



Making Social Care
Better for People

inspection report

Local Authority Adoption Services

**Cambridgeshire County Council
Adoption Service**

18-20 Signet Court

Swann`s Road

Cambridge

CB5 8LA

15th November 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

ADOPTION SERVICE INFORMATION

Name of Local Authority

Cambridgeshire County Council Adoption Service

Headquarters Address

Cambridgeshire County Council Adoption Service, 18-20
Signet Court, Swann`s Road, Cambridge, CB5 8LA

Adoption Service Manager

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Certificate number of this adoption service

I030000328

Date of last inspection

NA

Date, if any, of last SSI themed inspection of adoption service

NA

Date of Inspection Visit		15 th November 2004	ID Code
Time of Inspection Visit		9:00 am	
Name of Inspector	1	Delia Amos	128500
Name of Inspector	2	Ros Chapman	075198
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection		Nicky Hale	

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INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by CSCI, to establish if the service is meeting the National Minimum Standards for Local Authority Adoption Services and the requirements of the Care Standards Act 2000, the Adoption Act 1976 as amended, the Adoption Agencies Regulations 1983 as amended and the Local Authority Adoption Service (England) Regulations 2003.

This document summarises the inspection findings of the CSCI in respect of Cambridgeshire County Council Adoption Service. The inspection findings relate to the National Minimum Standards for Local Authority Adoption Services published by the Secretary of State under sections 49 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003 are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the CSCI regarding notices to the local authority and reports to the Secretary of State under section 47 of the Care Standards Act 2000.

The report follows the format of the National Minimum Standards and the numbering shown in the report corresponds to that of the standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Notifications to the Local Authority and Reports to the Secretary of State
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Providers response and proposed action plan to address findings

This report is a public document.

INSPECTION VISITS

Inspections will be undertaken in line with the regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The inspection methods used in the production of this report are set out in Part B. Pre-inspection information, and the manager's written self-evaluation of the service, have also been taken into account. The report represents the inspector's findings from the evidence found at the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

The local authority is developing structures for integrated children's services across three area divisions, with childcare teams operating from a number of different localities. Inspectors were told that it was likely that the structure would adopt a county wide service for the recruitment, assessment, preparation and support of adopters.

The adoption team consists of the head of service (adoption and fostering), a section manager for adoption and permanence (post vacant at the time of this inspection), a senior social worker, and six social workers. In addition sessional staff have been regularly used for intercountry adoption assessments, birth records counselling and step-parent adoptions. The staff team also includes a post-box co-ordinator. Administrative staff in most cases support both the adoption and fostering teams.

A non-operational Policy and Practice Standards Manager for adoption and permanence has a key role in ensuring that adoption services are co-ordinated and developed across both the placing and the family finding adoption functions of the agency.

The adoption agency has an independently chaired panel which usually meets on a twice monthly basis. The assistant director is the agency decision maker on matters of adoption.

The agency has commissioned (since April 2004) the services of Parents and Children Together (P.A.C.T.) to carry out services in respect of people wishing to adopt from overseas.

There is also a contract with After Adoption to provide adoption support services to people affected by adoption. This includes an independent counselling service to birth parents prior to the adoption order.

Cambridgeshire has a well established letter box service to enable indirect contact arrangements. Where appropriate the agency also supports direct contact. Birth family initiated contact has been supported in a number of cases.

The agency is a member of the East Anglian Adoption Agency Consortium and of the British Association for Adoption and Fostering.

A large number of applications for step-parent adoptions are also managed within the adoption team, allocated to a sessional member of staff.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This report is the first by the Commission for Social Care Inspection under the National Minimum Standards for Adoption, and therefore serves as an audit of the service against the new requirements, identifying developments needed to meet the new requirements within a reasonable period of time. Any more urgent issues are identified in the report.

This inspection took place at a time when the local authority was moving childcare towards an integrated service with education and youth justice services. Some restructuring of childcare teams was part of this but adoption services were likely to be a county wide resource. The particular structure and location of the adoption service was under review with proposals being considered for an expansion of staffing to meet increased adoption support needs.

Inspectors identified many positives about the council's approach to adoption. The head of service was rightly proud at the work being undertaken in placing children over five years. The majority of the children placed for adoption are placed with Cambridgeshire's approved adopters. In the last twelve months, Cambridgeshire has provided families for three children from other local authorities and has placed children with other agencies when matching considerations indicated that would be in the child's best interests.

The agency has made positive links with other agencies to provide specialist services for intercountry adoption work and for independent advice and counselling services.

This inspection focussed on the adoption function of the service but permanent planning for children through fostering was also an area of work for the adoption team workers. A BAAF review of the service in 2002 had commented on Cambridgeshire as 'committed throughout its management structure to making decisions so far as possible based on an assessment of the best interests of children in complex circumstances'. This inspection heard that these processes continued to be evolving; that the authority was further considering how best to address the assessment and support of kinship placements and of planning for permanence.

Survey responses were received from thirteen placing social workers in respect of eighteen children. Comments made about the service included: 'a high level of support', 'helpful', 'comprehensive Form F' 'the adoption social worker had a good understanding', 'good working relationships', and 'supportive'. Three responses expressed some reservation about how much the assessment and preparation prepared applicants.

Seventeen questionnaires were completed by adopters. In general the view from these, and from the adopters visited, was that the adoption agency had dedicated, sensitive staff. There were a number of references to delays in the process, and to staff being overstretched. Staff shortages have been identified as having an impact on a number of areas in this inspection. Two birth family members returned questionnaires. One was extremely positive and the other response reinforced the value of independent counselling and support. Both indicated that they had not been asked for their views about the service or told how to complain.

Statement of Purpose (Standard 1)

This standard was met

There was a statement of purpose which had been approved by the executive side of the council. Policies and procedures were comprehensive, although some were somewhat dated. They were being revised on an ongoing basis. The agency had commissioned a children's guide which was shortly to be available for distribution. Alternative formats could be available on a case by case basis.

Securing and Promoting Welfare (Standard 2)

This standard was met.

