



Champions for
Social Care
Improvement

inspection report

Local Authority Adoption Services

Swindon Borough Council Adoption Service

Civic Offices
Euclid Street
Swindon
SN1 2JH

2nd/3rd/4th/5th February 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

Swindon Borough Council Adoption Service

Headquarters Address

Civic Offices, Euclid Street, Swindon, SN1 2JH

Adoption Service Manager

Maureen Ash

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01793 463268

Address

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01793 488978

Email Address

Certificate number of this adoption service

Date of last inspection

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

Date of Inspection Visit		2nd February 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Delia Amos	128500
Name of Inspector	2	Rosie Dancer	125017
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. 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		Maureen Ash	

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INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by NCSC, 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 NCSC in respect of Swindon Borough 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 NCSC 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.

Swindon Borough Council' adoption service is managed within the children's services. The Service Manager Maureen Ash is responsible for adoption in the department and responsible for the line management of fieldwork teams. The line management of the Family Placement Team is with Terry Scragg, Service Manager Resources. The family placement Team Manager, Graham Senior, is responsible for adoption and fostering work undertaken in the team. He is supported by two Assistant Team Managers who directly supervise the staff. There are 11 (i.e. 8fte - 4 full time, 7 part time) social workers in the team who undertake adoption and fostering work. The majority of the team are involved in the recruitment, training, assessment and support of foster carers as well as adopters. They also have a homefinding role, i.e. that is they are linked to particular children where it has been assessed that adoption or long term placements are in their best interests. The preference and skills of individual workers are taken into account in case allocation and some staff have more adoption work than others.

There are two unqualified workers who operate the team's office hours duty system. The team also provide, on a rota basis, an out of hours telephone support service to foster carers and adopters, in addition to the Borough's emergency duty service. The team has one administrative officer and 3 team clerks.

Swindon has an independently chaired adoption panel which meets monthly.

There is a post-adoption letter box service which is administered by one particular worker in the team. Section 51 counselling is provided by several team members. There are several workers who also undertake the assessment of people interested in intercountry adoption, and these occasional referrals tend to be taken up on a sessional basis in addition to the workers' regular caseloads.

There is a service level agreement with SWAN (South West Adoption Network) for the provision of support and advice to children, adopted adults, birth parents and birth families and adopters. This is by means of telephone advice, guidance and counselling through a helpline. In addition service users can arrange individual counselling or advice sessions. SWAN also provides support through local group meetings.

Swindon is a member of SWAC, South West Adoption Consortium.

The service has links with the Child and Adolescent Mental Health Services. There is a special education adviser for Looked After Children.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

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

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

This inspection took place at a time when the Borough had been under particular scrutiny following a joint review of social services by the Audit Commission and the Social Services Inspectorate (SSI). Preparation was underway for an SSI inspection of children's services in March 2004. The second annual NCSC inspection of Fostering Services was also due and this adoption inspection was planned to coincide with the inspection of the fostering service. The NCSC lead inspectors for both the fostering and adoption inspections directly liaised with the lead SSI inspector prior to the inspection and following the fieldwork. These arrangements were made in order to co-ordinate planning of inspection activity as far as possible to reduce the impact of the potential overload on staff and carers.

The inspectors met with four sets of adopters. They met with the workers who undertook adopters' assessments and homefinding and also a group of placing social workers from Swindon. Questionnaire responses were received from 18 adopters, and from 3 placing social workers. There were 4 responses from birth family members.

Statement of Purpose (Standard 1)

This standard was not met

There was a statement of purpose which had been recently drafted and complied with regulations. It had not yet been formally approved by the Executive side of the council. Policies and procedures were being revised. The BAAF children's guide was available to children although specific information in accordance with Schedule 2 was needed to supplement this.

Securing and Promoting Welfare (Standard 2)

This standard was not met

There was no specific written plan for the implementation and evaluation of strategies to recruit sufficient adopters although information about children waiting informed how assessments were prioritised. Swindon had benefited from publicity generated by BAAF and the consortium and inspectors heard there was a steady number of enquiries about adoption. A recommendation is made that there should be a more formalised recruitment strategy linked to the needs of the children likely to need placements. Written assessments of children as evidenced in Form E reports were not always of satisfactory quality and information going to panel was sometimes not up to date.

