they feature positively children waiting for new families (use of case studies) and post adoption support.

**Family Justice Review** – The majority of councils we assessed are engaging effectively with CAFCASS and the courts to reduce delay, but we obviously cannot yet say this is true of all authorities. In the North West for instance there is evidence that this work is being effective in reducing court time for children.

**Sector Led Activity** – As has been stated, the picture is encouraging with the development of effective regional and sub-regional working to drive improved practice and performance. Regional plans and resourcing have enabled this activity and the development of evidence informed practice and planning. For instance work in the North West and London.

*The following key themes were identified in the first round of adoption diagnostic assessments in 2012 and have been further confirmed in the current round of work:*

**“Childs Journey” to Permanence** – There continues to be encouraging evidence to suggest the beginnings of a refocusing onto the “child’s journey” through the social care system from first contact through to post adoption. This is reflective of the recommendations in the Munro Review and the value of a more holistic approach in meeting need in a more timely way in order to improve outcomes. Examples of better tracking systems of children and better risk assessment have been identified though there is a danger that bureaucracy and complexity could put this progress at risk. Processes have to be simple and fit for purpose so there is clarity and focus for staff, children and families.

**Permanency Planning** – There continues to be significant variability in how embedded permanence planning was in an authority’s policy and social work practice. Positively this was being addressed in a variety of ways for instance in the establishment of new permanence teams and panel systems. There is a growing focus on concurrent planning in order to reduce the potential for delay though foster to adopt is underdeveloped. Sadly we still did not see enough joined up thinking and working around reflecting on permanency options earlier linked to a cycle of assessment, planning doing and reviewing (aligned to consistently applied thresholds). In a significant proportion of councils, permanency planning is too reactive and as a consequence too crisis driven.

**Assessment Skills** - Our experience repeatedly highlighted social work assessment and analytical skills and the tools available for assessment as critical issues. Practice is not good enough particularly in relation to neglect and emotional abuse in younger children and the need to be looking at permanency earlier. There were examples of sound assessment tools e.g. “signs of safety” and a willingness by councils to be connected with others who were using them which we were able to facilitate.

**Case Management and Monitoring** – The large majority of adoption action plans have identified the need for more robust case management and supervisory skills to pick up on drift and to challenge poor practice. The best examples of this being tackled were when performance data and the narrative on child care plans was being scrutinised on a monthly basis, preferably not just by a first line manager, but with a senior manager also maintaining an oversight. Independent Reviewing Officers (IRO’s) have a key role in championing the permanency needs of vulnerable children, and in offering a mix of challenge and support to line managers, to ensure timely decision making. Regrettably there were too many examples of this function not being fully fulfilled,

**Workforce and Culture Issues** – Many authorities were struggling with high demand and high turnover in front line and management jobs, and had newly qualified social workers requiring considerable support (“fire-fighting”). New money though linked to the adoption reform agenda is supporting councils to meet the growing demand for adoption services. In some authorities we found a gulf between senior management and frontline staff that could clearly hinder the implementation of change strategies. But where there was clear leadership and responsiveness to the concerns of the frontline, a better focus on the child’s journey was being achieved.

**Children and Adoptive Parents** – It has been challenging to talk directly to children going through the adoption system though in the diagnostics completed in 2013 there were increased opportunities, though more needs to be done to ensure the child’s voice is always heard. Listening to messages from both children and adoptive parents there are real concerns about poor communication, high expectations of prospective adopters and drift in the system. Councils need to invest more time in tapping into the experience and expertise of their adopters particularly in relation to recruiting more adopters and what worked for them.

**Scorecard** - The introduction of scorecard data has made a positive difference, though councils need to develop a more sophisticated range of performance information about adoption that goes beyond the three-year aggregate figures in the scorecard. Where councils have this local data they have been able to understand the key factors affecting timeliness and pinpoint early evidence of improvement and what they need to do to get “ahead of the curve” e.g. local measures for current performance in year; also importantly triangulating timeliness with outcomes for children.

**Innovation and Challenge** - A recurring theme in the diagnostic work in 2012 was that adoption services are not challenging themselves enough to refresh practice and find more imaginative solutions to adoption delay. This has been characterised by experienced longstanding members of staff who need more active challenge and support to think more imaginatively. In the 2013 work there is a growing acceptance of the need for more challenge in the system and to think and behave differently. New staff and managers are being recruited with real commitment to drive the change agenda but this will take time to embed itself.

**Adoption Improvement Plans** - Plans were at different stages of development from those councils who had done little and used the diagnostic to support their thinking to those who were developing and delivering creative new ways of working e.g. Tri-Borough arrangements where local authorities are sharing adoption services. On balance there is more of need to develop simple, SMART action focussed plans that are about getting “core business right” linked to the reform and permanency agenda. What is helping is a willingness for services and partners to work together to drive improved practice for instance through inter-agency workshops.

### **3. Future Improvement Work – Top Five Areas to Focus On**

#### ***What does “good” look like?***

To focus minds and keep future work realistic the following 5 recommendations are made that emerge from the diagnostic work. Funding through the adoption reform monies should enable progress to be made in these key areas:

1. Leadership of change and developing effective Adoption Improvement Plans that are clear about the baseline, the journey to be travelled and cultural obstacles. Best examples we found are those that are outcome focussed and identify specific key actions linked to an effective Permanency Strategy and meeting future demand (adopter recruitment and family finding)
2. Relentless focus on the child's journey to permanence including adoption, what's helping and hindering making a difference to a child's life, and the instilling of a culture of urgency. Being clear what "good" looks like in innovative adoption practice, what success looks like for individual children and what are the key measures e.g. concurrent planning, post adoption support, linkage to the frontline and Safeguarding, LSCB's and partners/systems
3. Putting in place simple but joined up performance monitoring systems that enable effective tracking of individual children and reduce drift e.g. Tri-Boroughs work and monthly monitoring
4. Programmes of practice improvement and skill enhancement for staff and managers linked to Munro and the reform agenda. Robust assessment and timely intervention skills are pivotal, thinking about adoption at the earliest point e.g. joining up practice – assess, plan, do and review
5. Sector led support and challenge that enables self-improvement (see ideas above on outward facing activity)

#### 4. Finding Out More

Please contact Andy Gill (Head of Social Care Consultancy Practice, Core Assets Consultancy and Resourcing (CACR) – the new name for Outcomes UK) if you would like to know more about the joint work with BAAF and diagnostic assessment.

*The CIB have been developing an online Knowledge Hub of local authority examples of encouraging adoption practice and action plans; additionally an Adoption Diagnostic Toolkit has been produced for the sector to use to drive self-improvement work. These materials can be accessed by [clicking here](#).*

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**September 2013**