



Northern Ireland

Public Services

Ombudsman

Investigation Report

Investigation of a complaint against Belfast Health & Social Care Trust

NIPSO Reference: 201915729/21972

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The Role of the Ombudsman

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

Reporting in the Public Interest

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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Case Reference: 21972

Listed Authority: Belfast Health and Social Care Trust

SUMMARY

I received a complaint about how the Belfast Health and Social Care Trust (the Trust) handled the complainants' application to become adoptive parents. The complainants said the Trust did not provide them with clear reasons why it deferred the application process in 2015, and discontinued it in 2018. They also complained about the Trust's record keeping during the first period of assessment in 2015. The complainants raised further concerns with the wording of the Medical Advisor's report.

The investigation examined the details of the complaint, the Trust's response, and relevant legislation and guidance. I also sought advice from an independent social work advisor (ISWA), and a general practitioner (GP) experienced in drafting medical reports for panels (GP IPA). In relation to the 2015 period of assessment, the investigation established that the Trust did not inform the complainants of concerns it had about their suitability to adopt until nine months after the start of the assessment. It also found failings with the wording the Medical Advisor used in complainant A's health report. Furthermore, it identified that the Trust failed to document its decision to defer the assessment, the reasons for it, and when it expected the assessment to recommence. In addition, the investigation found the Trust failed to retain adequate records of the 2015 period of assessment.

In relation to the 2018 period of assessment, the investigation established that the Trust failed to give the complainants the opportunity to have a Panel independently review their application. It also found that the Trust failed to provide the complainants with clear reasons why it discontinued their application. Furthermore, the investigation established that the Trust had no authority to make a decision to discontinue the application without the complainants' consent. It found that in making its decision to discontinue, the Trust failed to treat the complainants fairly. The investigation identified that the complainants ought to have been afforded the opportunity to comment on the Trust's opinion and have an Adoption Panel and Agency Decision Maker consider their application, if they wished to do so. Based on

the evidence available, the complaint was upheld.

I recommended the Trust apologise to the complainants. I also recommended actions for the Trust to undertake to ensure that further adoption applications are managed in accordance with relevant legislation and guidance.

The Trust accepted the findings and recommendations outlined in this report.

THE COMPLAINT

1. I received a complaint about how the Belfast Health and Social Care Trust (the Trust) managed the complainants' application to become adoptive parents.

Background

2. The complainants applied to the Trust to become adoptive parents in August 2013. The Trust undertakes a '*home study assessment*' (the assessment) as part of the application process. This consists of a series of interviews with applicants over a period of approximately six months. This process assesses applicants' suitability to become adoptive parents. Once the report for the assessment is complete, it is provided to an independent panel (the Panel) to consider. The Panel then makes a recommendation to the Trust, and an Agency Decision Maker (ADM) decides whether the applicants are suitable to become adoptive parents.
3. The Adoption Permanence Service¹ (APS) commenced the complainants' assessment in September 2014. The complainants said that their social worker (SW) and her senior social worker (SSW (A)) advised them in July 2015 to defer their assessment process for a period of two years. The complainants said they did not have any further contact with the Trust until November 2015 when their SW called to advise she was moving to another post. They said that their next contact with the Trust occurred in June 2017, when they received a letter informing them that their application would close, as they did not contact the Trust in 2016. The complainants said they informed the Trust they were told not to resume contact for two years (July 2017), and they did not wish for their application to close. Following correspondence and meetings with the APS, the Trust recommenced the complainants' assessment in March 2018. However, the Trust informed them in April 2018 that their application to become adoptive parents would not continue.

Issues of complaint

4. The issue of complaint accepted for investigation was:

¹ The APS have a statutory responsibility for all children and young people who require an adoptive family or foster carers.

Issue 1: Whether the Belfast Health and Social Care Trust managed the adoption application in accordance with relevant legislation, policies, procedures, and guidelines.

INVESTIGATION METHODOLOGY

5. In order to investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation together with its comments on the issues the complainants raised. This documentation included information relating to the Trust's handling of the complaint.

Independent Professional Advice Sought

6. After further consideration of the issues, I obtained independent professional advice from an independent social work advisor (ISWA) and an independent professional advisor (IPA).
7. The information and advice that informed my findings and conclusions are included within the body of this report and its appendices. The ISWA and GP IPA provided 'advice'; however how I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

Relevant Standards

8. In order to investigate complaints, I must establish a clear understanding of the standards, both of general application and those which are specific to the

circumstances of the case. I also make reference to relevant regulatory, professional, and statutory guidance.

The general standards are the Ombudsman's Principles²:

- The Principles of Good Administration
- The Principles of Good Complaint Handling
- The Public Services Ombudsmen Principles for Remedy

9. In investigating a complaint of maladministration, my role is concerned primarily with an examination of the Trust's administrative actions. It is not my role to question the merits of a discretionary decision taken unless that decision was attended by maladministration.
10. The specific standards and guidance referred to are those that applied at the time the events occurred. These governed the exercise of the administrative functions of those individuals whose actions are the subject of this complaint.

The specific standards relevant to this complaint are:

- The Adoption (Northern Ireland) Order, 1987 (the Adoption Order);
- Adoption Agencies Regulations (Northern Ireland), 1989 (the Adoption Regulations);
- The Health and Social Care Board's (HSCB) Adoption Regional Policy and Procedures, December 2010 (the 2010 Guidance);
- The Health and Social Care Board's (HSCB) Adoption Regional Policy and Procedures, December 2017 (the 2017 Guidance);
- The Northern Ireland Social Care Council's (NISCC) Standards of Conduct and Practice, November 2015 (the NISCC Standards); and
- The General Medical Council's (GMC) Good Medical Practice, as updated April 2014 (the GMC Guidance).

² These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

11. I did not include all of the information obtained in the course of my investigation in this report. However, I am satisfied I took into account everything I consider relevant and important in reaching my findings.
12. A draft copy of this report was shared with the complainants and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations.

INVESTIGATION

Issue 1: Whether the Belfast Health and Social Care Trust managed the adoption application in accordance with relevant legislation, policies, procedures, and guidelines.

Detail of Complaint

13. The complainants raised concerns with the process the Trust followed for its assessment of them to become adoptive parents. They said the Trust did not provide them with clear reasons why the process was deferred in 2015, and then discontinued in 2018. They also complained about the Trust's failure to maintain accurate records during the first assessment period (2015). The complainants also raised concerns with the Medical Advisor's (MA) analysis of their clinical records and subsequent advice provided to the APS.