Prospective and approved adopters Standards 3-6)

One of these four standards was met and three not met.

Prospective adopters were provided with a good range of information. Adopters reported they were satisfied with the pre-approval information and with the response they had received from the staff. Information for those wishing to adopt from overseas was being revised. The preparation sessions followed the BAAF format and were generally favourably commented on by approved adopters. Some specific preparation had been introduced for foster carers wanting to adopt. Some assessments were in-depth and thorough but the quality was variable. Inspectors recommend a more consistent evidence based approach. Some adopters had very negative experiences of the matching process especially when dealing with other local authorities. Information about the children was not always provided promptly or was incomplete. A systematic approach to post-adoption planning had been newly introduced. An adoption development post had been created to develop services although was not yet appointed. An independent service, SWAN (South West Adoption Network), was available for adoption support, and Adoption UK had local support groups. Inspectors considered that there needed to be more systematic monitoring of adoption disruptions.

Birth Parents and birth families (Standards 7–9)

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

Independent support and counselling was available for birth parents and families from South West Adoption Network. Practice varied as to when they were informed of this support. Birth families were encouraged to contribute to the maintenance of the child's heritage through providing information, photographs and so on. Direct and indirect arrangements for contact were also evidenced. Arrangements for managing post-adoption contact needed to be clarified.

Adoption Panels and Agency Decisions (Standards 10-13)

All of these four standards were partially met.

Policy and guidance documents had recently been revised and provided helpful guidelines to staff. They did not yet include sufficient details about the function of the panel as specified in Standard 10. Prospective applicants attended panel. Panel members included people with considerable experience of adoption matters. They were observed to give thorough and insightful consideration to the cases presented. There was a need for more systematic documentation and planning of the recruitment, induction and training of panel members. The adoption panel was efficiently organised and conducted. Reports were generally circulated in advance although not all information was available before panel. Files read evidenced that there had been delays in the adoption agency's decision following panel and this was being addressed by the panel chair and the agency decision maker. A thorough approach to the information was evidenced by the decision maker.

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

These standards were both not met.

The nominated manager of the adoption agency had considerable relevant experience for the role. The named deputy was also a senior manager with relevant experience. Both were well qualified for the role. A requirement was made that the team manager of the family placement team should also complete a relevant management qualification.

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

Two of these three standards were partially met and one met.

Inspectors considered that the roles and lines of accountability within the adoption service should be clarified. Monitoring procedures were established in regard to children who may be placed for adoption. There needed to be clearer guidelines about adoption allowances. An annual report in regard to the adoption panel was presented to the executive and a recommendation is made that more frequent reports are made. A range of specialist advisers were available to the adoption service.

Employment and management of staff (Standards 19-23)

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

Personnel files examined did not all contain sufficient information to meet the requirements. Draft recruitment guidelines to be used for new appointees were consistent with good practice. Staff had relevant qualifications; one of the adoption workers had completed the Post Qualifying Part I award. Adoption work undertaken in the childcare teams was not always by experienced staff and inspectors were told that there had been significant staff shortages. A recruitment and retention policy had been introduced to address this. There was a training programme for all staff which included adoption training. Workload management systems were in place together with supervision and appraisal systems. Staff reported that there was improved IT support. There was also a positive view of access to specialist services, especially the education service. There had been active recruitment initiatives to address the shortage of fieldwork staff. There were staff policies to encourage the retention of staff.

There was a commitment to staff training including a rolling modular programme about Permanency and Adoption.

Records (Standards 25-28)

Three of these four standards were met and one not met.

