



*Making Social Care
Better for People*

inspection report

Local Authority Adoption Services

Wolverhampton City Council Adoption Service

Children`s Services

66 Mount Pleasant

Bilston

Wolverhampton

WV14 7PR

22nd, 23rd and 24th June 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

Wolverhampton City Council Adoption Service

Headquarters Address

Children`s Services, 66 Mount Pleasant, Bilston,
Wolverhampton, WV14 7PR

Adoption Service Manager

Teresa Askins

Tel No:

01902 553070

Address

Children`s Services, 66 Mount Pleasant, Bilston,
Wolverhampton, WV14 7PR

Fax No:

Email Address

Certificate number of this adoption service

Date of last inspection

NA

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

Date of Inspection Visit		22nd June 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Vivien Slyfield	075999
Name of Inspector	2	Helen Norry	
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		Lynn Noble	

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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 Wolverhampton City 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 Wolverhampton Adoption service is part of the Social Service provision for children and families provided by the City of Wolverhampton. The team working with adoption are part of the Family Placement Service, which is based at 66 Mount Pleasant, Bilston. The Family Placement Service was established in 1990. The Family Placement Service operates as two smaller integrated sections. One focuses on Adoption; including the recruitment, training and assessment of adopters, support for approved adopters, general support, inter-country adoption, Notified Adoptions, Section 51 counselling and the voluntary relinquishment of babies for adoption. The other section focuses on the recruitment, training, assessment and support of foster carers and family finding.

Overall responsibility for the Adoption Service rests with the Director of Social Care, Housing and Health for the City. The line-management structure that follows is to the Chief Children's Services Officer to the Senior Operations Manager Resources to the Group Manager Family Placements at which point the responsibility divides between fostering and adoption. There is a Team Manager and an Assistant Team Manager of the Adoption Team of 7 adoption social workers and 1 adoption support worker. There were 1.5 vacancies at the time of the inspection. In addition to this the service has a quarter share of an Adoption in the Black Country Marketing Officer.

The four Black Country authorities of Wolverhampton, Walsall, Dudley and Sandwell have a consortium, working closely together on adoption issues in providing a service for children and families in the region. They undertake joint adoption recruitment and joint training as well as exploring ways in which they can work together to enhance the services they provide. Wolverhampton is also a member of the "West Midlands Adoption Consortium"

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 inspection was the first of Wolverhampton City Council's Adoption Service undertaken in relation to The Care Standards Act 2000 Part 111 and the National Minimum Standards introduced on 1st April 2003. The developments in adoption legislation and practice have initiated significant changes for those delivering an adoption service. In addition to this the inspection came at a time when the Family Placement Team at Wolverhampton City Council had been experiencing grave staffing difficulties for at least twelve months. As a consequence there were various acting-up arrangements which, coupled with the staffing shortages, had an impact on the service. It is much to their credit that staff and managers were able to plan and arrange an inspection that ran very smoothly, with all those involved understanding their role and contributing in an open manner. All the arrangements worked well including the provision of office and interview space, the punctuality of personnel for interviews and excellent directions to visits away from the office. The inspectors felt welcomed and appreciated the effort that was essential to ensure this inspection worked so well.

The inspection included observation of a meeting of the adoption panel and the papers presented and information from questionnaires returned by prospective and approved adopters, placing social workers, birth family members and specialist advisors.

Prior to the inspection the nominated manager completed the Pre-Inspection Questionnaire and Managers Self-Assessment. These documents were fully and openly completed and gave a clear and accurate insight into the service and areas for development. It was reflected in the verbal feedback at the end of the fieldwork that the managers were aware of most the areas in need of work and further development and were keen to use the findings constructively. As the first inspection there are clear areas in need of work. The inspectors were conscious of the commitment of adoption managers and staff to developing and improving their service. It is hoped that this report and its findings will assist them in this process.

A summary of the full report is as follows;

Statement of Purpose.

This standard was assessed and found to be met.

There was a clear and well-structured Statement of Purpose in place for Wolverhampton City Council.

It sets out the functions and services provided by the Adoption Service. It will be kept under review and revised when necessary. The Children's Guide was created by the West Midlands Consortium with additions by Wolverhampton Adoption Service. These documents are available in Braille and other languages on request. The adoption service have a number of policies and procedures in place in a draft format which need to be confirmed and fully implemented.

Securing and promoting children's welfare.

This standard was assessed and found to be partly met

The "Adoption In the Black Country" project was first set up in November 2002; there is an evaluation report of this project and one of the objectives of this collaboration between the four authorities is for the project to continue for another three years, to allow for the planning of future activities and effective budgeting. The appointment of a Marketing and Information Officer to work across the four authorities was seen by the inspectors as an innovative approach to developing an advertising strategy.

Over half of the children placed for adoption were placed with the council's own adopters. There was evidence of delays, however, at different stages in the process which clearly had an impact on the needs of the children seeking placements. There was concern that home-finding was allocated outside the Adoption Team with the Fostering Team and that the system lacked clarity. Both these issues were linked by staff to the shortages of staff and the direct impact this had on caring for children

Inspectors were also concerned about the quality of Form E reports and the failure to complete corrections identified by the adoption panel in the final draft of these documents. Despite these difficulties there was also evidence of well matched children placed in secure and loving families.

Prospective and Approved Adopters.

3 of the 4 standards assessed were partly met and 1 was not met

The "Adoption in the Black Country" project was first set up in November 2002, a collaboration between Wolverhampton, Dudley, Sandwell and Walsall. The aim of the project was to increase the number of people coming forward to adopt children who were in the care of the four authorities. An "Adoption In the Black Country Marketing and Communications Strategy 2004/05" gives evidence of the market needs and the trends in relation to recruiting adopters and matching children to families across all four authorities. The four authorities have pooled resources to recruit adopters for hard to place children. A marketing officer is employed and supervised by Dudley on behalf of the consortium. As with recruitment Wolverhampton shares preparation training with the other members of the Black Country Consortium. This system appeared to work effectively and efficiently. Information was shared and adopters were given a degree of choice about courses. Efforts were made to address the need of inter-country adopters. It may be possible for the Consortium to work more closely on this so sharing knowledge on issues that occur infrequently.

Adopters confirmed that they were treated fairly and with respect when enquiring about adoption and apart from on allowances felt the information was clear and relevant. The system of managing referrals, with helpful and informed staff works well, although there were a couple of examples of confusion in relation to paperwork.