The agency did not have a specific written recruitment strategy and this would be recommended as part of the planning process for the team. There was nevertheless a well-informed approach to considering the needs of the children waiting for or likely to need placements. It had been identified that it has been particularly hard to identify families for children with significant medical needs and recruitment strategies were being explored to address this.

Prospective and approved adopters Standards 3-6)

Each of these four standards was partially met.

Cambridgeshire had a steady flow of enquiries about adoption and held regular information sessions and preliminary interviews. Prioritising strategies were in place to attempt to identify those applicants most likely to meet the needs of the children. Some adopters reported dissatisfactions with the delays they experienced at this stage and with having to 'chase' what was happening with their enquiry. The preparation programme was in need of some updating. Files read indicated a generally thorough approach to assessment work. Most adopters made positive comments about their experience of the assessment and preparation. Some adopters described a lack of clarity and information at the post-approval stage. Linking and matching processes were co-ordinated in post panel planning meetings chaired by the Policy and Practice Standards Manager. The agency was developing its adoption support strategies. Adopters visited were very positive about the level of support they received, both from the adoption workers and from specialist workers in health and education. Cambridgeshire had commissioned the services of a voluntary agency, P.A.C.T., to provide information, support and advice to adopters who receive a proposed match of a child from overseas.

Birth Parents and birth families (Standards 7-9)

These three standards were met.

Work was undertaken with birth parents and families to involve them in the planning process where possible. The agency identified areas where it was hoped that further involvement with birth parents could be encouraged. Counselling was offered to birth parents and a service level agreement with After Adoption had been established to provide a source of independent support and advice for birth family members. The agency was supporting many direct and indirect arrangements for contact. There was a dedicated letter box exchange co-ordinator. Requests for birth family initiated contact were supported positively.

Adoption Panels and Agency Decisions (Standards 10-13)

Three of these four standards were met, and one partially met.

The agency's adoption panel evidenced an appropriate quality assurance role, and good practice was particularly evidenced in the circulation of quarterly newsletter. Applicants attended panel. The panel was properly constituted with an independent chair. There was an induction and appraisal process for panel members. Training was available and panel members were kept informed of developments. Panel was observed to be conducted efficiently. Decisions were made in a timely way, although the inspectors recommended that the panel minutes should be made available to the decision maker prior to the making of the decision.

Fitness to provide or manage an adoption agency (Standards 14,15)

These standards were met.

The nominated manager of the adoption agency had considerable relevant experience for the role. The head of the adoption and fostering service was very experienced and appropriately qualified. She was registered to undertake NVQ 5 in management.

Provision and management of the adoption agency (Standards 16-18)

One of these three standards was met and two partially met.

Inspectors were informed there were currently proposals for development of the agency. The current staffing level was limited in its capacity to meet existing requirements of the service. There were staffing shortages and the continuing vacancy of the front-line manager's post had an impact on the level of monitoring and development. There were clear roles and lines of accountability. Elected members of the council were viewed as supportive. More frequent formal reporting is recommended. Medical and legal advisers were available to the adoption service. It is recommended that there should be written protocols in regard to access to medical and other specialist advisers.

Employment and management of staff (Standards 19-23)

Two of these five standards were met, two partially met and one not met.

There was evidence of generally satisfactory recruitment procedures although the practice of verifying all referees was not clearly established. Personnel files did not include sufficient evidence of checks. All social work staff were appropriately qualified. There were appropriate supervision and appraisal systems. Administrative support was described as excellent. There had been staffing shortages and the team had vacancies at the time of this inspection. Staff policies were being implemented to encourage retention. There was a clear Training and Development Plan. Staff had access to internal and external training opportunities and there was evidence of staff being kept updated about policy development, practice and research.

Records (Standards 25-28)

One of these four standards was met, one partially met and two not met.

The adopters' case records were not always systematically maintained. There was a recording policy although there was no consistently established practice of opening a separate adoption file for each child. There were also gaps in records seen. Adopters' files contained the required records of status, health and CRB checks, enquiries and written references. Inspectors saw evidence of supervisors' notes on some children's files, although less so on the adopters' files. There were clear procedures for working with other adoption agencies. There was comprehensive guidance about access to adoption case records. Separate records were kept of complaints. The council had a system for regular file audit

although in the absence of the front-line manager this was not been implemented effectively in the adoption team. Insufficient information was included on staff files to meet the requirement for staff records.

Fitness of Premises (Standard 29)

This standard was not met.

Inspectors visited two of the three sites that are currently used by the adoption team. These were considered satisfactory for the purpose with appropriate security arrangements. The archived records are stored in the basement of Shire Hall, which has a history of flooding. Inspectors recommend that the protection of the records should be reviewed.

Reports and Notifications to the Local Authority and Secretary of State

The following statutory Reports or Notifications are to be made under the Care Standards Act as a result of the findings of this inspection:

Report to the Secretary of State under section 47(3) of the Care Standards Act 2000 that the Commission considers the Local Authority's adoption service satisfies the regulatory requirements:

NA

Notice to the Local Authority under section 47(5) of the Care Standards Act 2000 of failure(s) to satisfy regulatory requirements in their adoption service which are not substantial, and specifying the action the Commission considers the Authority should take to remedy the failure(s), informing the Secretary of State of that Notice:

NA

Report to the Secretary of State under section 47(4)(a) of the Care Standards Act 2000 of a failure by a Local Authority adoption service to satisfy regulatory requirements which is not considered substantial:

NA

Report to the Secretary of State under section 47(1) of the Care Standards Act 2000 of substantial failure to satisfy regulatory requirements by a Local Authority adoption service:

NA

The grounds for the above Report or Notice are:

Not applicable

**Implementation of Statutory Requirements from Last Inspection
(Not relevant at first CSCI inspection)**

Requirements from last Inspection visit fully actioned?

NA

If No please list below

STATUTORY REQUIREMENTS				
Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000, the Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003.				
No.	Regulation	Standard	Required actions	

Action is being taken by the Commission for Social Care Inspection to monitor compliance with the above requirements.

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

Action Plan: The appropriate officer of the Local Authority is requested to provide the Commission with an action plan, which indicates how requirements are to be addressed. This action plan is shown in Part D of this report.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, the Adoption Act 1976, the Adoption Agencies Regulations 1983, the Local Authority Adoption Service (England) Regulations 2003 or the National Minimum Standards for Local Authority Adoption Services. The Authority is required to comply within the given time scales in order to comply with the Regulatory Requirements for adoption services.