Evidence Considered

Legislation/Policies/Guidance

14. I referred to the following legislation, policies as part of investigation enquiries.
 - The Adoption Order;
 - The Adoption Regulations;
 - The 2010 Guidance;
 - The 2017 Guidance;
 - The NISCC Standards; and
 - The GMC Guidance.

The Trust's response to investigation enquiries

15. The Trust explained that *'Following professional assessment and judgement, the assessment was paused due to the issues arising during the assessment process, which meant a full Form F³ could not be completed. A completed Form F will have a recommendation by the assessing Social Worker to bring to the Adoption Panel...Only a fully completed Form F is shared with applicants to check for accuracy and raise any areas for redress, prior to submission to the Adoption Panel'*. The Trust explained that the complainants *'were not referred to the Adoption Panel to make a decision on their application...'*
16. The Trust explained that the *'first assessment was suspended by [the] Senior Social Worker [SSW (A)] and [the] Social Worker [SW]. The second revisited assessment was discontinued by [the] Principal Social Worker [PSW] and [the] Senior Social Worker [SSW (B)]. There are no guidelines / regulations in relation to this...'*
17. The Trust explained that *'When the decision was made to put the assessment "on hold", the Social Worker...partially completed the Form F assessment based on her interviews with the couple to date. Her notes of her interviews at that time were handwritten and were destroyed once the Form F was written. Our practice in relation to the recording of assessment interviews has now changed with interviews typed and retained as part of applicants' case records'*.
18. The Trust explained that *'[The Medical Advisor's] comments were based on having had sight of all medical information prior to providing her medical opinion'*.

³ The form that records the report for the assessment.

19. The Trust explained that it is *'of the opinion that in spite of the failures [it identified with its management of the complainant's application], progressing the applicants' assessment would not have led to a positive recommendation to the adoption panel. This would have ruled them out as prospective adopters and under our current legislation, there is no Independent Reviewing Mechanism that would have allowed them to appeal the decision'*.

Relevant Independent Professional Advice

Independent social work advice – the 2015 period of assessment

20. I sought advice from an independent social work adviser (ISWA). The ISWA advised that the assessment was deferred in 2015. She also advised that *'it is extremely difficult to determine who made the decision and the date this decision was made, as this is [an] area of significant dispute between the Trust and the complainants'*. The ISWA referred to written records dated 28 July 2015 and advised that *'these write ups were not sent to the couple or at the minimum the outcome of the meeting shared in writing as good practice would dictate. This is acknowledged in the Trust's complaint investigation'*. She further advised that the Senior Social Worker (SSW (A)) *'admitted in the Trust complaint investigation interview that the agreed plan of action was "to ask the couple to take time out". This does not tie in with the assertion that the couple were equally given the option to continue the assessment'*.
21. The ISWA advised that *'the evidence strongly suggests that the complainants did consent to take a two year break and did not challenge this at the time'*. She further advised that *'in my opinion there was a lack [of] crispness and overall clarity about the reasons for the proposed deferment and these should have clearly been put in writing and clarity about how they could and should be addressed during the deferment process. I note this is acknowledged in the Trust own investigation and response'*.
22. The ISWA advised that the decision to defer the assessment in 2015 *'was reasonable and appropriate and was...in accordance with the policies and procedures'*. However, she identified failings in the APS' handling of the

process. These were *'the failure to raise the emerging concerns with the couple earlier in the assessment; the fact the couple were expecting a second opinion visit and instead were informed they should ideally take a two year break [which] did not allow them to prepare adequately or challenge the evidence for this; the fact the options and likely outcomes were not clearly laid out either verbally or in writing; the fact the concerns were not clearly articulated in writing and no clear proposals or routes for support given to the couple to assist them in addressing the issues; [and], the failure to raise the key concerns about matching decisions and discuss what this might mean for their assessment'*.

23. The ISWA advised that *'the shock of concerns being raised so late in the adoption assessment must have been significant, particularly when they were led to believe their assessment was progressing well. I note the couple talked about their embarrassment of not being good enough when their assessment recommenced in 2017 and admitted counselling for a year to deal with the feelings of rejection [meeting record dated 20 April 2018]...It is well documented that such situations can be traumatic, and couples will experience feelings of personal rejection and not being good enough'*. She further advised that *'it is also of note that...the couple were given hope that their application would be favourably considered and completed after a two year break, so this may have lessened the impact'*.

Independent social work advice – record keeping for the 2015 assessment period

24. The ISWA advised that *'the APS did not record each of its meetings with the complainants during their 2014-2015 contact'*. The ISWA further advised that *'as a minimum, each contact should have recorded the nature of that contact and the outcome or any action required. In the home study or assessment sessions, there should have been as a minimum a brief record of any issues of concerns, in particular any specific wording from the couple that give rise to concern or required further inquiry, and how these issues were addressed. It is accepted that the key detail and evidence upon which determinations were made and inclusions were reached should be included in the Form F assessment. I note that this was not evident in the almost complete Form F*

written assessment drawn together during this [first assessment] period'. The ISWA advised that 'it is clear that the recording during the first period of assessment in 2014-2015 fell short of expected recording standards. I note that these shortfalls are highlighted in the Trust investigation and response'.

25. *The ISWA advised that 'the APS needs to ensure there is absolute clarity about the stage of assessments within the adoption process for all cases. The APS needs to ensure that they are able to articulate the impact of concerns on the suitability of couples to adopt and that all assessments are robustly evidenced based. The Trust need to be assured that the APS is not circumventing the agreed adoption process for applicants about whom they hold concerns'.*

Independent social work advice – the 2018 period of assessment

26. *The ISWA advised that 'this was a continuation of [the complainants'] assessment. In [the] PSW's own recording of the 20/2/18 she describes the couples' request to recommence their assessment and this was not disputed or challenged...'*
27. *The ISWA advised that 'the assessment was not formally completed, although it is clear the service felt they had sufficient information to determine that the complainants were not suitable to adopt. I am therefore unclear about why the service did not write up this assessment and present it to the complainants to "record their comments with any suggested amendments" as per the Policy and Procedure'.*
28. *The ISWA advised that 'Assessments can be terminated for a number of reasons including the withdrawal of the couple due to death, illness, separation etc. It can also arise because the APS or Adoption Agency make clear that they cannot recommend approval and the couple decide they do not wish to proceed to have their case heard at Adoption Panel. This is normally by mutual agreement in that the couple agree to withdraw when they became aware the service is not recommending approval or that they are unlikely to be approved. This was not the situation in this case'.*