Delays were again noted at this stage with applicants waiting some months for a social worker to be allocated. However, there were also examples of fast-tracking" applicants for

specific children where the whole process was completed in a few months. There were examples of good and comprehensive assessment work undertaken but the failure to include medical information fully in the assessments has been reflected in this standard.

Adopters and placing social workers felt they had full and appropriate information about matches. Placing social workers saw adopters as well prepared and child focused. Adopters had a mixed view about the support they received and again there were delays noted in finalising adoptions through the courts.

Birth Parents and Birth Families.

1 of the 3 standards assessed was met, 2 were partly met.

The agreement between the Adoption Service and Adoption Support (formally the West Midlands Post Adoption Service) is under review and the current service level agreement continues. An Adoption Support worker has been appointed to the Adoption Team. There was evidence from birth families of sensitive, proactive work with them, including securing information for children placed with adopters. This was not reflected in the files and none of the Form Es seen were signed by a parent. Similarly there was no clear written strategy for work with birth parents and families. The development of this strategy would support and assist some of the positive work taking place.

An Adoption Support worker has been appointed.

Adoption Panels and Agency Decisions.

2 of the 4 standards assessed were met, 1 was almost met and 1 was not met.

A newly developed Adoption Panel Procedure was in place. It needs some revision to reflect the regulations and make the quoracy needs more accurate. The service must ensure that the panel is quorate and that the panel advisor does not act as a panel member or chair the panel.

The checks , references and details on panel members and their signed agreements are not in place on all members' personnel files. Action had already been initiated in relation to this. There have been some recent changes to the way the panel operates. There was a new chair and new panel advisor who have been effective in initiating changes. The overall organisation of panels is good, with regular monthly meetings and panel minutes were full, detailed and gave a clear record of the meeting. There is a need to look at the panel process to ensure the confidentiality of referees and allow panel to ask sensitive questions in an appropriate manner.

The decision making process was clear, effective and avoided delays.

Fitness to Provide or Manage an Adoption Agency.

1 of the 2 standards assessed was met and 1 was almost met.

The current manager of the Adoption Service Lynn Noble is knowledgeable and experienced in adoption work. She is a qualified social worker and has a Certificate and NVQ in Management. There was evidence of sound developments implemented by the current manager.

There were delays noted in the provision of current Criminal Records Bureau checks on some managers files.

Provision and Management of the Adoption Agency.
2 of the 3 standards were assessed as almost met and 1 as not met.

All approved adopters and children are automatically referred to the National Adoption Register following the making of a decision. At the time of the inspection there are no written procedures about the Adoption Register.

Staffing difficulties had a significant impact on the service and created difficulties in managing direct work for adopters and children.

Cabinet of Wolverhampton's City Council did not receive a six monthly written report on the management and outcomes of the service. There was evidence of some file audits and a performance strategy was in place. However, there was a need for monitoring to become clearer and more effective in changing poor practice.

There was no protocol about access to specialist advisors and there uncertainty about this process amongst some staff, advisers and adopters.

Employment and Management of Staff.
3 of the 5 standards assessed were almost met, 1 standard was met and 1 standard was not met.

It is the opinion of the inspectors that the members of staff involved in the adoption service were suitably qualified and experienced in childcare as well as adoption issues. Staff vacancies and sickness had a significant impacted on the service in the last twelve to eighteen months Agency staff; sessional workers and the extension of workers hours have been used but this has still not been sufficient to provide an appropriate staffing level to meet the needs of the service. This questions whether there is an appropriate staffing level within the service.

The policy of awarding additional annual leave (known by staff as "stress leave") for child care social workers other than residential and Family Placement Team staff was seen by the inspectors to have a direct impact on the service's ability to recruit and retain skilled and experienced staff.

Despite the difficulties staff remained committed to their work and were supported effectively by administrative staff, who were the focus of a number of appreciative comments during the inspection.

Records.
3 of the 4 standards assessed were partly met 1 was not met

The inspectors were concerned that it was only following the recent implementation of a new procedure that adoption files have been created for children for whom adoption is the plan. The delayed implementation of The Adoption Agencies Regulations 1983 is a cause for concern. The newly created files were well structured and organised as were the files for adopters. The medicals on prospective adopters should be held on their file as part of the assessment process.

There was evidence of the timely provision of information to other placing agencies.

While there were separate files recording complaints and allegations. Most recording was typed and there was some evidence of managerial decisions recorded on files. There was evidence of the need for training in recording specifically in its purposes and in the separation of fact and opinion.

Human Resources maintain the personnel records of all employees. CRB checks were undertaken appropriately on all new staff. There had been some delays in the system for renewing checks on existing staff.

Fitness Of Premises

1 of the 1 standards assessed was almost met

The inspectors were concerned about the standard of accommodation afforded to the panel and those waiting to attend. The shabby nature of the provision was commented on by a number of adopters. There were also issues about the level of security provided in the storage of archived adoption files which needs to be rectified.

Questionnaires

Comments from the questionnaires have been incorporated into the report within the appropriate sections.

Adopters and Prospective Adopters returned 12

Birth Families returned 1

Placing Social Workers returned 4

Specialist Advisors returned 1

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:

**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	The Adoption Agency Regs 1983	LA2	The adoption service must have appropriate information recorded in relation to all children for whom adoption is the plan.	29.10.04
2	The Adoption Agency Regs 1983 8 (1) (a) (ii)	LA3	The adoption service must provide accurate and clear information about the support, including allowances, available to approved adopters.	29.10.04
3	The Adoption Agency Regs 1983 8(2)(c) Schedule Part vii	LA4	The applicants' medical must be held on their assessment file and be included as part of the full assessment	Immediate
4	The Adoption Agency Regs 1983 8(2)(c) Schedule Part vii	LA4	The Adoption Service must ensure that it sees all applicants' medicals retrospectively over the past two years and reviews at adoption panel any situations where new information has come to light.	31.1.05