No.	Regulation	Standard *	Requirement	
1	LAAS Regs 2003 10	LA21	There must be an adequate number of sufficiently experienced and qualified staff to meet the needs of the adoption agency.	01.06.05
2	AA Regs 1983 7(2)(a)	LA25	The agency must ensure consistency in the practice of establishing an adoption file for each child	01.04.05
3	LAAS Regs 2003 11(3)(d)	LA28	Personnel files or other staff records must clearly evidence that appropriate checks and references have been undertaken on all staff.	01.04.05
4	LAAS Regs 2003 11(3)(d)	LA28	Administrative staff must be subject to CRB checks.	01.04.05
5	LAAS Regs 2003 11(3)(d)	LA28	Panel members' files must evidence that appropriate checks are undertaken and that documentary evidence in accordance with Schedule 3 is in place.	01.04.05
	LAAS Regs 2003 16(2)(b)	LA29	Archived records must be kept in conditions of appropriate security, with minimised risk of damage from fire or water. There should be a specific review of the arrangements for the archive of adoption records.	01.04.05

GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

Identified below are areas addressed in the main body of the report which relate to the National Minimum Standards and are seen as good practice issues which should be considered for implementation by the Authority or Registered Person(s).

No.	Refer to Standard *	Recommendation Action
1	LA2	The agency should have a clear plan for the implementation and evaluation of effective strategies to recruit adopters for the children who will need placements.
2	LA3	The information booklet for prospective adopters should be updated.
3	LA4	The preparation programme and related training materials should be updated.
4	LA4	The agency should take steps to ensure that all applicants to adopt are clearly informed of the steps that will be taken in the course of the assessment.
5	LA4	The agency should take more positive measures to encourage prospective adopters who already foster the child they wish to adopt, to attend the preparation programme.
6	LA5	The level of post approval support to applicants waiting a placement should be clarified.
7	LA6	The agency should implement plans for the development of adoption support services.
8	LA6	The agency needs to consider the support needs of adopters who have or are looking to have placements of children from overseas, and who may not be linked with the current support arrangements. .
9	LA13	The draft panel minutes and the full documentation relating to applications presented to adoption panel should be made available to the decision maker.
10	LA17	The executive side of the council should receive written reports on the management and outcomes of the service of the adoption agency every six months.
11	LA18	The agency should review the remit of the medical adviser to ensure that there is sufficient access to medical advice.
12	LA18	Written protocols should be devised to govern the role of specialist advisers.
13	LA23	The training programme should be developed to include a broader range of training relevant to the adoption service.

14	LA25	Decisions by supervisors should be recorded on adopters' case files, and signed and dated.
15	LA27	The system of regular case file audit must be implemented within the adoption service.

- Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. LA10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	NO
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	YES
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	YES
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	15/11/04
Time of Inspection	09.00
Duration Of Inspection (hrs)	60
Number of Inspector days	7
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	9

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

- | | |
|-------------------------|--------------------|
| 4 - Standard Exceeded | (Commendable) |
| 3 - Standard Met | (No Shortfalls) |
| 2 - Standard Almost Met | (Minor Shortfalls) |
| 1 - Standard Not Met | (Major Shortfalls) |

"0" in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable on this occasion.

"X" is used where a percentage value or numerical value is not applicable.

Statement of Purpose

The intended outcome for the following standard is:

- There is clear written statement of the aims and objectives of the adoption agency and the adoption agency ensures that it meets those aims and objectives.

Standard 1 (1.1 - 1.2, 1.3 (partial) and 1.4 – 1.7)

There is a clear written statement of the aims and objectives of the adoption agency which describes accurately what facilities and services they provide.

Key Findings and Evidence

Standard met?

3

There is a Statement of Purpose revised August 2004, which, with some minor revision, meets the requirements. It was formally approved by the local authority's executive in October 2004. Staff confirmed they had been consulted about the production of this document.

A newly produced children's guide is soon to be distributed. It has been commissioned from 'Adoption Plus' and was out for consultation with staff, young people's group, and the adoption panel. Positive comments were included in the surveys received from social workers for the purpose of this inspection. The agency has access to translation services and would consult an independent agency for more specialised formats of the guide if required on a case by case basis.

A policies and procedure manual is available to staff and accessible through the intranet service. Some extracts seen by inspectors were dated October 2000, and policy guidelines about assessment were updated June 2003. The manager is anticipating implementing a major review of policy and procedures to incorporate new guidelines.

Has the Statement of Purpose been reviewed annually?
(Record N/A if the information is not available)

NA

Has the Statement been formally approved by the executive side of the council?

YES

Is there a children's guide to adoption?

YES

Does the children's guide contain all of the information required by Standard 1.4?

YES

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

- The needs and wishes, welfare and safety of the child are at the centre of the adoption process.

Standard 2 (2.1 - 2.3)

The adoption agency has written plans for the implementation and evaluation of effective strategies to recruit sufficient adopters to meet the needs of the range of children waiting for adoption locally.

Key Findings and Evidence

Standard met?

3

Inspectors heard much to evidence that children were very much at the centre of the agency's approach, with constant monitoring of which children were needing placements. Various strategies for recruitment had included leaflet drops and radio and press releases. The agency acknowledged that there had not been a clear, specific written plan for the implementation and evaluation of effective strategies to recruit sufficient adopters. There was nevertheless evidence of the development of a well-informed and pro-active approach to considering the needs of the range of children waiting for or likely to need placements. There was a positive approach to securing placements with other agencies if no county resource was appropriate. It would be good practice to have a clear written strategy as part of effective planning for the team's development.

The key role of the Policy and Practice Standards manager has oversight of the circumstances of the children and the types of placements needed, and regularly met with the managers of the childcare teams. She links with BAAF, DfES and is chair of the local consortium. Improvements in the process were being planned which would focus on family finding for children with more complex needs. It has been identified that it has been particularly hard to identify families for children with significant medical needs and recruitment strategies have included working with the hospitals to identify potential for family finding.