29. The ISWA advised that the PSW and SSW (B) made the decision to discontinue the assessment process during their meeting with the complainants on 18 April 2018. She further advised that the reasons for this decision were outlined in a letter issued to the complainants on 10 May 2018. She advised that *'these reasons read as a list of concerns and it does not in my professional opinion sufficiently explain or evidence the impact on their suitability to adopt'*.
30. The ISWA was asked if, for the assessment undertaken in 2018, the Trust acted in accordance with sections of the 2017 Regional Policy and Procedure in its management of the complainants' assessment. The ISWA's responses are summarised in the table below:

Section	ISWA Response
7.4.5 (6) A Second Opinion Visit will be carried out by a Senior Social Worker/Senior Practitioner.	<i>'In my opinion the couple were denied their opportunity for a second opinion visit and the APS therefore acted outside the regional policy and procedure'</i>
Section 7.4.5 (7) The Social Worker should complete [Form F]...relevant documentation should be passed to the appropriate manager for discussion and the formulation of a recommendation.	<i>'There is no evidence the Form F was fully completed either in 2015 or 2018...there is no evidence...that the Form F...was provided to [the PSW] prior to her session on the 18/4/18 with the SSW'.</i>
Section 7.4.5 (9) The applicants will be given [Form F] to read...and asked to record their comments with any suggested amendments...	<i>'On the basis that the couple were never given the opportunity to comment on an overarching written assessment, I do not believe the APS acted in accordance with this section of the 2017 Regional Policy and Procedure'</i>
Section 7.4.6 (7) The Panel will consider the application and make a recommendation to the Agency as to whether the prospective adopters are suitable to be adoptive parents, or may request	<i>'The assessment was never presented to panel... I believe the complainants should have been provided with the opportunity for the Adoption Panel to independently consider the APS decision that they were not suitable to adopt'</i>

<p>that further information be obtained. Regulation 11 of the 1989 Regulations: (1) An adoption agency shall make a decision on a matter...only after taking into account the recommendation of the adoption panel...</p>	
<p>Section 7.4.6 (11) The Agency Decision Maker may only make a decision on behalf of the Agency after taking into account the recommendation of the Adoption Panel...The Agency Decision Maker should not make a decision on the basis of any information, which the Panel has not considered.</p>	<p><i>'The agency decision maker (ADM) was never asked to make a decision on this case...The ADM can only make a decision on the recommendations of the Panel and having read the completed Form F assessment and all relevant paperwork. There is a requirement for the case to be reviewed at Panel before it can be sent to the ADM. There is no ability to bypass this step in the process...In my opinion, the complainants should have been provided with the opportunity for the Adoption Panel to independently consider the APS decision that they were not suitable to adopt and ultimately the ADM should have been asked to make a decision on the case....Therefore, in my opinion, the APS were not compliant with the Policy and Procedure'.</i></p>
<p>7.4.6 (10) The Agency Decision Maker should notify the Prospective Adopters of the Agency's decision as to whether or not it considers them suitable adoptive parents, as soon as possible and not later than 28 days following the Panel meeting. (12) In the event that the Agency proposes not to approve them as suitable adoptive parents, the Agency Decision Maker must inform the applicants of this in writing'.</p>	<p><i>'The ADM did not notify the complainants of a decision, as the ADM never considered the case or made a decision... in my opinion the APS were not compliant with the Policy and Procedure'.</i></p>

Section 7.4.6 (12) ...the Adoption Agency must notify the prospective adopters in writing of its decision, stating its reasons if it does not consider the prospective adopters suitable to be adoptive parents...	<i>'The Agency did not state their reasons clearly in line with this requirement as this only follows the case being presented to the Adoption Panel, the Panel making a recommendation to the ADM and the ADM considering all the paperwork and then reaching a decision... in my opinion the APS were not compliant with the overall Policy and Procedure'.</i>

31. The ISWA advised that *'there is a recognition and commitment in principle that prospective adopters should have a right of appeal of the decision of an agency that they are not suitable to adopt. However, in this case the couple were not even provided with the opportunity to complete the process laid out in the Adoption Regulations and the Regional Policy and Procedures (2017) by having their assessment completed, presented to the Adoption Panel and a decision made by the Agency Decision Maker'.*
32. The ISWA further advised that *'once the assessment was written up and presented to the complainants for their written comments, they should have been asked if they wanted the assessment to be presented to Adoption Panel whilst being clear that the APS were not recommending their approval. The couple could then make an informed choice about the strength of the written evidence provided and whether they wished to proceed'.* She advised that the complainants would have then have had *'a fair and clear opportunity to present any evidence or submission that provided contrary evidence and to substantiate their case that they were suitable adopters...In addition, they would have had the had the right to make any representations they wish to make...and to receive clear reasons about why they were not considered suitable...In this case all these steps were denied to this couple and the decision making by the Trust in my opinion fell outside the process that allows adopters a fair and reasonable consideration of their suitability as adoptive parents'.*

33. The ISWA advised that *'the impact is likely to have been significant, ongoing, and difficult to emotionally resolve. However, I cannot fully comment on the extent of impact for these complainants as I have not met them to properly assess this'*.

GP Independent professional advice – the 2015 period of assessment

34. I also sought advice from an independent general practitioner (GP) who has experience of preparing medical reports for various panels (GP IPA). The GP IPA was asked to provide advice on the MA's analysis of complainant A's medical records and subsequent report. This analysis was undertaken during the first period of assessment (2015). The GP IPA advised that in his clinical experience, there was *'not sufficient evidence'* in the records to support the MA's assessment that complainant A had an *'emotional vulnerability'*. He advised that *'the fact that this is written in the present tense means it relates to...the date of the report, despite an absence of any evidence of emotional vulnerability at that time. [Complainant A] may or may not have been emotionally vulnerable [at that time]'*. He referred to Standards 19 and 71 of the GMC Guidance and further advised, *'I do not consider that the wording the GP used was appropriate without justification and explaining what it meant, and so was not in accordance with the GMC document Good Medical Practice'*.
35. The GP IPA was also referred to the MA's statement, *'...a very significant depression following the death of an old boyfriend'*. He advised, *'in my clinical experience the wording of this statement is loose, open to interpretation and potentially misleading. It needs clarification and explanation'*. The GP IPA further advised *'It is not clear if the MA meant that the depression was very significant in [complainant A's] life, or if it was very significant in regard to [the complainants'] suitability to adopt...It can be interpreted as meaning that she and the boyfriend had split up, then at a later date the boyfriend died after a short illness and this triggered a very significant depression...This is not what actually happened, as the boyfriend died when [complainant A] was still in a relationship with him'*. He again referred to Standards 19 and 71 of the GMC

Guidance and advised, *'there could be different implications in terms of [complainant A's] suitability to adopt'*.