5	The Adoption Agency Regs 1983 (2)(a) &(9)	LA5	Accurate information must be stored and maintained about prospective and approved adopters and children to be placed for adoption.	Immediate
6	The Local Authority Adoption Service Regs 2003 Reg 6(2)© Reg 11(3)(d) Reg 15(1) Schedules 3 and 4	LA28LA19 LA11LA4	The status (i.e. enhanced) of Criminal Records Bureau checks must be clear in the documentation on applicants, staff and panel member's files.	Immediate
7	The Adoption Agency Regs 1983 7 (2)(e)	LA5	Full and accurate information must be provided about all children being matched for adoption.	Immediate
8	The Local Authority Adoption Service Regs 2003 10	LA6	The Adoption Service must ensure the employment of an appropriate number of staff to safeguard and promote the welfare of children placed.	31.1.05
9	The Adoption Agency Regs 1983 7 (2)(b)	LA7	The Adoption Service must ensure, as far as practicable, birth parents sign the plans and details for the children placed for adoption.	Immediate
10	The Adoption Agency Regs 1983 7	LA9	The Adoption Service must have a clear written strategy for it work with birth parents and birth families.	29.10.04

11	The Adoption Agency Regs 1983 5(1)	LA11	<p>Panel must always be quorate.</p> <p>The Panel Advisor must not act as a panel member or chair the panel.</p> <p>The Adoption Service must demonstrate how it will deal with situations considered by inquorate panels.</p>	Immediate
12	The Adoption Agency Regs 1983 14(1)	LA12	The Adoption Service must ensure panel paperwork is transported securely.	31.8.04
13	The Local Authority Adoption Service Regs 2003 5(3)©	LA15	The Adoption Service must ensure that current enhanced Criminal Records Bureau checks are in place in relation to all managers of the service.	31.8.04
15	The Local Authority Adoption Service Regs 2003 17	LA16	The Adoption Service must ensure the accuracy of information in dealing with complaints.	Immediate
16	The Local Authority Adoption Service Regs 2003 7 (1)(b)	LA17	The Executive Council must receive six monthly reports on the management and outcomes of the Adoption Service.	29.10.04
17	The Local Authority Adoption Service Regs 2003 12(2)	LA18	The Adoption Service must ensure that appropriate training is undertaken by the specialist advisers to the service	31.1.05
18	The Local Authority Adoption Service Regs 2003	LA22LA21	The Adoption Service must provide a fair and equitable recruitment and retention policy.	29.10.04

19	The Adoption Agency Regs 1983 7, 14(2)	LA29LA25	The Adoption Service must ensure an appropriate case record is established for all children for whom adoption is the plan and that such records are stored securely.	29.10.04
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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	LA1	Placing Social Workers should be given copies of the Statement of Purpose and the children's Guide.
2	LA2	Consideration should be given to allocation of home-finding to workers with adoption experience that would assist placing social workers in reaching decisions about matching.
3	LA6 LA4	Consideration should be given to joint work on inter-country adoption to allow the development of knowledge and skill that can be accessed across the Black Country Consortium.
4	LA4	Where prospective adopters ask for alterations to their assessment report they should be made in the report presented to panel or comment made explaining why this has not happened.
5	LA4	The system of seeking references on all referees should be reviewed.
6	LA5	The Adoption Service should monitor the effectiveness of the leaflets and information given to prospective adopters to ensure they are clear about the role of the Adoption Register. A written procedure should be provided for the use of the Adoption Register
7	LA11	Consideration should be given to changing the panel procedures to reflect the quoracy requirements in the regulations, thus not making the presence of independent members essential.
8	LA27LA11	Joint training between the panel and Adoption Team should be undertaken. Some induction training for new panel members should be considered. Training in recording and its purposes should be provided for staff.

9	LA11	Panel members should undertake to give a reasonable period of notice in leaving their position.
10	LA28LA26 LA11	Panel members should sign a code of conduct and a confidentiality agreement that is held on their personnel file.
11	LA12	The way panel meetings are conducted should be reviewed by the adoption service.
12	LA12	Consideration should be given to the provision of a laptop computer to assist in recording the panel minutes.
13	LA16	A written procedure should be in place in relation to the Adoption Register for England and Wales.
14	LA18	A written procedure and protocol for access to specialist services should be in place.
15	LA19	The Adoption Service should continue to support staff in obtaining the PQ Award aiming to have 20% of staff completing it.
16	LA19	Consideration should be given to the involvement of more than one worker in Section 51 counselling work.
17	LA20	Sessional workers should be provided with a written contract.
18	LA21	The Adoption Service should review its recruitment and retention policy in order to encourage staff with appropriate skills and abilities to join the team.
19	LA22	Work should be undertaken to develop a shared understanding of each other's roles by the Adoption and Child Care Teams.
20	LA27	Consideration should be given to the storage of the record of complaints and allegations being moved to the base of the manager of the Adoption Service.
21	LA29	Serious consideration should be given to improvement of the standard of accommodation especially in relation to the adoption panel and its waiting rooms

- 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	YES
• 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	22/6/04
Time of Inspection	10.00
Duration Of Inspection (hrs)	71
Number of Inspector days	9.4
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)	8

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

Statement of Purpose

There was a clear, well-structured Statement of Purpose in place. It is a well-written and comprehensive document and provides clear information about the service; it's aims, objectives and functions. It was formally approved by the city's executive council on 10.6.04. It was recognised that a review of the Statement of Purpose will be needed following the planned restructuring of the Family Placement Service.

It was reported that all staff had a copy of the Statement of Purpose. Staff in the Adoption Service acknowledged an awareness and compliance with it. There was information from Placing Social Workers that indicated that were not as aware of the Statement of Purpose

Children's guide

A Children's Guide is available. The West Midlands Consortium has created a Guide that has been used by Wolverhampton with the addition of a summary of the Statement of Purpose. It includes details of the complaints process and information about independent advocates. Although the Guide is written in English it was reported that the facility was available to transfer them onto tape, into Braille or into other languages within two weeks. In addition members of the Family Placement Team are available to meet with anyone involved in the adoption process if this is needed.

Procedures

Procedures relating to the adoption service were out for consultation at the time of the inspection, having been revised. Staff were aware of this and it was reported that the draft procedures were operational.

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

YES

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?

2

Recruitment of Adopters was an area given specific attention by Wolverhampton. As part of the Adoption in the Black Country Consortium recruitment is planned for the whole region. The "Adoption In the Black Country" project was first set up in November 2002; there is an evaluation report of this project and one of the objectives of this collaboration between the four authorities is for the project to continue for another three years, to allow for the planning of future activities and effective budgeting.

