**South East Region Adoption Leadership Board**

**Meeting notes and action log: April 23 2024 (10-11.30am)**

**Invitees:** Dr Mac Heath (CHAIR Milton Keynes), Lorna Hunt VICE CHAIR (Chair Adopt Thames Valley and PACT), Kevin Yong (CORUM and National ASGLB Sponsor), Sarah Skinner (Adoption PARTNERSHIP),Rachel Reynolds (Adopt South), Rebecca Eligon (SUPPORT Sector Led Improvement Programme), Michael Wilson (Adopt South), Teresa Rogers (Adopt Thames Valley),

**Apols:** Richard Morris (CAFCASS),

**Item 1: Review minutes and action log, any updates on national direction of travel on adoption following disbanding of board**

MH reflected that there has been a lot of the stability in RAA leaders. TR confirmed, can’t believe how long RAAs have been going but this group remains important as a strategic space to connect. MH asked RE to close off action log for historic actions.

**Action:**  Delete historic actions

**Item 2: Safeguarding: children who died whilst in the care of adopters**

The themed discussion was to reflect on learning from Leiland-James [Preston in Blackpool/Oldham](https://www.blackpoolgazette.co.uk/news/authority-caring-for-the-baby-at-centre-of-murder-probe-speaks-out-4260921) (July 2023), [Zahra Gulhami Kent](https://www.dailymail.co.uk/news/article-13092871/Father-33-killed-two-year-old-daughter-adopted-Afghanistan-smashing-head-against-wall-bad-temper-rage-jailed-23-years.html) 2020. How are we assured of the safeguarding of children placed in care of adopters (especially out of area)?

 MH said there was an impact of covid on practice which was relevant to the Leiland-James case. AC specifically from LJ case it has strengthened our approach to get updated references at point of submitting application. Having more curiosity. AC said for me when I am doing adopter approvals, requiring more information about children already in the household. I do pushback if there hasn’t been enough work with birth children, or enough information about them.

TR said learning for them around financial assessment and being more rigorous and setting a minimum number of face to face visits in assessments. Also on following up on counselling references. Mental health and anger management came out in that case. TR reflected in ATV they always had a focus on birth children both in assessment and once child had been placed because that birth child had a lot to say. TR said they had learned a lot from PACT and they had adopted a similar model on safeguarding on any patterns in families.

MW said his reflections are similar to AC and TR. They have discussed in other spaces and we are pulling in same direction. There is a need to have better financial literacy and get our social workers to look at more than just what is in the bank. We have had panel advisors saying there is a cost of living crisis, but some plans are quite unreliable from a financial perspective. It has been going for a while, but the impact on thinking and risk management for ADMs making decisions around linking and matching there should be a piece of work that looks at that. It currently focuses on adopter rights and a fostering model rather than the child’s rights to a family. Sometime as ADM like AC I want more information even though I have 7 working days to make a decision. It would be helpful to have a more systemic understanding of all those factors.

MH said the structural influences are something I am mindful of. For example asking for more time for information.

RM reflected that CAFCASS aren’t involved in placement and assessment so we took a different learning tack from these cases. We looked at child arrangement orders and SGO assessments and our place in that. Placing a child changes the dynamic in the family , but also the wider network. There is learning about checking back on updates and whether everything has been triangulated, also the need for cross-cutting plans across education, care, health and housing and how that plays into SGO plans.

RR agreed with colleagues on how they have been responding to learning. We will be more selective and assertive about the references we need. Although adoption allowances don’t sit in RAA I am now involved in the decision-making and that has given real benefit.

LH said updated medicals before panels and embedding professional curiosity were critical. In the South for PACT we have more adopters and more placed in the south. We are thinking about how we assure ourselves of clear processes to support placement of children from outside placed in the south to ensure safeguarding is appropriately managed. E.g. the processes around working with the placing authority. LH reflected this is more of a challenge for the South East than other parts of the country as the south east are net importers. LH said there is often more work to do when a child is placed from authorities where practice is judged to be inadequate or where there is more staff turnover.

MH reflected that it doesn’t feel like the LJ case has had the level of profile of other cases.

AC said the Zahra case is a horrific in family child death, but isn’t anything we would recognise as adoption in terms of the learning, systems and processes for RAAs.

MH said one of the challenges relates to family drug and alcohol courts and whether the child should remain. There is also learning about the judiciary being parent focused rather than the child. Therefore interested in the work needed for adult substance misuse services rather than children’s. How well equipped are staff to work with birth families and adoptive families with needs? But that is a tension with adopters, birth families and children with needs. Is there more we need to do or are our workers skilled at holding these tensions?

TR said a lot depends on the experience of the workers. You need experienced workers that can work with complexity where family finder and child social worker working together. But agency working also has an impact.

MW said adoption social worker is working with parents. And child social worker is there for the child and there needs to be tension between those roles. And when those roles are blurred there is evidence from previous case reviews of over-identification with the adult and the needs of adults.

AC shared that early placement support with structure around it helps, and also puts clearer expectation and understanding for adopters. Being clear about our model of support to help them become reflective supportive parents. Where things get tricky are where we have applicants who come in with an attitude of I am going to do it my way. Some families came in with a view that certain things were ok, whereas modern adoption isn’t like that.