36. The GP IPA advised, *'from my clinical experience I do not consider that the MA ought to have met with the complainants prior to providing her assessment to the APS. A meeting between the applicants and the MA was not part of the usual process that the MA was expected to follow in this situation'*. He further advised that *'if the MA had met with [the complainants] once, she would have been unlikely to have gained any useful information in addition to that which was already available to her and it was outside the MA's remit to have a series of appointments with [the complainants]'*.
37. The GP IPA advised, *'from my clinical experience, I consider it would have been appropriate for the MA to have sought input from a clinical psychologist or psychiatrist....In the information provided to [the complainants]...it states "Assessing an applicant's mental health may involve consultation with an adult psychiatrist" The assessment of [complainant A] could either have been carried out by [the clinical psychologist] who had seen her before, if this was an option available to the MA, or another clinical psychologist or psychiatrist linked to the APS. Without this specialist input the MA was not in a position to give an opinion on [the complainant's] suitability to proceed with the adoption process from a psychological point of view'*.
38. The GP IPA advised, *'from my clinical experience, the MA was correct that [the complainant's] two prolonged periods of absence from work were significant... not only in terms of [the complainant's] life, but also it may have had implications for any adoption process'*.
39. The GP IPA advised that he did not consider that the wording the MA used in her response to the complaint *'was appropriate in several places'*. He further advised that the *'MA advised that the previous health of applicants has to be taken into consideration as the adoption process can rekindle feelings of loss or grief. However, it was not exclusively feelings of loss or grief which were of concern, but [the complainants'] overall psychological reaction to the stress of*

the adoption process'. In relation to the MA's response that *'emotional response'* may have been more appropriate to use than *'relapse'* in her report to the APS, the GP IPA advised that *'everyone would be expected to have an understandable emotional response after failure of IVF, and this is not a sign of any potential psychological difficulty if that person were to go through the processes of adoption'*. He further advised that *'the MA stated that her use of the word 'vulnerable' was not intended to convey a negative opinion. However, a lay person is likely to interpret this word as having negative connotations. The commonly used phrase 'protecting the vulnerable in society' implies they have a lack of resilience and require protection'*.

40. In conclusion, the GP IPA advised that *'the MA's written opinion was not within the range of appropriate practice in that it was lacking in evidence to justify the opinion given and the wording used resulted in it being potentially misleading. The MA's written opinion contributed to the Trust declining [the complainants'] application to become adoptive parents. As a result of this, [the complainants] experienced undue stress and injury to their feelings and it is highly likely that their confidence in the adoption assessment process has been significantly damaged'*. He further advised that *'it is highly likely that they will think that if the APS had acted differently, they would possibly be adoptive parents by now'*.
41. The GP IPA advised that the MA *'should reflect that, when providing advice to agencies such as the Adoption and Permanence Service (APS), this advice should be as accurate and justifiable as possible, which may also mean writing more than she did in this case. The APS together with the Adoption Agency Panel and the current MA should reflect on the report produced by NIPSO in the light of this complaint, learn from the failings and decide how the service could be improved to prevent a similar problem in the future. At present, when the MA is writing the summary of the health and lifestyle issues with comments on the significance for adoption/fostering in Section 12 (Summary report from agency Medical Adviser) of Form AH⁴, the form limits the amount that can be written to three or four lines. Consideration should be given to altering the*

⁴ The Adult Health report contains the Medical Advisor's medical opinion on applicants' health.

layout and wording of this form to encourage the MA to write a longer report when necessary’.

The complainants’ response a draft copy of this report

42. The complainants said that the Trust’s decision to discontinue their application *‘effectively meant we could not pursue any other adoption services’*. They said that an independent adoption agency informed them that they would not consider their application due to the Trust’s decision. The complainants explained that they *‘felt we had no option but to pursue a formal complaint, ultimately ending in us approaching your office, because we were effectively tarnished by our assessment process with the [Trust]’*.

The Trust’s response to a draft copy of this report

43. In relation to the MA’s report, the Trust explained that *‘on writing “emotional vulnerability”...the Medical Adviser did not preclude the assessment beginning but rather her comments were understood to indicate that the social worker should undertake further exploration of this during the social work assessment’*. It further explained that *‘the social workers explored emotional readiness during the assessment period and concerns in relation to this were identified, and communicated to the applicants in May 2018 as the assessment concluded. The Trust accepts...that examples should have been provided at the time to explain the rationale for this conclusion’*.
44. In relation to documents the MA considered prior to writing her report, the Trust said that the complainants’ GP *‘shared a range of medical reports...for consideration by the Medical Adviser’*. It said that this included letters from the Consultant Psychiatrist, and the Consultant Clinical Psychologist that Complainant A previously attended.
45. In relation to the MA’s report, the Trust explained that while it went *‘somehow to influencing the scope and specific areas to explore within the assessment, the Adult Health report was taken into consideration along with other emerging*

factors contributing to concerns at that time that led to the pausing of the assessment in 2015, and then discontinuation in 2018’.

46. In relation to the decision to discontinue the process in 2015, the Trust said that the *‘complaint response in May 2019 outlined the reason for the pause of assessment in 2015 which was that the complainants had come through a number of life changes in a short time frame and needed to reflect on how as a couple they had "managed these life changes together". The deficits in how this was communicated are fully acknowledged’.* In relation to the discontinuation of the assessment in 2018, the Trust said that the reasons were *‘outlined to the applicants and included the assessing social worker’s concern in relation to openness and in relation to emotional readiness. These concerns were outlined in a letter to the applicants in May 2018. The Trust accepts the issues outlined should have been explained more clearly and should have been accompanied by supporting evidence. This was acknowledged in the complaint response in May 2019’.*
47. In relation to the format of the AH form, the Trust said it *‘accepts that the layout...does not lend itself to in depth analytical summary. The Adult Health report is used regionally across all five Health Trusts and whilst the Trust utilises these forms under license from Coram BMF, it does not own copyright. The Trust will make representation to the Agency to review the forms and request that these are amended to better reflect the scope for the Medical Adviser’s summary opinion to enable further relevant detail to be provided in future’.*
48. The Trust said that it accepted *‘in full’* the recommendations outlined in this report. It explained that *‘reflective training was facilitated focusing on many of the areas recommended in this report. The Adoption Service has also participated in additional training focusing on Messages from Adopters; Making Good Assessments, facilitated by the Therapeutic Support Service to further develop practice’.* It further explained that it will also *‘provide more specific,*

targeted training...and the service will continue to develop in trauma informed practice'.