The "Adoption In the Black Country Marketing and Communications Strategy 2004/05" gives evidence of the market needs and the trends in relation to recruiting adopters and matching children to families. The four authorities have pooled resources to recruit adopters for hard to place children. A marketing officer is employed and supervised by Dudley on behalf of the consortium. There is a budget of £40,000 (£10,000 per authority) set aside for Black Country recruitment over and above the marketing officers employment costs.

The appointment of a Marketing and Information Officer to work across the four authorities was seen by the inspectors as an innovative approach to developing an advertising strategy that will enable the service to recruit more carers. This role has traditionally been undertaken by social work staff alongside their other duties and the development of this particular post uses the skills of someone experienced in recruitment and marketing working alongside experienced social work staff. Recruitment of adopters for younger children is incorporated in the strategy for recruitment of foster carers and organised in conjunction with the council's Marketing Section.

The preparation groups for prospective adopters are run throughout the year are also organised by the Black Country consortium, the joint training strategy means there are regular courses run throughout the year. Each authority host courses in rotation, prospective applicants applying to adopt are then able to attend a course relatively quickly after making an initial enquiry. It allows prospective adopters a degree of choice about how far they travel and whether they attend daytime or evening courses.

There was evidence during the inspection, in files, questionnaires and interviews, of delays in the adoption service allocation of assessment work that impacted on the service's ability to meet the needs of children with adoption as their plan. The difficulty was seen as relating to significant staff shortages, which is an acknowledged issue for managers of the service. The placement finding for children in need of adoptive placements was undertaken by the fostering part of the Family Placement Team. There was some confusion about the process involved in referrals to the Family Placement Team for home finding, which related to when a referral was seen to be made by placing social workers and the Family Placement Team. There was also an issue of placing social workers feeling vulnerable in visiting prospective adopters without a member of the adoption team to consider matching. The inspectors were informed that there had been a change in practice and that members of the adoption team

now only visit with the social worker where Wolverhampton Adoption Service has assessed the adopters. The inspectors were concerned about the standard of some Form Es and the number of errors made in such a crucial document which would impact on matching as well as the impact on children using these as an historical record. Although these difficulties were acknowledged there was also evidence of appropriate, well-matched placements being made. All but one of the children placed within the last twelve months was in a placement reflecting their ethnicity, culture, language and religion and all those children where placement with their siblings was sought were placed with them. Similarly there was evidence that the views of birth parents were recorded and that matches were made in accordance to their wishes. Workers clearly took the matching process very seriously and were mindful of the impact of their decisions.

In the last 12 months:

How many children were identified as needing adoptive families?	26	
How many children were matched with adopters?	23	
How many children were placed with the service's own adopters?	12	
How many children were placed with other services' adopters?	11	
How many children were referred to the Adoption Register?	26	
In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?	22	
What percentage of children matched with the adoption service's adopters does this represent?	99%	%
How many sibling groups were matched in the last 12 months?	5	
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?	22	

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

The recruitment plans and recruitment activity reflect Wolverhampton’s policy of respecting diversity and welcoming people in terms of what they can offer to children. They are supported in this through the joint approach with the “Adoption in the Black Country Consortium”. The joint strategy recognises the radical change in adoption over the years, with the need for fewer baby placements and an increase in older children between the ages of five and eleven. It also recognises that adoption now involves family finding for increasingly vulnerable children with complex and challenging needs. A key objective of the project is to increase the number of enquiries by 100% and the number of applications from Black and Asian communities by 30%, as well as raising awareness of the eligibility for those wishing to adopt.

Information received from adopters as part of the inspection confirmed that they were treated fairly and with respect when enquiring about adoption. There was a newly written eligibility criteria at the time of the inspection. The adopters’ questionnaires reflected that this was new as two of those returned said they had received no written criteria and a further two did not know if they had.

It was reported that the adoption service was able to prioritise assessments of prospective adopters. There was a system for “fast-tracking” applicants for specific children and at times there has been a decision not to assess any adopters seeking babies. This was supported by evidence from files and adopters seen during the inspection.

Prospective adopters were given written information about the adoption process.

Questionnaires and approved adopters interviewed during this inspection indicated a high level of satisfaction with this information, only two of the questionnaires felt that the information did not explain the process. There was seen to be less clarity about the information on adoption allowances, five questionnaires indicated they had no information on this and comment was made about uncertainty in relation to adoption support. At the point of enquiry, during the initial visit, information was reported to be given to prospective adopters about the needs of children waiting for placements.

There was recognition from staff and managers of the service of delays that occur throughout the adoption process. The staffing problems have led to difficulties in being able to allocate work within the adoption team. On occasions it was reported that the delay occurs at the early stage of the service's inability to arrange for an initial visit within two weeks of the referral. Following the initial visit if the application is returned all references, apart from the medicals (unless there are specific issues) are sought. The application remains with the Recruitment Team at this stage. Two administrative staff dealt with all the enquiries with the support, as needed of a qualified duty social worker in the Family Placement Team. This phase of work appeared to work well generally. From observation during the inspection there was clear tracking of work and an awareness of the stage each referral had reached. The two recruitment officers send out the information pack, arrange for the initial visit and arrange for prospective adopters to attend courses.

There were two reported incidents of confusion with records at this stage, one had their papers confused with someone with the same name and another applicant reported being told their application had been mislaid. There was one comment received that the prospective adopters felt they had not been helped in their decision about whether to proceed, rather that it was assumed they were already committed to adoption, which apparently was not the case. Other information reflected adopters being given the opportunity to consider the information and proceed at a pace suitable to them.

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?**

1

As with recruitment Wolverhampton shares preparation training with the other members of the Black Country Consortium. The four councils run training courses, which reflect commitment to equal opportunities and allocate places to the other members of the consortium. There are eight courses run throughout the year, enabling prospective adopters to attend preparation training prior to the start of the assessment. There were no reported delays in prospective adopters attending courses. The courses are run at different venues and at evenings and weekends, allowing a degree of choice for applicants.

The four councils have shared information about their courses and ensured they understand the content of each other's preparation. The course leaders provide written feedback to the assessing worker. If there are significant issues raised during training it was reported that the course leader would contact the assessing team to discuss them.

Adopters reported they received a copy of the course programme prior to starting. The programme is evaluated at regular meetings of the Consortium where evaluation forms completed by applicants are considered.