The number of children (42) for whom best interest decisions had been made was considerably higher than previous years. There had been 32 children in the year to the end of March 2004, and 24 the previous year. The number of approved adopters was significantly lower than previous years, partly due to the number of children being supported in placement but also because the work of the team had been extended to include kinship placements. The agency was aware that recruitment strategies had to be linked to extra staff capacity.

There were plans for a marketing post to be developed which would contribute to the adoption and fostering advertising and recruitment strategies.

Evidence was seen of some excellent examples of work undertaken with children to identify their wishes and feelings.

In the last 12 months:

How many children were identified as needing adoptive families?

42

How many children were matched with adopters?

26

How many children were placed with the service's own adopters?

23

How many children were placed with other services' adopters?

3

How many children were referred to the Adoption Register?

X

In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?

5

What percentage of children matched with the adoption service's adopters does this represent?

95

%

How many sibling groups were matched in the last 12 months?

3

How many allegations of abuse or neglect were made about adopters approved by this adoption service?

0

On the date this form was completed, how many children were waiting for a match to be identified?

18

Prospective and approved adopters

The intended outcome for the following set of standards is:

- **The adoption agency recruits and supports sufficient adopters from diverse backgrounds, who can offer children a stable and permanent home to achieve a successful and lasting placement.**

Standard 3. (3.1 – 3.3 and 3.5 - 3.6)

Plans for recruitment will specify that people who are interested in becoming adoptive parents will be welcomed without prejudice, will be given clear written information about the preparation, assessment and approval procedure and that they will be treated fairly, openly and with respect throughout the adoption process.

Key Findings and Evidence	Standard met?	2
<p>Cambridgeshire have a booklet, 'Thinking about adoption?: from enquiry to approval' which demonstrates an inclusive approach to applicants, specifying an equal opportunities framework. The booklet is somewhat dated, and does not reflect recent changes in the service. This will need to be revised and a recommendation is made.</p> <p>Inspectors were told that the number of people coming forward with an interest in adoption is high and the agency has to prioritise Information sessions and preliminary interviews held on a regular basis make this clear. Prospective adopters receive a questionnaire prior to being invited to the "Prepare to Care" sessions. From the initial expression of interest, prospective adopters are given information about the ages and needs of children requiring placements. In some cases assessments are fast-tracked in order to meet the needs of particular children.</p> <p>Some enquirers have to wait for a considerable time before they are invited to a preparation programme. Survey responses indicated that this caused a great deal of frustration. Several referred to having to 'chase' what was happening to their enquiry. One referred to information about them getting lost at this first stage. The agency has acknowledged the need for a review of its staffing capacity to meet the present needs of the service as well as development needs (see Standard 21)</p> <p>Prospective adopters have the opportunity to meet with experienced adopters during the preparation programme and in the course of the assessment. Adopters described this as "invaluable".</p> <p>Prospective adopters wishing to adopt from overseas are supported, assessed and approved by "PACT" on Cambridgeshire's behalf. Inspectors were told that anyone making an enquiry about overseas adoption is given the number of PACT by the administrative staff.</p>	<p>Standard met?</p>	<p>2</p>

Standard 4. (4.1 – 4.9)

Prospective adopters are involved in a formal, thorough and comprehensive assessment, preparation and approval process.

Key Findings and Evidence

Standard met?

2

An initial information pack is sent to all enquirers. Information sessions are also held which are followed by individual interviews.

Preparation programmes were held on a regular basis. All participants complete evaluation forms. The content of the programme and presentation materials were found to be dated and 'tired'. Staff confirmed that they were aware of the need for an update. The manager explained that the agency had planned to wait till summer 2005 to formally review the programme's content to include all new practice guidance. Inspectors recommend that more immediate updating should take place. One adopter expressed the view that more thought could have been given to considering the perspective of single carer during the preparation sessions. Other courses were available to adopters sometimes prior to approval, and these included training on the impact of abuse, and separation and loss.

Assessments read included some very thorough Form Fs which showed a sound approach to exploring references, and in some cases referred to relevant research. Not all files included the more detailed casenotes of assessment visits.

Health and safety checks were undertaken as part of the assessment. There was also evidence of attention given to safe care guidelines and adopters were expected to attend additional training about the impact of abuse.

Some adopters made very positive comments about the assessment process, for example "thorough", "sensitive", "professional" and "insightful". Survey responses produced variable responses. Two adopters expressed strongly that there had been insufficient information about what an assessment might involve. There were some critical comments about less sensitive approaches to assessment issues, specifically in two cases, in dealing with referees. Delays in getting started on the process were a concern to some applicants and problems in communication were cited in two cases.

Foster carers who had applied to adopt were entitled to attend the preparation programmes, although this was not expected and there was not a strong culture of encouraging them to attend any preparation sessions. This is recommended.

Since February 2004, Cambridgeshire has delegated almost all its inter-country adoption work to P.A.C.T.

Standard 5 (5.1 – 5.4)

Approved adopters are given clear written information about the matching, introduction and placement process, as well as any support to facilitate this they may need. This will include the role of the Adoption Register for England and Wales.

Key Findings and Evidence**Standard met?**

2

A leaflet 'Thinking about Adoption? From approval onwards' contained some helpful information about the post approval processes. There was little explicit reference to delays that might happen. Five of the survey responses from adopters expressed some disappointment about the lack of clarity about what they should expect at the post-approval stage. Typical comments were "would be nice to have an update"; "not informed enough", and "not sure of level of support". Practice was somewhat variable. Another adopter was satisfied with the visits and training at this stage, although would have preferred to have had continuity with the assessing worker rather than a change of worker at that point. The self assessment report by the agency included the expectation that all approved adopters continue to receive regular home visits from their assessing worker. In reality contact was more often likely to be by phone, or in some cases staff shortages had resulted in longer delays in contact. A recommendation is made that the level of support should be made clearer to applicants.

Post panel planning meetings chaired by the Policy and Standards Manager considered the potential matches. There was a commitment to sharing full information with adopters and in the placements that were visited the adopters confirmed they had been well-informed. In one survey response, an adopter considered that more information might have helped them. Information was prepared by adopters for the child to be placed. An adopter reported that they would have liked more guidance in doing this.