49. The Trust explained that it *'acknowledges the distress and profound impact the process may have had on the complainants, and possible loss of confidence in the Adoption process'*. It said that it wishes to *'extend the offer of psychological support to the [complainants] to assist them in the recovery process following their experience and which may support them in the future with any new application to Adopt'*. The Trust explained, *'it is with regret there were shortcomings in practice in this case which have been addressed with the staff involved in the Adoption Service and the learning will be shared with all involved in the service'*.

Analysis and Findings

The Trust's management of the first period of assessment (2015)

50. The complainants raised concerns with how the Trust managed their home study assessment in 2015. I note that assessments normally take approximately six months to complete. However, the records suggest that the Trust first raised concerns with the couple about their suitability to become adoptive parents in June 2015. This was nine months after their assessment began (September 2014). It is clear from the complainants' reaction, recorded in the note of their meeting with the APS on 28 July 2015, that up until that point they assumed the assessment was progressing well, and were not aware of any concerns the Trust had about their suitability to adopt.
51. I accept the ISWA's advice that *'the shock of concerns being raised so late in the adoption assessment must have been significant'*. I consider that the SW ought to have been open and transparent with the couple throughout the 2015 period of assessment, raising any concerns she had at the time they were identified rather than at a time where the assessment process was due to conclude. This would have provided the couple with the opportunity to work with the SW to address these issues before the conclusion of the process. Furthermore, it would have allowed them to adequately prepare for the meeting

that occurred with the SW and SSW (A) in June 2015 when the concerns were raised.

52. Standard 5.2 of the NISCC Standards states that social workers ought to work *'in partnership to promote the active participation of service users...in all aspects of decisions and actions affecting their lives'*. I can see no evidence in the records provided to suggest that the Trust worked in partnership with the complainants during the 2015 period of assessment. By not doing so, I consider that the Trust failed to act in accordance with this NISCC Standard. The First Principle of Good Administration, 'getting it right', requires bodies to act in accordance with recognised standards. The Third Principle of Good Administration, 'being open and accountable', requires bodies to be transparent, and to communicate clearly and effectively. I do not consider that the Trust acted in accordance with these principles in its management of the 2015 period of assessment. I am satisfied this constitutes maladministration and I uphold this element of the complaint. I will consider the injustice to the complainants later in this report.

Record keeping for the first period of assessment (2015)

53. The complainants said the Trust failed to maintain accurate records during this period of assessment. The Trust explained it met with the complainants a total of 17 times between September 2014 and July 2015. However, I note the records only contain notes of three of these meetings. I note the Trust explained that the SW's *'notes of her interviews at that time were handwritten and were destroyed once the Form F was written'*. However, I note the ISWA's advice that *'this was not evident in the almost complete Form F written assessment drawn together during this period'*. Furthermore, the information in Form F would likely only include a summary of the meeting rather than a full and accurate contemporaneous note.
54. The complainants also said the Trust failed to provide them with clear, documented reasons why their assessment was deferred in 2015. I note the records do not provide any evidence to suggest the Trust confirmed its plan to

defer the assessment in writing. At the very least, I would have expected the Trust to put in writing to the complainants its decision to defer the assessment, its reasons for doing so, and when it expected the process to restart. I note the ISWA's advice that *'there was a lack [of] crispness and overall clarity about the reasons for the proposed deferment and these should have clearly been put in writing and clarity about how they could and should be addressed during the deferment process'*. I note the Trust identified this failing in its own investigation and I welcome its finding.

55. Standard 1.9 of the NISCC Standards requires social workers to maintain *'accurate, complete, retrievable and up to date records that comply with applicable legal and organisational requirements'*. I consider that by failing to create and retain relevant records of the 2015 assessment, the Trust failed to act in accordance with this Standard. The First Principle of Good Administration, 'getting it right', requires bodies to act in accordance with recognised standards. The Third Principle of Good Administration, 'being open and accountable', requires bodies to keep proper and appropriate records. This principle underlines the need for public bodies to create and retain records of decisions. This is a key principle of good administration. Without the maintenance of such records, it is impossible for public bodies to defend its actions and the decisions it makes when challenged. It can also have the effect of diminishing the public's confidence that decisions made are not arbitrary and outside of due process. I consider the absence of these records also impeded the Trust's ability to provide the complainants with full and clear reasons for its decision to defer their assessment. I am satisfied that this constitutes maladministration and I uphold this element of the complaint. I will consider the injustice to the complainants later in this report. I note the Trust identified this failure in its own investigation, and its practice regarding record keeping has changed. I welcome this learning.
56. I note there was some dispute over whether the decision to defer the assessment was imposed on the complainants. In the absence of documented records of the decision, I cannot conclude whether or not the complainants

were given an alternative option to continue the assessment. I note the ISWA also advised that *'it is extremely difficult to determine who made the decision'* but *'the evidence strongly suggests that the complainants did consent to take a two year break and did not challenge this at the time'*. I note that the 2010 Guidance (relevant at that time) states, *'If considered necessary, the adoption assessment will be deferred and the situation kept under review'*. Therefore, despite the failings identified, I accept the ISWA's advice that the decision to defer the assessment was *'reasonable and appropriate'*, and I consider the decision itself was in accordance with the 2010 Guidance.