While the course is appropriate and comprehensive for the majority of adopters there was an acknowledged deficiency for inter-country adopters. There are clearly fewer inter-country adopters that makes it difficult for workers to build-up knowledge and expertise. The manager was open to looking at the possibility of further joint work within the consortium to address this difficulty.

Foster carers applying to adopt are offered the preparation training and there was evidence of some attending and valuing the experience.

The inspectors saw some examples of good quality assessments completed on BAAF Form F. These appeared to reflect an open and honest process that involved the applicants throughout. The assessments showed consideration given to applicant's ability to care for children in a safe and responsible manner. The Inspectors commented on the high standard of some of the assessments and the way in which applicants completed some of the written form with clear social work assessment and recommendation. There were examples of use of "competencies" in assessment, although none of those seen during the inspection identified the need for any further development or work to "fill gaps". This may be a matter for team and panel development work, to establish whether it is acceptable to identify some level of shortfall.

Applicants reported they saw reports prior to panel and were given the opportunity to comment on them. Most felt their comments were listened to and reflected in the final draft. There was also an example of corrections being raised, agreed to by the assessing workers but not altered in the report presented to panel.

While enhanced CRB checks were undertaken on all applicants the information recorded on applicants files did not specify the status of the check but only that it had taken place and was clear. The information on file needs to reflect the full information obtained by the department. The system of seeking references on referees was noted. While there is no reason for this to be discontinued it is unusually cumbersome and could be reconsidered, possibly in consultation with other Consortium members.

The inspectors expressed a high level of concern at the service's failure to include medical information as part of the assessment process. The failure to do so indicated a grave error of judgement. The process at the time of the inspection was that the medical was sent to the Medical Adviser and held by him rather than on the applicant's file. The Medical Adviser summarised the information for the panel. This has led to vital information not being included in an assessment. The social worker completing the assessment was left vulnerable when crucial medical information was withheld, as comprehensive information

was not available at the time of undertaking the home study and writing the report. It is clear that such information has a bearing on the whole application rather than being seen as information held exclusively by the medical adviser, relating solely to medical issues. The applicant's medical may contain vital information and must be seen as part of the assessment and stored on the applicant's file.

All the adopters seen and information from files indicated that applicants were kept informed about the progress of their assessment.

There were examples of good and comprehensive assessment work undertaken but the failure to include medical information in the assessment was seen as a serious error and has been reflected in this standard.

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

Wolverhampton's procedure for placing children for adoption guides staff through this process. Information leaflets are available on matching, introduction and the placement process for adopters. Information is included on the Adoption Register. The returned questionnaires indicated that a quarter of those who responded either did not know if information was included about the Adoption Register for England and Wales or were clear that it was not included in the information they had received. There was no written procedure available about the use of the Adoption Register that would support staff in their explanations to adopters.

Placements are provided from within Wolverhampton's own pool of adopters and via the West Midlands Consortium. Inter-agency placements, the Adoption Register and "Be My Parent" are used to match children with appropriate placements.

All adopters are given profiles of children and Form E reports. Adopters reported having access to specialist advisers, including the Medical Adviser, if there was a need for consultation in relation to particular issues. All but one adopter felt that they had been given adequate information in making a decision about a child. Form Es seen during the inspection gave some cause for concern. There were examples of the wrong name used, the same information on the all the Form Es for a group of siblings, even though the inspectors were informed that these issues had been raised at the panel and the minutes reflected the request for alterations to the Form. This raised questions about the quality of the information provided for adopters.

The manager reported that work was planned on Life Appreciation Days or something similar, but that currently there is no procedure in place to fulfil this function.

There was evidence from adopters that the adoption service actively explains the importance of information from birth families and the need for birth families to receive information from the adoptive family. Some adopters spoke of changing their minds to accept and understand contact and its significance. The Form F signed by prospective adopters ask their agreement to notify the adoption service in the event of the adopted child's death. All adopters were asked to produce a "family book" and were assisted in this by seeing examples during the preparation training. This book is shown at panel at the time the assessment is presented and subsequently used by foster carers and social workers in preparing children to move.

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

NO

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

Evidence from placing social workers and adopters was that adopters were well prepared for the placement of children and the task of parenting. The procedure states that all approved adopters have support from a social worker, usually their assessing social worker, this has been influenced by the staffing difficulties. Similarly the creation of an Adoption Support Worker does not yet appear to have had an impact. Specific support to inter-country adopters is problematic for Wolverhampton due to the limited number of approvals they make. Again this may be an area for consideration by the Black Country Consortium. The majority of adopters felt well supported both during the placement process and afterwards. However, there was a theme of lack of social work time in comments from adopters that was reflected in meetings with social workers. One adopter commented that most of the problems they had experienced "were due to lack of staff". Some adopters felt the process of adoption and placement was made more difficult than it needed to be. Poor communication was cited as an issue by a quarter of those returning questionnaires. Financial support is available to adopters through Adoption Allowances. The majority of those who commented indicated they had no information about allowances. Delays appeared to impact on the appreciation of allowances. One adopter commented that they asked for an Adoption Allowance assessment in December and wrote when they had heard nothing by April. They were not in receipt of the Allowance at the time of the inspection in June and stated they were over £2,000 in debt as a result. The adopters seen during the inspection demonstrated a sound understanding of the importance of keeping safe information provided by birth families. This was reinforced with them through assessment, preparation training, planning for specific placements and life-story work. Similarly workers raise and address issues of racism and valuing diversity. There was direct evidence from some adopters of their positive approach in helping the child placed with them maintain and develop a positive sense of their identity. There is guidance in place on the procedure to follow should a placement disrupt. The one example of such a situation within the last year demonstrated support was available to the adopters and that the process was managed appropriately.