Case records of children and adopters held the required information but inspectors found they were not always sufficiently comprehensive. There were policy and procedural instructions in relation to files, confidentiality and security. An electronic system of recording had recently been introduced. There was a policy regarding access to records but there were no specific procedures in relation to access to adoption records. Personnel files are kept centrally and staff training records were maintained in the training department. Insufficient information was included on staff files. Complaints were collated centrally although inspectors recommended this system should be reviewed to ensure there is a better monitoring of all complaints related to adoption. Records of allegations were collated.

Fitness of Premises (Standard 29)

This standard was partially met.

The family placement team was situated in a building known as Hut 8 on the civic centre campus. The offices of the fieldwork social workers were conveniently close. There was an appropriate security system and measures to safeguard IT systems. No system had been devised for the back-up of paper records and there was no Disaster Recovery Plan. .

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:

NO

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:

YES

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:

NO

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:

NO

The grounds for the above Report or Notice are:

1. The statement of purpose was still in draft form and the agency's policies and procedures needed to be updated.
2. The children's guide did not have all the required information.
3. Form E assessments were variable in quality and sometimes had insufficient information.
4. Form F assessment reports needed to more consistently address the competencies and strengths that adopters have or will need to develop.
5. There were concerns about how adopters were prepared for matching arrangements with children from other local authorities.
6. There was insufficient monitoring and evaluation of the rate of disruptions.
7. There was inconsistent practice in ensuring that birth parents and families had access to independent counselling.
8. The manager of the family placement team did not have a relevant management qualification and the assistant managers needed appropriate training for their role.
9. Staff with very limited experience were undertaking adoption work.
10. Staff had been employed before the completion of a satisfactory CRB check.
11. Staff files did not contain sufficient documentary evidence in accordance with the requirements of Schedule 3 and 4, Regulation 11, 15 and 6.

12.

**Implementation of Statutory Requirements from Last Inspection
(Not relevant at first NCSC 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 National Care Standards Commission 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 and recommendations are to be addressed. This action plan is shown in Part D of this report.

STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	LAAS Regs 2003 2(2)	LA1	The adoption agency must complete the draft statement of purpose and make it available as required.	02.05.04
2	LAAS Regs 2003 3(1)	LA1	The children's guide must include matters as specified in Schedule 2.	02.05.04
3	AARegs 1983 7(2)(b)	LA2	Form E assessments must satisfactorily reflect the assessed needs of a child, including children's views and wishes, and recent assessments should be made available to panel.	02.05.04.
4	AA Regs 1983 8(g)	LA4	Form F assessment reports must address the competencies and strengths that adopters have or will need to develop.	02.05.04
5	AA Regs 1983 8(a)(b)	LA5	Where there are matching proposals in regard to children from other local authorities, the adoption agency must consider the needs of the adopter for counselling, for explanations, and written information.	02.05.04
6	LAAS 2003 Regs 7(a)(b)	LA6	The local authority should consider more systematic monitoring and evaluating the outcomes of disruptions.	02.05.04

7	AA 1983 Regs 7(1)(a)(i)	LA7	The adoption agency must provide counselling to birth parents and families.	02.04.04
8	LAAS 2003 Regs 12	LA14	The local authority must ensure that the manager, and assistant managers, of the family placement team take steps to undertake appropriate management training	02.05.04
9	LAAS 2003 Regs 11(3)(b)	LA19	Staff working for the purposes of the adoption service must have the skills and experience necessary for the work h/she is to perform.	02.05.04
10	LAAS 2003 Regs 11(1)(a)	LA19	The local authority must not employ a person to work for the purposes of the adoption service unless they are fit to do so, and this must include evidence of a satisfactory CRB check prior to commencing employment.	02.03.04
11	LAAS 2003 Regs 15(1) 6(2) (c) 11(3)(d)	LA28	The adoption service must ensure that records are kept in accordance with Schedule 3 and 4 in relation to each person working for the adoption service.	02.05.04

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	The adoption agency's policies, procedures and any written guidance to staff should be updated and accurately reflect the statement of purpose.
2	LA2	The local authority should have a written plan 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.
3	LA2	The adoption agency should ensure there is a clear record of the matching process and the explanations given to the child.