The Medical Advisor's report for the first period of assessment (2015)

57. The complainants raised concerns with the Medical Advisor's (MA) analysis of complainant A's clinical records and comments she provided to the Trust in the Adult Health (AH) report. I note the MA provided her report in accordance with the Adoption Regulations and the 2010 Guidance.
58. The complainants said they did not agree with the comments the MA wrote in complainant A's health report. The MA documented in the report, *'There is an emotional vulnerability about this woman'*. Having reviewed the records provided to the MA, I accept the GP IPA's advice that there was insufficient evidence in the records to support that complainant A was emotionally vulnerable at the time the MA wrote her report. I also consider that the MA did not make clear what impact this assessment of complainant A would have on her suitability to adopt. I note that in her interview with the Trust as part of its investigation process, the MA said her use of the word *'vulnerable'* was not intended to convey a *'negative opinion'*. However, I accept the GP IPA's advice that *'a lay person is likely to interpret this word as having negative connotations'*. I do not consider there was any other way that the Trust could have interpreted the phrase the MA used.
59. The complainants also raised concern with the MA's comment that complainant A had *'a very significant depression following the death of an old boyfriend'*. I do not consider that the MA fully explained what she meant by the phrase

'significant depression' and again, what impact she believed this would have on the complainants' suitability to adopt. I note complainant A's illness began following the sudden death of a boyfriend who she was in a relationship with at the time. I note the GP IPA's advice that the latter part of the MA's statement was *'open to interpretation and potentially misleading'*, as it can be interpreted that complainant A was no longer in the relationship, which is inaccurate. I accept the GP IPA's advice that the phrase *'needs clarification and explanation'*.

60. The MA also wrote in her report that complainant A experienced *'a "relapse" (understandably) with failure of IVF'*. I note that in her Trust interview, the MA said that it may have been more appropriate to use the phrase *'emotional response'* rather than the word *'relapse'*. However, I note the GP IPA's advice that it would be common for a person to experience an *'emotional response'* in the same situation. I accept the GP IPA's advice that *'this is not a sign of any potential psychological difficulty if that person were to go through the processes of adoption'*.
61. I note the records do not evidence that the MA made efforts to meet with the complainants prior to submitting her report. I accept the GP IPA's advice that if she did so, it is unlikely that the MA would have gained any useful information that was not already available to her. However, I note his advice that it would have been appropriate for the MA to seek input from a clinical psychologist or psychiatrist. I note in its response to a draft copy of this report, the Trust explained that the MA considered letters from the Consultant Psychiatrist and the Consultant Clinical Psychologist that Complainant A attended in 2009 and 2013 (respectively). While I acknowledge these letters would have provided the MA with insight into Complainant A's mental health at those times, I note they did not consider the complainant's later suitability to adopt. I accept the GP IPA's advice that in her role *'the MA was not in a position to give an opinion on [the complainant's] suitability to proceed with the adoption process from a psychological point of view'*.

62. I refer to standard 71 of the GMC Guidance, which relates to doctors' provision of reports. It states, '*You must make sure that any documents you write or sign are not false or misleading*'. It also states '*You must take reasonable steps to check the information is correct, [and] you must not deliberately leave out relevant information*'. I also refer to Standard 19 of the GMC Guidance, which states that records must be '*accurate*'. I consider the MA used wording in her report that was open to interpretation and inaccurate. I also consider that she failed to support her analysis of complainant A's medical records with evidence, and failed to clearly outline what impact her findings had on the complainants' suitability to adopt. Furthermore, I consider the MA ought to have made efforts to seek psychological input from a professional in this field regarding the complainants' suitability to adopt prior to providing her report. I accept the GP IPA's advice that '*the MA's written opinion was not within the range of appropriate practice in that it was lacking in evidence to justify the opinion given and the wording used resulted in it being potentially misleading*'.
63. The First Principle of Good Administration requires bodies to act in accordance with recognised standards, and to take account of all relevant considerations when making decisions. I do not consider the MA acted in accordance with this principle when writing her report. I am satisfied this constitutes maladministration, and I uphold this element of the complaint. I cannot conclude whether the MA's opinion led to the Trust's decision to defer the assessment process in 2015. As outlined previously, the reasons for the decision were not documented. While the MA's opinion was not specifically referred to in the Trust's meeting notes or in its future correspondence with the complainants, the language the Trust used in its letters is broadly similar to that written in the MA's report. I also note that both the Regulations and the 2010 Guidance state that the MA's opinion will be considered as part of the application process. Therefore, I am satisfied that her opinion went in some way to influence the Trust's decision. I will consider the injustice to the complainants later in this report.

The Trust's management of the second period of assessment (2018)

64. The complainants also raised concerns with the Trust's management of the second part of their assessment undertaken from March 2018. Having reviewed the relevant records, I accept the ISWA's advice that this process '*was a continuation of [the complainants'] assessment*' from 2015. I note the process was discontinued shortly after it recommenced (April 2018). I note the ISWA's advice that in her experience, assessments are only discontinued at the applicants' request, or by mutual agreement with their SWs. Having reviewed the records, I consider it clear that the Trust discontinued the complainants' assessment without their consent.
65. I note the 2017 Guidance (a revision of the 2010 Guidance) outlines actions that the Trust ought to undertake prior to making a decision on applicants' suitability to adopt. The guidance refers to '*A Second Opinion Visit*' which allows the Trust and the applicants '*to discuss any issues that have arisen during the completion of the assessment*'. I cannot see any evidence in the records to suggest that the Trust undertook such a visit despite concerns it held. I accept the ISWA's advice that by not doing so, the Trust failed to act in accordance with the 2017 Guidance.
66. The 2017 Guidance also states that following the second opinion visit, '*The Social Worker should complete [Form F]...relevant documentation should be passed to the appropriate manager for discussion and the formulation of a recommendation*'. I note the Trust partially completed Form F during the first assessment period in 2015. However, I find no evidence to suggest that SSW (B) added to the form during her assessment in 2018, or provided it to her PSW as the appropriate manager. The Trust explained this was '*due to the issues arising during the assessment process*'. However, I note the ISWA's advice that '*it is clear the service felt they had sufficient information to determine that the complainants were not suitable to adopt*'. Therefore, I remain unclear as to why its assessment and recommendation were not written up in accordance with the 2017 Guidance.