Evidence was seen on files that adopters are asked to notify the agency in the event of significant events occurring which would be important for the birth parents to be told about.

Does the local authority have written procedures for the use of the Adoption Register?

YES

Standard 6 (6.1 – 6.7)

Adoptive parents are helped and supported to provide stable and permanent homes for the children placed with them.

Key findings and evidence**Standard met?**

2

The adopters with placements who were visited during this inspection were happy with the level of support they were receiving and were confident that it would be ongoing. The agency acknowledged that adoption support plans were still developing and proposals for a more systematic approach to adoption support were currently on the agenda. A recommendation is made that adoption support strategies should be further developed. Adopters made positive comments about the support from the education and health services. The agency has promoted inter-agency avenues of support to children placed for adoption, through the Looked After Children health team, and education service for looked after children.

Ongoing training for adopters was available with a range of relevant courses, often through the training programme for foster carers. There had been a backlog of adopters waiting to get on to courses which panel had identified as an urgent problem. The agency was not running any support groups for adopters at this point but did put adopters in touch with other networks, e.g. Adoption UK.

Inspectors heard a number of examples of very positive life story work and adopters were encouraged to help the child develop and maintain a positive self-identity.

Since February 2004, Cambridgeshire has had an agreement with P.A.C.T. for the provision of information, support and advice to adopters who receive a proposed match of a child from overseas. Some attention needs to be given to reviewing the support needs of those adopters who were assessed and approved prior to the establishment of this arrangement. In one example the adopter had received very minimal contact from the local authority.

Disruptions have occurred in placements and evidence was seen of support being provided to the adopters and children involved. The agency had identified that there were continuing lessons to be learned from the disruptions and panel meeting minutes evidenced that panel members carefully reflected on the disruption reports presented. A more general review of themes and issues arising from the experiences would be good practice and timely.

Number of adopter applications started in the last 12 months

31

Number of adopters approved in the last 12 months

19

Number of children matched with the local authority's adopters in the last 12 months

23

Number of adopters approved but not matched

12

Number of adopters referred to the Adoption Register

19

How many placements disrupted, between placement and adoption, in the last 12 months?

3

Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

- **Birth parents are entitled to services that recognise the lifelong implications of adoption. They will be treated fairly, openly and with respect throughout the adoption process.**

Standard 7 (7.1 – 7.5)

The service to birth parents recognises the lifelong implications of adoption.

Key Findings and Evidence	Standard met?	3
<p>Cambridgeshire had, in November 2003, established a service level agreement with After Adoption, which is in a position to offer independent support to birth family members from the time that adoption is identified as the plan for the child. It was noted that the service was being underused and more active promotion of it within the childcare teams might be helpful. The post-box co-ordinator is also available to advise and support birth family members.</p> <p>The agency was planning to introduce, by August 2005, an Adoption support service which the manager considered would contribute to increasing the range of support available. The agency acknowledged that there was continuing need for to ensure improvements in the overall preparation and quality of Form E's. It was noted that the quality of Form Es was very variable, and evidence of the involvement of the birth parent was not always clear.</p>		

Standard 8 (8.1 – 8.2)

Birth parents and birth families are enabled to contribute to the maintenance of their child's heritage.

Key Findings and Evidence	Standard met?	3
<p>Work undertaken with birth families including life story work was undertaken by childcare social workers or support workers. Some excellent examples were seen but the view was expressed that the service would benefit more if it was consistently done by workers who had received specialised training (See recommendation made at Standard 23). The agency was hoping to develop practice which would encourage greater understanding of the perspective of birth families, for example having a birth parent on adoption panel, and for the adoption workers to have more direct involvement with birth families.</p>		

Standard 9 (9.1)

The adoption agency has a clear strategy for working with and supporting birth parents and birth families (including siblings) both before and after adoption. This includes providing information about local and national support groups and services and helping birth parents to fulfil agreed plans for contact.

Key Findings and Evidence

Standard met?

3

The agency was developing its strategy for working with birth parents and birth families, with a service level agreement with After Adoption. Support and advice was given to birth family members through the agency if appropriate. It was also planning to develop further strategies through the creation of an Adoption Support Team in August 2005.

The adoption agency has a well-established commitment to ensuring children and birth parents and family members are supported in post-adoption contact. Adoption workers have responded positively to birth parent initiated requests for contact.

There was a post-adoption letter box scheme, involving 210 children with a dedicated support worker post to implement the scheme. This was audited in May 2003, and survey responses produced many thought provoking responses,

Adoption Panels and Agency decisions

The intended outcomes for the following set of standards are:

- Each adoption agency has an adoption panel which is organised efficiently and is effective in making quality and appropriate recommendations about children suitable for adoption, the suitability of prospective adopters and the matching of children and approved adopters.
- The adoption agency's decisions are made to promote and safeguard the welfare of children.

Standard 10 (10.1 – 10.3)

Adoption panels have clear written policies and procedures about the handling of their functions and ensure that they are implemented.

Key Findings and Evidence	Standard met?	3
<p>The agency was revising policies and procedures for the functions of the adoption panel. There is a protocol for panel members which has been recently introduced. Procedures were seen to be implemented in respect of feedback issues in terms of the presentation and content of reports and also of panel members' performance.</p> <p>A mechanism for promoting good practice was the quarterly issue of a 'Panel Post', a newsletter which includes up-to-date information and celebrates excellence. This was available to all office bases. Inspectors consider this was commendable practice.</p> <p>Staff and applicants who attended panel typically described the experience as 'daunting but fair'. Applicants generally felt they were treated in a friendly, respectful manner. In one case the experience was reported to have been very stressful with applicants feeling they were 'looked down on'. Inspectors feel that this response may rest with the weighty expectation to attend which was reported. Whilst applicants are encouraged to attend adoption panel, some views expressed were that panel attendance was obligatory, and inspectors suggest that the agency revisit the guidance about this to ensure that people are not, and do not feel, disadvantaged if they are unable to attend.</p>		

Standard 11 (11.1 – 11.4)
 The adoption agency shall ensure that each adoption panel is properly constituted, that panel members have suitable qualities and experience to be a panel member and have regular training to allow them to keep up to date with changes in legislation, guidance and practice. Where the adoption agency is involved in inter-country adoption, each member of the panel understands the implications of being adopted from overseas and seeks advice, when necessary, on the laws and eligibility criteria for the overseas country.