Number of adopter applications started in the last 12 months

18

Number of adopters approved in the last 12 months

13

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

12

Number of adopters approved but not matched

9

Number of adopters referred to the Adoption Register

18

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

1

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?	
<p>Wolverhampton City Council recognises the lifelong implications of adoption in the policies, procedures and training for the service. There were negotiations in progress at the time of the inspection with Adoption Support (formerly the West Midlands Post Adoption Service). The aim is to provide a specific service for birth parents and until this agreement is finalised the current service level agreement for independent support continues. Each child who with adoption as its agreed plan had an identified support plan. While there were positive examples of close work with families this was not reflected in the records. Parents signed none of the care plans or Form Es with the child's details, seen during the inspection. The adoption panel minutes reflect panel's attention to the views and wishes of parents.</p>	2	

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?	
<p>There was evidence from birth parents' contribution to the inspection of a sensitive, proactive approach to gaining involvement from birth families. There were examples of birth parents being asked for early memorabilia and being lent a camera to photograph places of significance. This was supported by the inclusion of such information in the day-to-day life of adopters seen. One birth parent indicated that there had been direct help and guidance available in writing a letter to her child. A post-box system operates to provide on-going letter contact between birth families and adopted children. A high proportion of adopters' questionnaires indicated that they had contact in this way. It was reported that birth families are encouraged and assisted by the child's social worker and Adoption Service staff to provide information for children and follow-up where agreed letter contact is not maintained.</p>	3	

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?**

2

An Adoption Support worker has been appointed to the Adoption Team and is developing her role within the service. The service also reported that post adoption contact is actively supported by staff in the team. While there is evidence of some positive work this is not underpinned by a clear written strategy for work with birth parents and families. This was recognised by the manager of the service with the intention of developing the written strategy needed.

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>There was a newly developed Adoption Panel Procedure in place at the time of the inspection. It addresses the membership, meetings, purpose and function and minutes of the panel. The procedure includes information on the appointment of the chair and vice-chair, dealing with ineffective and disruptive members, declaring an interest in a case, providing feedback to the service, promotion of good practice and consistent fairness of members in addressing issue, receiving progress reports, information on disruptions and rules for ensuing the panel is quorate. The latter includes the need for the panel to have at least two independent members present. This is laudable but not essential in terms of the regulations. The other elements of quoracy accurately reflect the regulations. The panel considers permanent fostering plans as well as adoption matters. It has been the practice, since 2002, in Wolverhampton for prospective adopters to be invited to attend the panel. In response to feedback from adopters it was reported that changes have been made to the way panel operates.</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?**

1

At the time of the inspection the chair, vice-chair and panel adviser had all been appointed within the last six months. There were further changes imminent. Efforts had been made to provide a panel that appropriately reflects the skills, knowledge and experience and the multi-cultural community served by the authority. However, two departmental managers who are social work qualified but not currently involved in day-to-day placement and support of children currently fill the role of social worker. There were also some difficulties with quoracy reflected in the minutes. Occasions have occurred when a panel member is unavailable at very short notice and it has been agreed for the panel advisor to be co-opted as a member. Similarly due to the organisational position of the panel chair as the Head of the Performance Review Unit of the department there have been situations where the chair has declared an interest and the panel advisor has chaired the meeting for that item. Neither of these practices is acceptable. The panel advisor cannot act as a panel member and this practice must cease. Use must be made of the appointed vice-chair of panel. The service must demonstrate how it will deal with situations that were considered when the panel was not quorate.

Some difficulties were identified by the manager with the CRB process, which has meant some panel members do not have current checks in place. Action has been taken and CRB checks applied for. However, those CRB checks in place did not specify the status of the check. Similarly not all members' files had copies of signed confidentiality agreements and code of conduct.

It was reported that new members have the opportunity to observe panel prior to taking –up their position. The situation at the time of the inspection with two members leaving will make this problematic. One had given notice some time in advance the other on the day of their last intended panel. The service would be assisted by the addition of a notice period for members to allow time for new members to be recruited, trained, and checked and observation of panel to be possible.

Training has been available to panel members although this has not been joint training with the Adoption Team and induction training is not available. The panel advisor keeps the panel members up-to-date with changes in legislation and developments within the field of adoption. It was recognised that there is limited experience within the panel of inter-country adoption and this has been identified by panel as a training need. However, when a complicated matter of this nature was presented to panel specialist advice had been obtained by the advisor and the matter was dealt with appropriately.

Is the panel a joint panel with other local authorities?

NO

Does the adoption panel membership meet all of the statutory requirements?

NO

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?**

2

The overall organisation of panels is good, with regular monthly meetings and a procedure in place to allow for extraordinary panels to be called should the need arise. The panel papers are sent out regularly a week before panel and delivered by courier. It would assist security of confidentiality if secure envelopes were used rather than papers ones. As raised in the previous standard there had been a number of changes to panel membership in the last few months. Some practices reflected in the minutes have now changed. For example it was a matter of concern that panel was presented with full details on all adopters being considered for a link with a specific child, rather than the details relating to those chosen by the linking meeting. This was reported to no longer take place. While this change and some reported changes in membership indicate progress it would be helpful for the manager to consider;

- Maintaining the focus of members on the panel business, rather than wider departmental issues
- The appropriateness of questions in the panel setting. The minutes of one panel and the panel observation indicated questions of a personal medical nature and questions which the inspectors felt focused too heavily on the applicants' religion.
- The possibility of the social worker having time on their own in panel to facilitate questions relating to references for example.
- Ensuring feedback is systematically obtained from all those attending.

The panel minutes seen were full, detailed and gave a clear record of the meeting. The minutes are produced as a matter of priority following the meeting and it was raised with the inspectors that the use of a laptop computer would assist this process.

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?**

3

The Chief Children's Service Officer for Wolverhampton Social Services is the Adoption Service decision maker. As the previous panel chair she has knowledge and experience of panel matters and felt that the role of Chief Service Officer did not provide sufficient independence from the child care line management of the service leading her to be instrumental in a change of panel chair. She sees all the panel papers prior to panel and will raise issues of concern with the panel adviser before the panel meets.

The decisions are initially made and conveyed verbally to the applicant by the assessing social worker. The written confirmation of the decision is produced within seven days of the panel.

The decision maker had a clear understanding of adoption and focus on childcare issues as well as empathy for the effect of decisions on individual children.

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 Adoption Service is part of the local authorities social service provision for Wolverhampton. All the managers hold a professional social work qualification, as well as post qualifying certificates in management and have a number of years experience in adoption work. The current acting nominated manager of the adoption service also has a Certificate of Management and an NVQ 4 in Management. The manager's job description was reported to have been reviewed in 2002 and is compliant with NMS 14.6. The current manager has the necessary skills to manage the resources of the service effectively. There have been staffing difficulties within the service for some years. The resulting staff shortages have an impact on the delivery of the service. There was evidence of changes made by the manager that demonstrate attempts to improve the service and achieve compliance with regulations.