67. The 2017 Guidance further states that '*applicants will be given...[Form F]...to read...and asked to record their comments with any suggested amendments*'. The Trust explained that as Form F was not completed, it was not shared with the complainants. I consider this part of the process allows for openness and transparency, providing applicants with the opportunity to review the outcome of the Trust's assessment and to challenge it if they wish to do so. However, by failing to complete the form and share it with the complainants, I consider the Trust denied them this right. I accept the ISWA's advice that the Trust's failure to provide the completed Form F to the complainants was not in accordance with the 2017 Guidance.
68. The Trust explained that '*There are no guidelines / regulations in relation to this*' (discontinuation of the assessment). I accept that a process for discontinuing an assessment is not outlined in the 2017 Guidance. However, I consider this is because it is not a legitimate outcome of the assessment. I note the Trust explained that the PSW and SSW (B) made the decision to discontinue the assessment due to concerns raised during the process. I consider that in doing so, it was the PSW and SSW (B) who concluded that the complainants were not suitable to become adoptive parents. However, both the Adoption Regulations and the 2017 Guidance state that the ADM makes this decision after considering the Panel's recommendation.
69. I consider it clear from the records and the ISWA's advice that the complainants' assessment was never provided to the Panel for its consideration. Consequently, the ADM did not make a decision on the complainants' suitability to become adoptive parents, or confirm their decision in writing. I consider the 2017 Guidance exists to ensure openness, transparency, and consistency within the process. However, as the PSW and SSW (B) made the decision to discontinue the assessment, the Trust denied the complainants the opportunity to have the Panel independently review their application. It also denied them the opportunity for the ADM, as a second independent party, to make the final decision. I note and accept the ISWA's advice that by failing to take these steps, '*the APS were not compliant with the*

Policy and Procedure'. Therefore, I am satisfied that the Trust failed to act in accordance with the Adoption Regulations and the 2017 Guidance.

70. The complainants also said the Trust failed to clearly outline its reasons for discontinuing their assessment in 2018. I note the Trust attempted to do so in its letter to the complainants in May 2018. However, having reviewed the content of the letter, I accept the ISWA's advice that *'these reasons read as a list of concerns and it does not in my professional opinion sufficiently explain or evidence the impact on their suitability to adopt'*. Based on the evidence available to me, I am satisfied the Trust failed to provide the complainants with clear reasons why it discontinued the assessment. I note the Trust also identified this failing in its investigation and I welcome this finding.
71. The First Principle of Good Administration, 'getting it right', requires bodies to act in accordance with the law and relevant published guidance. Bodies ought to have regard to relevant legislation and guidance when making decisions. For the reasons outlined previously, I consider that in this instance, the Trust failed to act in accordance with this principle. The Third Principle of Good Administration, 'being open and accountable', requires bodies to be open and transparent, and give reasons for their decisions. While it is evident that the Trust did have reservations about presenting the complainants' application to the Panel, there is no evidence to suggest it clearly communicated its concerns to the complainants, or that it attempted to seek their agreement to discontinue the process. Furthermore, the Fourth Principle of Good Administration, 'acting fairly and proportionately', requires bodies to ensure its decisions and actions are proportionate, appropriate and fair. I consider the Trust failed to provide the complainants with the opportunity to have the Panel and the ADM independently review their application, if that was what they wished to do. As indicated previously, the Trust should also have completed Form F and provided this to the complainants to enable them to comment on the Trust's opinion contained in that document. This opportunity ought to be available to all applicants going through the same process. I am satisfied these failings

constitute maladministration and I uphold this element of the complaint. I will consider the injustice to the complainants later in this report.

Summary of findings and injustice

72. I note the Trust explained that *'progressing the applicants' assessment would not have led to a positive recommendation to the adoption panel'*. I acknowledge the Trust held reservations around the complainants' suitability to adopt. However, I consider that highlighting these to the complainants at the earliest opportunity (during the 2015 period of assessment), along with putting them in writing, would have allowed them to work with their SW to address these concerns. I also found failing in the wording the MA used in complainant A's AH report, provided to the Trust during the 2015 period of assessment. I am unable to conclude whether or not the Trust's actions would have been different had the MA acted accordingly. I note that while the complainants were asked for updated medical information for the 2018 period of assessment, there is no evidence to suggest that the Trust obtained a second MA opinion before deciding to discontinue the assessment. However, I am satisfied that the MA's report from the 2015 assessment contributed in some way to the Trust's decision to pause and then discontinue the complainants' application.
73. I consider the Trust had a second opportunity to work with the complainants during the 2018 assessment period. However, it discontinued the process without giving the complainants the opportunity to challenge the Trust's evidence, to make an informed choice as to whether they wished to continue, and to have their application independently reviewed. Furthermore, it failed to provide the complainants with clear reasons for its decision to discontinue; a decision it was not entitled to take without the complainants' consent. While I do not consider this would have justified the Trust's actions, it would have gone some way to explain to the complainants the reasons for them.
74. I note the ISWA's advice that the draft Adoption and Children (Northern Ireland) Bill (the Bill) includes the implementation of an independent review mechanism for when a determination is made that applicants are not suitable to adopt. I note the Health Minister intends to introduce this Bill into the Legislative

Assembly before the end of 2020. The introduction of the Bill demonstrates a commitment to ensure fairness and equality in the process. However, in the complainants' case, they were denied an opportunity to complete the process that currently exists. In this case, I was struck by the profound impact the Trust's actions had on the complainants, causing them to experience '*feelings of personal rejection*', resulting in them attending counselling, and how it caused them to lose faith in a process that ought to be stringent and robust. I also note the GP IPA's advice that the complainants likely '*experienced undue stress and injury to their feelings and it is highly likely that their confidence in the adoption assessment process has been significantly damaged*'.

75. I accept the Trust already put in place changes to its practices. However, this is of little consolation to the complainants who said they are now discouraged to enter into the process another time. When considering the injustice the complainants experienced, I noted the ISWA's advice that '*the impact is likely to have been significant, ongoing, and difficult to emotionally resolve*'. I am satisfied that the failures identified caused the complainants to experience the injustice of distress, uncertainty, and the loss of opportunity to have their adoption application fully considered in accordance with the relevant legislation and guidance.

CONCLUSION

76. I received a complaint about the Trust's handling of the complainants' adoption application. The investigation established that the Trust failed to communicate its concerns with the complainants at the earliest opportunity, which would have allowed them to address these during the process. It also identified that when it deferred the complainants' assessment in 2015, the Trust failed to confirm in writing its decision, its reasons for the decision, and information relating to when the process would restart. Furthermore, it found failings in the Trust's retention of records for this period of assessment. My investigation also found failings with the wording the MA used in complainant A's AH report that she provided to the Trust during the 2015 period of assessment.