AC said medical advisors are definitely more cautious following Somerset which can be tricky to manage. MW said the medical advisors don’t really have a system leader group or standard approaches. It can feel like they are doing a favour to the LA. AC said they are using contracts from pre-regionalisation and before the MAs were doing so much on kinship. Seems very self-managed accountability. AC said there is a tension with health colleagues about capacity. No dialogue with health about impact of regional recruitment hub, surge of kinship and adoption regionalisation. All these initiatives have an impact on health and they don’t necessarily have the capacity to support. MH said he recognised that some of the biggest tensions are in that ICB space. LH said the challenges with MAs are different and perhaps less acute for PACT as a VAA. There is a per assessment charge around £100. LH said is health/medical colleagues on RAA boards as that can present an opportunity

**Action:**  LH to check the rate with CORUM BAAF for medical advisors

**Item 2: Data presentation and discussion:**  KY the big headline nationally we are starting to see shortfall in adopters although the SE and SW have more but the rest of the country is struggling to get applications and assessments. It has been discussed at RAA leaders.

We are seeing an increase in POs coming through. Reduction in adopters wasn’t so bad given POs were low, but now POs are rising. Adopters and children coming through are stable in the south east compared with rest of country where there is fluctuation.

In terms of Children waiting – we were seeing a reduction in children waiting but the concern is that this will increase as there aren’t adopters waiting. The only action is to increase adopters or potentially consider alternatives for those children.

With the surplus in the SE means that there will be more children from outside placed inside the region.

MH said timeliness of courts is having an impact. It doesn’t feel like a blip but an ongoing problem we are not finding a solution to.

TR said ADMs have dropped quite significantly and she is worried about that. The number of SGOs is also dropping, but she is less clear on what is happening to those children.

RM not seen a reduction in SGOs across south east but have seen a reduction in POs. Because the whole SE is featured by delays, reduction in sitting days, Kent is closed court, shortage in DJs. Finding a lot of children are missing the boat because of that delay. Because of delay people in court are losing confidence that they can find a family (esp for sibling groups). Like you I am not sure the way out. The boards I chair in family justice system there is a challenge.

MH reflected that challenges are wide and although they aren’t to the extent of elsewhere.

LH has 300 families they are supporting in PACT but notes the impact of incoming children on South East RAAs. There is the short term gain for the inter-agency fee, but there is a longer term impact on resourcing and capacity.

KY did a piece of work on LAs delegating case holding responsibility to the RAA. We’ve been looking at evidence around having that responsibility. Found there could be some benefits in resource efficiency. Some evidence of matching being quicker but small sample. Underlying conclusion is if you have permanence teams then it might make sense as it is a small change, but if you don’t it is a whole change to a way of working for marginal benefit.

**Item 3; RAA round up**

RR For us we’ve been able to lift the teams into the RAA so the only thing that changed was line management. There were issues around partnership agreement and the data. Anecdotally, having that team, doing the ADMs has been helpful. Keeping in touch and contact work has also been supported and matching been improved (as per Kevin’s research above). Felt the report a bit flat and didn’t capture the verbal feedback. Learned a lot it was very intense as the RAA leader having to lead whereas previously the DCS would lead. Now need to wait and see what should happen going forward.

MW shared they are about to go to restructure

AC is writing service plan for year. National 3 year strategy is incredibly helpful to provide a foundation for how we can meet those outcomes. Focus on an EH approach, and looking at data for adoption support.

TR achieved 90% sufficiency. Set up MDT (anchor team) in Feb and seeing impact for perm support.

LH placed 76 children last year, over 60% in sibling groups (4 sets of 3). The other side of challenge is higher proportion on linkmaker. Successful early permanence project with south east.

MH hosted by central beds in eastern. We are very small RAA but even so practice can be quite different between the two LAs.

**Action log:** This action log was updated on 11 July 2024

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|  | **Action** | **Responsible** | **Date issued** | **Status** |
| **77** | **LH to check rate for medical advisors with CORUM BAAF** | **LH** | **April 2024** | **open** |
| **76** | Group to build into their own performance monitoring/reflections that one or two per RAA/2-3% feels the right proportion of disruptions. | all | Feb 2024 | complete |
| **75** | MH said if DCSs are asked then our position is we are conflicted/mixed in respect of our views on changes to the rule the 3-year rule. | MH | Feb 2024 | complete |
| **74** | KY asked MH to flag with DCSs the need for LAs to work more closely with RAAs to improve quality of data. | MH | Oct 2023 | complete |
| **73** | KY noted there was a project on case management systems and KY to keep group updated on that. | KY | Oct 2023 | Open |
| **72** | Discussion on strengthening policy/practice regarding birth families. What is good practice, how might we share it? Idea of online conference? Discuss on Oct agenda | MH | July 2023 | closed |
| **71** | Discuss analysis on disruption (could KY produce something for Jan meeting?) | KY | July 2023 | complete |
| **70** | Review whether new ALB is working after Jan2025 meeting (1 year) | MH and all | July 2023 | complete |
| **69** | MH to liaise with Sarah Johal around future direction of travel | MH | April 2023 | closed |
| **68** | Item at next meeting on strategic and practical direction in South East Courts | RE | April 2023 | closed |
| **67** | Refresh the membership list in ToR (done) get a new rep for Slough (to do) | RE/MH | April 2023 | complete |
| **66** | future discussion on reasons underlying delay. Discussed at July meeting | RE | April 2023 | closed |
| **65** | RE MH and LH to meet to review terms of reference, meeting dates to align with operational regional meeting and resolve membership and oversight of Kinship (meeting with Sarah Daly to agree) | RE MH LH | Jan 2023 | Closed |