Key Findings and Evidence	Standard met?	3
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The adoption panel is appropriately constituted and independently chaired. The chair has considerable experience in childcare and in a range of panels. Panel members were described as very committed. New members of panel had an opportunity to observe panel; they also have a discussion with the chair and with the adviser. Appropriate checks were taken on all new panel members and confidentiality agreements signed. Panel members' files did not always evidence sufficient evidence of the vetting procedures (as required at Standard 28). Joint training with agency staff was established and valued by panel members. Panel members' training was planned on a twice yearly basis.

Panel members were regularly updated about practice and legislative changes by the Policy and Practice Standards Manager who acted as professional adviser. A system had been introduced for an annual review of individual panel members.

Is the panel a joint panel with other local authorities?	NO	
Does the adoption panel membership meet all of the statutory requirements?	YES	

Standard 12 (12.1 – 12.3)
 Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.

Key Findings and Evidence	Standard met?	3
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Panels were held generally twice each month. There had been no cancellations or postponements of panel over the preceding year. The panel observed on 12th November 2004 was organised efficiently. Documentation was sent out in a timely way and was colour coded which assisted reading. The meeting was well conducted and it was clear to the inspector that panel members felt able to make contributions and that these were valued. It was noted that panel members took their responsibilities seriously and were very child focused. Minutes were accurate and informative. They were comprehensive and reflected the discussion and reasons for recommendations. Applicants attending panel were given an evaluation form.

Standard 13 (13.1 – 13.3)

The adoption agency's decision is made without delay after taking into account the recommendation of the adoption panel and promotes and safeguards the welfare of the child.

Key Findings and Evidence**Standard met?**

2

Decisions were made without delay. The professional adviser meets with the decision maker soon after panel and the panel chair is only involved if it is identified that there is need for further discussion. The draft minutes were not seen by the decision maker. Inspectors recommend that the minutes should be made available to her as well as the full documentation that is made available to panel members. The agency decision maker writes formally to relevant parties and the children's social work team is responsible for conveying the decision to children and their families.

Fitness to provide or manage an adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is provided and managed by those with the appropriate skills and experience to do so efficiently and effectively and by those who are suitable to work with children.

Standard 14 (14.1 – 14.3 and 14.5 – 14.6)

The people involved in carrying on and managing the adoption agency:

- possess the necessary knowledge and experience of child care and adoption law and practice and
- have management skills and financial expertise to manage the work efficiently and effectively and
- ensure that it is run on a sound financial basis and in a professional manner.

Key Findings and Evidence

Standard met?

3

The senior manager of the adoption service was the County Manager Accommodation and Family Support Services, having relevant and lengthy experience in childcare and management. He supervised the head of the adoption service who was appropriately qualified and experienced in childcare and is registered to undertake NVQ 5 in management.

The team has been unable to recruit to the first line management post of Section Manager which has been vacant since the end of April 2004. Recruitment activity was ongoing and interim arrangements were being considered.

Does the manager have Management NVQ4 or equivalent?

NO

Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?

YES

Standard 15 (15.1 – 15.4)

Any person carrying on or managing the adoption agency are suitable people to run a voluntary organisation or business concerned with safeguarding and promoting the welfare of children.

Key Findings and Evidence

Standard met?

3

Confirmation of a CRB check in respect of the manager was evidenced. Inspectors were informed that the practice of making telephone enquiries to each referee was now established although this was not always clear from the records seen.

Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is organised and managed efficiently, delivering a good quality service and avoiding confusion and conflicts of role.

Standard 16 (16.1 – 16.7)

The adoption agency is managed effectively and efficiently.

Key Findings and Evidence

Standard met?

3

Inspectors were told that the agency had identified that it required a review of establishment and further development. Proposals for development were being presented at the time of this inspection. The current staffing was limited in its capacity to meet existing requirements of the service and there was a need for development of adoption support services.

Job descriptions for staff and for managers were very dated and did not reflect the considerable changes that have occurred in configuration of the adoption and fostering service.

Staff reported that information was cascaded down quickly, although communication was not always clear. Inspectors heard of an example when a significant consultation document sent out to childcare teams was not distributed to the adoption service. Current management is making efforts to ensure the team is not sidelined. Communication between different teams was described as difficult at times, because of their dispersed nature, at the same time inspectors heard of 'excellent' and 'improved' working relationships between the teams. The view was heard that the adoption service was seen as being more proactive and flexible, and as having greater credibility.

The agency acknowledged areas for significant further development and progress has been slower because of staffing shortages and the continuing vacancy of the frontline manager's post. Despite this inspectors found that staff had a clear understanding of whom they would go to for decision making or advice. Roles within the organisation were clear.

Number of complaints received by the adoption service in the last 12 months

0

Number of the above complaints which were substantiated

0

Standard 17 (17.1 – 17.3)
There are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.

Key Findings and Evidence	Standard met?	2
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The agency had clearly documented arrangements for control and supervision of its financial affairs and powers.

The Policy and Practice Standards Manager monitors all the adoption agency activity, maintains statistical information and procedures and produces a detailed and comprehensive annual report. A recommendation is made that reports should go to the executive side of the council every six months, in accordance with Standard 17.3. The annual report is subject to the Scrutiny Committee. Elected members were described as providing positive support to children’s services with a core group of interested members being part of the multi-agency Public Parenting steering group. Two elected members were involved in the Adoption Panel.

There was a six-monthly meeting for management across the teams to look at the outcomes and processes for children with adoption as in their best interests. Through a score card system, inconsistencies across the county had been identified and measures taken to begin to address them. Data was produced on a monthly basis to monitor the progress of children through the planning processes.

How frequently does the executive side of the council receive written reports on the work of the adoption service?

Monthly?	<input type="checkbox"/>
Quarterly?	<input type="checkbox"/>
Less than Quarterly?	YES

Standard 18 (18.1 – 18.5)
The adoption agency has access to specialist advisers and services appropriate to its needs.