77. In relation to the second period of assessment in 2018, the investigation found the Trust failed to act in accordance with sections of the Adoption Regulations and the 2017 Guidance. It also found the Trust failed to provide the complainants with clear reasons why it discontinued their assessment. Furthermore, my investigation found that by not allowing an independent panel to consider the complainants' application, the Trust failed to treat them fairly and equally.
78. I am satisfied the maladministration identified caused the complainants to experience the injustice of distress, uncertainty, and the loss of opportunity to have their adoption application fully considered in accordance with relevant legislation and guidance. I also note in their response to a draft copy of this report, the complainants explained that an independent adoption agency would not consider their application because of the Trust's decision.
79. I note it was a social worker, senior social worker and a principal social worker who made the decision to firstly defer then later discontinue the complainants' application to become prospective adoptive parents. I will be seeking assurances from the Trust, through my recommendations, that decisions that ought to be made by the Panel and the ADM, are not taken by its staff in an attempt to circumvent the statutory process.

Recommendations

80. I note in its response to a draft copy of this report, the Trust outlined actions already undertaken to address failures identified in this report. I welcome these learnings and commend it for its efforts to date. I also note the Trust said it wishes to offer '*psychological support*' to the complainants to assist them in the '*recovery process following their experience*'. I welcome this offer from the Trust.
81. I recommend within **one** month of the date of this report:
- i. The Trust provides the complainants with a written apology in accordance with NIPSO 'Guidance on issuing an apology' (June

2016), for the injustice caused to them as a result of the maladministration identified; and

- ii. Staff involved in this case should evidence a reasonable level of reflection about the findings, including discussion at their next appraisal.

82. I note the complainants expressed to my office that they are reluctant to enter into the adoption process again due to their experience. I also note the complainants said that an independent adoption agency would not consider their application due to the Trust's decision. I hope that my findings provide some reassurance for the complainants. I recommend the Trust enters into a discussion with the complainants regarding the opportunity for them to undergo a second application process that is entirely independent from the 2015 and 2018 periods of the assessment. If the complainants are content to proceed, both parties ought to agree if the process is to be undertaken within the Belfast Trust or within another Trust area.

83. I note that as a result of the Trust's own investigation it now types and retains copies of applicants' case records. I welcome this learning, and note this practice is evident in the records of the 2018 assessment. However, I further recommend that the Trust implements an action plan to incorporate the following recommendations and should provide me with an update within **three months** of the date of my final report. That action plan is to be supported by evidence to confirm that appropriate action has been taken (including, where appropriate, records of any relevant meetings) to:

- i. Undertake an audit of a random sample of applications from prospective adopters and benchmark them against the 2010 or 2017 Guidance (whichever was relevant at the time), and provide me with evidence of this. The audit ought to focus on whether the applicants were offered a second opinion visit and provided with an opportunity to review their completed Form F. It also ought to focus on whether these applicants were referred to a Panel to make its recommendation, and whether its recommendation was passed to

the ADM to make a decision. The Trust ought to include any recommendations identified from this process in its update to this office;

- ii. Undertake a review of the AH report form and consider changing the layout to allow the MA to write a longer report when necessary;
- iii. I note the Trust conducted a reflective learning exercise for staff in May 2019. Having reviewed the training provided, I recommend the Trust provides further training. The Trust ought to provide me with evidence of this training. It is to incorporate:
 - (i) The importance of communicating concerns identified regarding applicants' suitability to adopt as soon as they arise during the assessment. Also, the importance of communicating the impact these concerns will likely have on their application. This ought to be documented and retained along with details of how the SW will work with the applicants to address these concerns;
 - (ii) The importance of discussing the option of deferring an assessment with applicants, documenting the decision, and the reasons for it. The record also ought to include evidence of the applicants' agreement and the agreed date of when the process will recommence;
 - (iii) The importance of ensuring that assessments are robust and that their outcomes are based on documentary evidence gathered during the process; and
 - (iv) The importance of not circumventing the process outlined in the Adoption Regulations and the 2017 Guidance for applicants about whom they hold concerns.

84. The Trust accepted my findings and recommendations.

MARGARET KELLY
Ombudsman

March 2021

PRINCIPLES OF GOOD ADMINISTRATION

Good administration by public service providers means:

1. Getting it right

- Acting in accordance with the law and with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

2. Being customer focused

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

3. Being open and accountable

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.
- Taking responsibility for its actions.

4. Acting fairly and proportionately

- Treating people impartially, with respect and courtesy.

- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

5. Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

6. Seeking continuous improvement

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.

PRINCIPLES OF GOOD COMPLAINT HANDLING

Good complaint handling by public bodies means:

Getting it right

- Acting in accordance with the law and relevant guidance, and with regard for the rights of those concerned.
- Ensuring that those at the top of the public body provide leadership to support good complaint management and develop an organisational culture that values complaints.
- Having clear governance arrangements, which set out roles and responsibilities, and ensure lessons are learnt from complaints.
- Including complaint management as an integral part of service design.
- Ensuring that staff are equipped and empowered to act decisively to resolve complaints.
- Focusing on the outcomes for the complainant and the public body.
- Signposting to the next stage of the complaints procedure, in the right way and at the right time.

Being customer focused

- Having clear and simple procedures.
- Ensuring that complainants can easily access the service dealing with complaints, and informing them about advice and advocacy services where appropriate.
- Dealing with complainants promptly and sensitively, bearing in mind their individual circumstances.
- Listening to complainants to understand the complaint and the outcome they are seeking.
- Responding flexibly, including co-ordinating responses with any other bodies involved in the same complaint, where appropriate.

Being open and accountable

- Publishing clear, accurate and complete information about how to complain, and how and when to take complaints further.
- Publishing service standards for handling complaints.

- Providing honest, evidence-based explanations and giving reasons for decisions.
- Keeping full and accurate records.

Acting fairly and proportionately

- Treating the complainant impartially, and without unlawful discrimination or prejudice.
- Ensuring that complaints are investigated thoroughly and fairly to establish the facts of the case.
- Ensuring that decisions are proportionate, appropriate and fair.
- Ensuring that complaints are reviewed by someone not involved in the events leading to the complaint.
- Acting fairly towards staff complained about as well as towards complainants.

Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Providing prompt, appropriate and proportionate remedies.
- Considering all the relevant factors of the case when offering remedies.
- Taking account of any injustice or hardship that results from pursuing the complaint as well as from the original dispute.

Seeking continuous improvement

- Using all feedback and the lessons learnt from complaints to improve service design and delivery.
- Having systems in place to record, analyse and report on the learning from complaints.
- Regularly reviewing the lessons to be learnt from complaints.
- Where appropriate, telling the complainant about the lessons learnt and changes made to services, guidance or policy.