Does the manager have Management NVQ4 or equivalent?

YES

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?

2

Staff managing the Adoption Service are reported to have received training in Child Protection issues. There is now a system in place within the Human Resources department to ensure CRB checks are renewed three yearly. There was a delay in this process for the current nominated manager and although the checks were requested some weeks ago it was not returned by the time of the inspection.

Personnel files indicated that there were photographs, enhanced CRB checks (on most files), job descriptions and confirmation of qualifications. The record of interviews was kept for six months and is stored separately rather than on the individuals file. Telephone calls are made to confirm references.

The financial management of the service is within the responsibility of the local authority's finance manager.

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?

2

The acting Group Manager Family Placements role was undertaken by the manager whose substantive post is Team Manager of the Adoption Team. The Team Manager's post was filled by a further "acting-up" arrangement of the Assistant Team Manager. The management structure identifies the Group Manager as responsible for the whole Family Placement Service; the same individual is the nominated manager for the fostering service.

The main difficulty confronting managers of the adoption service is the shortage of staff. There are reported to be long-standing difficulties with recruitment and within the last twelve to eighteen months problems have been exacerbated by sickness within the team at all levels. This situation has led to an element of confusion in relation to manager's responsibilities as a number of staff were involved in "acting-up" arrangements. In their substantive post all staff are clear about their responsibilities and have job descriptions reflecting their roles.

The inspectors felt this called into question the department's ability to organise and manage the service effectively.

Staff were aware of the importance of declaring any conflict of interest within their work and act on this. Similarly staff were aware of the need to provide an equitable service and demonstrated a commitment to do so. There was evidence of the effectiveness of the policies in the situations examined during the inspection.

It was reported that all adopters were referred to the Adoption Register for England and Wales within seven days of their approval. Similarly children with adoption as their plan were referred within seven days of the Final Court Hearing. Although this was the reported practice there was no written procedure in place to support and guide staff. The manager stated her intention to take action in relation to this.

The service's response to complaints was seen to be mixed. There were some positive experiences, adopters reported feeling "heard" and given an appropriate response to the issues they raised. Others reflected some poor practice and one where the letter to the complainant was sent to the wrong address twice.

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

5

Number of the above complaints which were substantiated (1 was not substantiated, 1 partially substantiated and 1 incomplete at the time of the inspection)

2

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

The Statement of Purpose provides the basis for the operation of the adoption service. The need to develop and amend policies has been identified within the relevant sections of this report.

There were file audits and a performance strategy in place. However, these need to be made more effective and there was recognition from some senior managers of this.

Information was reported to be available to managers about budgets and information was available on request about the cost of services.

At the time of the inspection the Cabinet of Wolverhampton's City Council did not receive a six monthly written report on the management and outcomes of the service. It is a requirement that this should be rectified.

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

Monthly?

Quarterly?

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?**

1

There is established access to specialist advisers for staff within the Adoption Service. The medical adviser is available for consultation and staff reported being able to discuss medical issues where appropriate. The inspectors observed some uncertainty about the process for seeking medical advice, which related to the completion of appropriate forms. There needs to be greater clarity about this to avoid any possible delay. Such action would be supported by the development of a protocol and procedures concerning access to specialist advice. The manager should to address the training needs in adoption work for specialist advisers.

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

There is a recruitment and selection procedure in place for the appointment of staff within Wolverhampton City Council. A formal social work qualification and experience of work in childcare is essential to application to work in the Adoption Team. Applicants are formally interviewed and there was evidence of a record of this process, the questions asked and the scoring, which was reported to be kept for six months. Written references were checked for verification and there was a procedure in place for obtaining Criminal Records Bureau (CRB) checks. This procedure had recently been applied to existing staff and at the time of inspection there were some established staff who did not have current CRB checks in place. No new staff start work before the appropriate checks are in place.

Staff recognised the commitment of the authority to post qualification training. The Training Section was reported to have undertaken an audit of staff to ensure they had appropriate skills and qualifications for their work, as identified in NMS19.9. Annual staff development interviews were reported to identify training needs and recommend appropriate training to address them.

At the time of the inspection one member of the team had gained the PQ award, one was due to complete theirs in a few weeks and two further team members had applied to study for the award within the next year. While this is positive a higher number of staff need to be involved in the award to achieve the aim of 20% of staff obtaining the PQ award.

Within the Adoption Team one worker undertakes the Section 51 counselling. This was reported to work well and to be positive in the development of skills and expertise in this area. While this is recognised it was felt that the service was vulnerable with all the skill being placed with one worker and that some wider sharing of this work would be of benefit to the service.

The Adoption Team offers placements to students who are supervised by practice teachers or managers and this was reported to be stressed if the student undertakes an assessment. Staff undertaking assessment work appeared well qualified and able to do so. The inspectors received some glowing reports in relation to some members of the Adoption Team. Comments were made about good “professional skill” one adopter referred to an “efficient social worker who helped to motivate us”. Inspectors felt that staff were sometimes in a difficult position of starting an assessment after prospective adopters had experienced some delay due to the staff shortages. It is much to their credit that the majority of adopters were satisfied with the process and some were very positive.

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?	12%	%
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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?	2
<p>The manager of the service was keen to address the staffing difficulties experienced by the service. While there are appropriately qualified staff and managers in place there are long-standing staffing problems. Agency staff are used to address some shortfalls, although they have a letter of appointment they do not have a written contract. This needs to be provided. There were appropriate job descriptions in place that reflected the skills and abilities of the workers.</p> <p>It was reported that there was work being undertaken on a new "workload management system" as the one that had been in use is not found to be effective. The assessment and approval process works effectively. The recruitment officer was clear about the stage reached by each applicant and implements an efficient tracking system. One comment was made by an adopter that their paper work had been lost at the application stage and another that there had been confusion with their information and that of another applicant with the same surname.</p> <p>Supervision takes place within the supervision policy for the Service. Monthly supervision was reported to have been problematic during phases of more severe staff shortages but to have been more reliable in recent months. Informal supervision was also available and staff valued both processes.</p> <p>It was reported that the service was in the process of "re-configuring " the administrative team that supports the Adoption Service. The inspectors were impressed by the work of the administrative team not only in the part they played in assisting with the inspection but also in the positive comments received about this group of staff from workers across the service. It was noted that staff particularly appreciated the support and assistance of the Panel Administrator.</p>		

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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The provision of sufficiently experienced and qualified staff was seen as a significant difficulty for the service. While the staff employed were sufficiently qualified and experienced the manager recognises “it is questionable whether there are an adequate number to meet the needs of the LAA”. This concern was shared by the inspectors and appeared to extend to periods when the service was fully staffed. It was reported that re-structuring of the service is proposed for later this year.