Key Findings and Evidence	Standard met?	2
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The adoption agency has access to a range of specialist advisers and services. A clinical Psychology team is employed by the Fostering and Adoption service. Education and nursing staff for Looked After Children contribute to matching and support processes. There is a Medical Adviser to the Panel although inspectors heard that this role was not always very available to staff or adopters outside the panel. It is recommended that this is reviewed. There is a legal Adviser to panel who gives relevant advice as required but does not attend on a regular basis. Regular attendance had been tried in a pilot scheme and inspectors were told that this had been helpful. Regrettably, this was not established as practice. There are currently no written protocols governing the role of specialist advisers, and this is recommended.

Employment and management of staff

The intended outcome for the following set of standards is:

- The people who work in the adoption agency are suitable to work with children and young people and they are managed, trained and supported in such a way as to ensure the best possible outcomes for children waiting to be adopted or who have been adopted. The number of staff and their range of qualifications and experience are sufficient to achieve the purposes and functions of the adoption agency.

Standard 19 (19.1 – 19.14)

Anyone working in or for the adoption agency are suitable to work with children and young people and to safeguard and promote their welfare.

Key Findings and Evidence

Standard met?

2

Appropriate recruitment procedures were in place. The manager confirmed that the system is now established for obtaining telephone verification of at least one reference for staff although Standard 19 indicates that each referee should be followed up and this needs to be consistently implemented. Appropriate checks on staff were not sufficiently evidenced in a number of personnel files examined, (see requirement made at Standard 28).

All staff had relevant professional qualifications, and where staff had moved into the adoption team from childcare teams they were mentored by experienced workers in the adoption team.

Two part-time workers undertake birth records counselling, and are supervised by the Policy and Practice Standards Manager. The workers had lengthy experience. The agency was hoping to expand the range of staff given the professional opportunity to undertake this work.

Do all of the adoption service's social workers have DipSW or equivalent?

YES

What % of the adoption service's social workers have a PQ award?

20

%

Standard 20 (20.1 – 20.12)

Staff are organised and managed in a way which delivers an efficient and effective service.

Key Findings and Evidence

Standard met?

3

The adoption social workers are based in three offices to maximise availability. Some childcare teams have a designated link worker from the adoption team but staffing problems have not allowed this to be in place for each team. The management was considering plans to increase the size and role of the adoption service. Increased flexibility in the homefinding role and in consultation were helping move the adoption service away from what inspectors heard had been considered by some as a somewhat traditional and inward looking approach. Workers described relationships between the childcare teams and the adoption team as 'excellent'.

As previously stated, plans to develop were hampered by the absence of a front –line manager, and the service manager had assumed the responsibilities of that role.

Workload management and allocation processes were managed via the supervision process and by the front line manager. It was recognised that more formal systems could contribute to more focused planning. There were systems for supervision and appraisal which were implemented. Staff also had access to consultants in regard to individual cases.

Staff described administrative support as 'excellent'. All staff have their own computers. Inadequate access to mobile phones was reported by staff. It was also the case that they felt they were expected to give adopters their home phone numbers, and although managers explained this was optional, increasing the availability of mobile phones would be a more positive approach to this issue.

Some survey responses from adopters indicated that at times there had been delays in responding to messages, or meetings cancelled. Administrative support was under review and centralising the service was being considered.

Enquiries from prospective adopters are dealt with via a free phone line during office hours.

A large number of applications for step-parent adoptions are also managed within the adoption team, allocated to a sessional member of staff who normally has about five or six cases at a time and is regularly supervised by the service manager.

Standard 21 (21.1 – 21.4)
There is an adequate number of sufficiently experienced and qualified staff to meet the needs of the adoption agency and they are appropriately supported and assisted in providing a service.

Key Findings and Evidence	Standard met?	1
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There were social work vacancies within the adoption team, and there had also been long term sickness absence. The team was developing its roles with family finding, linking with teams, and undertaking kinship and permanent assessments. The staffing level of the team was currently being reviewed. Inspectors considered the responses from many adopters indicated that they felt the service to be very over stretched and that it was not always adequately meeting support needs.

The service had used agency workers to meet shortfalls, and sessional workers undertook some assessments. The present shortfalls were being covered by part-time social workers temporarily increasing their hours.

Inspectors saw evidence that training was encouraged and that Cambridgeshire had a positive approach to supervision and support to staff.

Staff policies to encourage retention included flexible working hours, key worker housing and secondment arrangements.

Total number of social work staff of the adoption service	5	Number of staff who have left the adoption service in the past 12 months	2
Number of social work posts vacant In the adoption service.	2		

Standard 22 (22.1 and 22.3)
The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.

Key Findings and Evidence	Standard met?	3
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Staff seen in the course of this inspection expressed positive views about Cambridgeshire as an employing organisation. Flexible working practices such as term time employment were welcomed. Independent counselling was available to staff.

There was a whistleblowing policy which was known to staff.

Standard 23 (23.1 – 23.6)

There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.

Key Findings and Evidence

Standard met?

2

There was an in house training programme for Cambridgeshire childcare services with mandatory courses and optional training pathways. Managers acknowledged that there was a need for a more comprehensive training framework and an operational training group had been set up to audit and develop a clear programme. The programme would benefit with the inclusion of training opportunities about working with birth families, life story work, adoption support and contact issues which would also be accessible to support workers as well as social workers.

Inspectors heard that priorities in the training budget resulted in the three day 'in-house' adoption course not being run in the last year. Staff said they were satisfied with training opportunities available to them although they tended to look more to external events, for example workshops run by BAAF. Team training events were also held and staff 'cascaded' learning from events or information that they had accessed.

The professional advisory role of the Policy and Practice Standards Manager in linking and advising child care team managers and social workers was also valuable in the disseminating information and keeping staff informed.

Systems for staff induction were established. There was evidence of a strong commitment to appraisal and to staff having professional training plans. Appraisals and six monthly reviews inform the plans which are copied to the training department to inform county training requirements. The adoption service manager was aiming to more systematically audit training needs to meet the proposed plans for the development of the service, for example if a wider range of staff were to undertake birth records counselling.