The inspectors were particularly concerned about the retention and recruitment difficulties. This situation was seen to be hindered by a policy of an additional annual leave for front line childcare staff that was not extended to members of the Family Placement Team. It was reported that there had been no applications for posts within the Adoption Team from child care social workers in Wolverhampton, so reducing the pool of workers considering adoption work and providing evidence of the impact of this policy. Again the inspectors were informed that this was being reconsidered.

Total number of social work staff of the adoption service	8	Number of staff who have left the adoption service in the past 12 months	0
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?	2
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The Adoption Service operates within the terms of Wolverhampton City Council’s equal opportunities policy. There is Public Liability and Indemnity insurance for all staff. The managers of the service aim to assist staff in achievement of a sound work/life balance. It was difficult to understand how this aim was achievable in a situation where some staff reported they worked additional hours paid on a sessional basis to cover for the shortage of staff within the service. In discussion with staff comments were made regarding the low level of esteem with which they felt the Adoption Service was regarded. They saw this reflected in the annual leave arrangements and the standard of accommodation provided for the service. Work is needed by the service to change this perception. The working relationship between placing social workers and adoption social workers appeared at times to be strained. Further work is needed to foster a clear appreciation and understanding of the role of the Adoption Team.

Confidential counselling is available to all staff and a whistleblowing policy is in place. The latter needs to make clear the right of staff to raise issues outside the council should the need arise.

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?	3
<p>As referred to earlier there was an annual developmental interview process in place which involves the line manager reviewing the training and developmental needs of staff. Training needs are passed onto the Training Section of the authority. A new staff appraisal system was reported to be in the process of development. The manager reported all staff appraisal interviews had been completed by 3.3.04 and would subsequently be reviewed annually. Staff reported that training was available to them. This included access to “in-house” training such as child protection and also specialist training, including Family Futures Training which involves two days per month and was attended by six members of staff in the last year and attendance by two members of staff on the BAAF Contact course.</p> <p>There was an induction programme available for all new staff. At present this is not linked to TOPSS, but this is under consideration.</p> <p>The Adoption staff demonstrated a commitment to keeping themselves abreast of changes and developments in adoption work at a time when there have been significant changes. Some team meetings, which were held monthly, were reported to be used effectively by the manager to brief staff on changes in legislation and standards.</p> <p>There was a system of joint review by the managers and the training section of the courses and programmes run. It was reported that all courses are evaluated and work undertaken to ensure the effectiveness of training for individual staff.</p>		

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?

1

Wolverhampton City Council's Draft Procedure on Adoption Case Records state "An Separate Adoption File should be opened as soon as there is an adoption plan for the child (usually after the 2nd review at 4 months). Where the plan relates to a group of siblings, there must be a separate adoption case record for each child." There was evidence of some well-structured and organised adoption files. However, there was also evidence that this policy was very new and that until recently separate adoption files were not created. This is a requirement of The Adoption Agencies Regulations 1983 and it is a matter of concern that no action has been taken until recently to meet this regulation. It is to the credit of the current manager that this matter has now been addressed.

Files on adopters were well organised and ordered. Information on CRB checks, references and the application were stored and easily retrievable. The applicants' medicals were not held on file and this needs to be rectified. There was some evidence of recording of supervisors case decisions on the files, although this was not consistent on all the files. There were procedures in place in relation to confidentiality, case records and storage of information. The manager identified the need for further work on the adoption archive and the inspectors supported the need for this. The room in which the archive is stored is locked but there are no precautions against fire or water damage and files are stored on open shelves and in unlocked filing cabinets.

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?

2

There was evidence that the Adoption Service provides clear and accessible information to other agencies and local authorities. It was reported that access to files is agreed for placing social workers if needed. Use was made of the standard BAAF forms F and E. Procedures were in place for access to files and the management of this activity.

There is provision for a signed confidentiality agreement with members of the adoption panel, although it was noted that not all panel member's had evidence of this on their file.

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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The Adoption Service has written policies in relation to case recording, the format and content of files and access to files. Files are stored in locked cabinets in a locked room, with the exception of the adoption archive referred to earlier.

Records are kept in the Human Resources Section in relation to staff, complaints and allegations. It would be helpful for the records of complaints and allegations to be stored at the base of the manager of the service.

The majority of case records were typed and there was evidence of some management audit of some files. The manager identified the need for this system to be more robust and evidence from some recording of a mixture of fact and opinion and use of judgemental terminology would support this view.

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?	2
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The Human Resources section maintained the personnel records in relation to staff. The panel members' files were held with the Adoption Service. As referred to earlier in this report there were issues about current CRB checks and confidentiality agreements not being consistently on all files. The manager recognised the need for further action in relation to panel members' files.

There was a system in place for the renewal of CRB checks for existing staff. This had been developed shortly before the inspection and some CRB checks were not renewed at that time.

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?

2

The premises used by the Adoption Service were those of the City Council. Some aspects of the building were appropriate and in keeping with other local authority provision. Other aspects of the premises, such as the rooms used for panel meetings and those attending panel were of poor quality, appearing shabby and unwelcoming, despite efforts made by staff to brighten the walls with pictures and the provision of refreshments. The poor appearance of these rooms was commented on by a number of adopters. While this may not be considered a priority it gives a clear message about how the service and adoption is viewed by the City Council.

The premises were adequately insured by the City Council and it was possible for staff to gain access to the premises outside normal office hours.

The security of records has been referred to earlier. There was a back-up system in place for IT and computerised records. However, there is no back-up for paper files and these are not stored on microfiche.

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 22nd June 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary

NO

Comments were received from the provider

YES

Provider comments/factual amendments were incorporated into the final inspection report

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

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 21st September 2004 , 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

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

Action plan did not cover all the statutory requirements and required further discussion

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

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 _____ of Wolverhampton City 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 _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of Wolverhampton City Council 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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