Regular staff meetings took place. Team meeting minutes indicated that practice issues were discussed and staff were kept abreast of developments relevant to their job.

Records

The intended outcome for the following set of standards is:

- All appropriate records are maintained securely, kept and are accessible when required.

Standard 25 (25.1 – 25.5)

The adoption agency ensures comprehensive and accurate case records are maintained for each child, prospective and approved adopter with whom the agency has worked.

Key Findings and Evidence	Standard met?	
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The agency had a confidentiality of personal social services records policy (dated November 2000). Records were being maintained for each child, and prospective and approved adopters. Very detailed case records were seen on some files. The adopters' files were not always systematically maintained (see Standard 27). Policies and procedures covered arrangements for access and confidentiality.

There was a procedure for establishing a separate adoption file for each child but inspectors found these were not being maintained consistently for each child in accordance with Adoption Agency Regulations. Some children's adoption files lacked care plans, records of statutory visits or reviews, or evidence of supervision. Gaps in records were seen. There was a lack of attention to some details, for example information about siblings which was not relevant to the individual child's record was found on file. In some cases e-mails were on record which contained somewhat flippant remarks which detracted from the quality of the record maintained for the child. Implementation of policy and practice guidelines is required in respect of the children's adoption file.

Staff spoken to had clear understanding about confidentiality and security of records. Files are locked away. Electronic records were backed up on a daily basis.

There were good examples seen of supervisory oversight in the records kept in some, though not all, children's files. This was less evidenced in the adopter's files and the manager acknowledged that this is an area for further development. A recommendation is made.

Standard 26 (26.1 – 26.2)

The adoption agency provides all relevant information from its case files, in a timely way, to other adoption agencies and local authorities with whom it is working to effect the placement of a child.

Key Findings and Evidence	Standard met?	
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The adoption agency worked closely with other agencies within the consortium and elsewhere and had appropriate procedures for the sharing of relevant information. Staff were clear about procedures. There were tracking systems for releasing papers once appropriate authorisation had been given. Corporate procedural instructions issued in August 2000 and General Protocol (August 2002) took into account the requirements of the Data Protection Act 1998 although there was no explicit reference to Human Rights legislation. .

Standard 27 (27.1 – 27.6)
There is a written policy on case recording which establishes the purpose, format, confidentiality and contents of files, including secure storage and access to case files in line with regulations.

Key Findings and Evidence	Standard met?	2
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Separate records were kept for staff, including sessional workers. Complaints were collated centrally. Systems within the adoption service were established for the collation of information about complaints and allegations.

There is a written policy (November 2003) for case file management and case recording. The council has a system for regular case file audit, but in the absence of a front-line manager in the adoption team, this system was not implemented. Inspectors found that files did not always contain front sheets, chronologies or a summary of significant events. File entries were not always legible or signed. It is recommended that measures are taken to ensure the system of file audit is implemented.

Standard 28 (28.1 – 28.2)
Up-to-date, comprehensive personnel files are maintained for each member of staff and member of the adoption panel.

Key Findings and Evidence	Standard met?	1
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Seven personnel files were inspected. Some shortfalls were identified in the records; not all had evidence of staff qualifications or relevant checks. In one case a full name was not recorded on the staff file. Criminal Records Bureau checks were not evidenced on the files but evidence was provided on a separate checklist although good practice would be to include the CRB number. Inspectors advise that a more rigorous approach must be established to evidencing that appropriate checks have been carried out on all staff. Inspectors were informed that administrative staff in adoption service did not have CRB checks and a requirement is made in regard to this, in that checks should be undertaken on all staff who work for the adoption agency.

Panel members' files examined did not include the information as required in Schedule 3.

Fitness of Premises

The intended outcome for the following standard is:

- The premises used by the adoption agency are suitable for the purpose.

Standard 29 (29.1 – 29.5)

Premises used by the adoption agency are appropriate for the purpose.

Key Findings and Evidence	Standard met?	1
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The premises used at the time of this inspection, which were seen by inspectors, were satisfactory for the purpose. Two of the three sites were visited. Secure access was evidenced, with a signing in system. The lack of small meeting rooms, for example for use in birth records counselling, was noted to be inconvenient at times.

The local authority provided evidence to the inspectors that adequate insurance arrangements were in place.

Archived records were inspected and inspectors noted that the local authority had recognised that there were some concerns. The records were stored in the basement at Shire Hall. Access was restricted. The records were archived in standard archive cardboard boxes in a large locked room. Other records were also stored there. There was a smoke or heat detector in the room. A fire risk assessment dated January 2004 was seen. There was a disaster recovery manual for the archives. This recognised that the basement is damp and needs humidifiers to keep it in a reasonable condition. A flood had occurred some years ago and the records were not in waterproof cabinets. The report noted that above-ground storage would be safer. It is recommended that the archiving arrangements specifically for adoption records should be reviewed.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor _____ **Signature** _____
Date _____

D.1 Local authority manager's comments/confirmation relating to the content and accuracy of the report for the above inspection.

We would welcome comments on the content of this report relating to the Inspection conducted on 15th November 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

We are working on the best way to include provider responses in the published report. In the meantime responses received are available on request.

Action taken by the CSCI in response to the provider's comments:

Amendments to the report were necessary	<input type="checkbox"/> NO
Comments were received from the provider	<input type="checkbox"/> YES
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/> NO
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/> YES

Note:

In instances where there is a major difference of view between the Inspector and the local authority adoption manager, both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by 7th March 2005, which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

Status of the Provider's Action Plan at time of publication of the final inspection report:

Action plan was required	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/>
Provider has declined to provide an action plan	<input type="checkbox"/>
Other: <enter details here>	<input type="checkbox"/>

Public reports

It should be noted that all CSCI inspection reports are public documents.

D.3 PROVIDER'S AGREEMENT

Local authority manager's statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I Nicky Hale of Cambridgeshire County Council confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.

Print Name Nicky Hale

Signature _____

Designation Head of Service
Fostering & Adoption

Date 22nd March 2005

Or

D.3.2 I _____ of am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____

Signature _____

Designation _____

Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.

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