4	LA4	There should be an annual review and evaluation of the effectiveness of the preparation received by adopters.
5	LA4	Health and safety checks should be used as part of the assessment of adopters.
6	LA5	The adoption service should ensure that adopters are asked about notifying the agency if their adopted child dies, as per Standard 5.3.
7	LA6	Policies and procedures need to be clear about the decision making process in relation to post adoption support arrangements.
8	LA7	The adoption agency should ensure that birth parents see and have the opportunity to comment on what is written about them or their circumstances before information is passed to the adoption panel or to adopters.
9	LA9	Social workers working with birth parents and birth families both before and after adoption should have training and guidance about local and national support groups and services.
10	LA9	The adoption service should have a clear strategy for how agreed plans for contact are to be fulfilled.
11	LA9	Staff supervising contact after a child has been placed for adoption should have training and guidance about adoption issues.
12	LA10	Policies and procedures for the adoption panel need to include all elements of Standard 10.2.
13	LA11	Opportunities to include a more practice based social work membership of the panel should be considered.
14	LA11	The agency should have a system for documenting the recruitment and training of panel members.
15	LA12	All necessary information should be provided to members of the adoption panel in advance of the date of the panel.
16	LA13	The adoption agency's decision should be made without delay and systems need to be in place to ensure panel recommendations and relevant information are conveyed in a timely way to the decision maker.
17	LA14	The adoption agency should be organised, managed and staffed in a manner that delivers the best possible child care, and leadership roles should be reviewed to ensure effectiveness.
18	LA16	The service should ensure that there are clear roles for managers and staff and well established lines of communication and accountability.
19	LA16	The agency should provide a written procedure that covers arrangements for the use of services provided by the Adoption Register.

20	LA17	The agency must ensure that there are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.
21	LA17	The agency should ensure there are clear guidelines for adopters about how adoption allowances are agreed.
22	LA17	The executive side of the council should receive written reports on the management and outcomes of the services of the adoption agency every six months.
23	LA20	There should be more effective monitoring of the capacity of the family placement team workers to mentor other staff.
24	LA21	Shortfalls in staffing in the family placement team should be addressed when long term sickness occurs.
25	LA25	The agency should ensure that adoption records are stored to minimise the risk of damage by fire.
26	LA25	The process of assessment of adopters should be more comprehensively recorded.
27	LA26	The adoption agency should have a written policy and procedures about access to records which include specific reference to adoption records as specified in Standard 26.2.
28	LA27	Records of complaints and allegations in regard to adoption matters should be maintained. These should include outcomes and there should be evidence of regular monitoring by management.
29	LA27	The adoption agency should ensure that records are signed and dated.
30	LA29	A signing-in system to the family placement team premises should be considered.
31	LA29	The fire risk assessment of the family placement team premises should be updated with specific consideration of the protection of the records.
32	LA29	The adoption agency should have a Disaster Recovery Plan which will include safeguarding/ back-up of records.

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

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	NO
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	NO
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	NO
• 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	02/02/04
Time of Inspection	14.00
Duration Of Inspection (hrs)	54
Number of Inspector days	7
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers) (NB Family placement team staff including admin)	17

The following pages summarise the key findings and evidence from this inspection, together with the NCSC 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?

1

There is a statement of purpose, recently drafted, which builds on previously produced Strategy and Policy documents which were approved by members in 2001. The statement of purpose, with some minor revisions, meets the legal requirement. The statement of purpose had not yet been formally approved by the executive side of the council. It is required that the statement of purpose is made available, on request, to adopters, parents, and other relevant people.

There were folders with information available for Looked After Children which evidenced a commitment to ensuring children were informed about services, about how to secure access to an independent advocate, and how to complain. Swindon makes available to children the BAAF children's guide, which is good practice. A requirement is made in respect of the need for the guide to include all information as specified in Schedule 2.

Policies and procedures for staff were being reviewed and in the process of being updated. Inspectors were shown promising evidence that this work was in hand. A recommendation has been made that this should be progressed.

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

NO

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

NO

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?	1
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There was no written plan for the implementation and evaluation of effective strategies to recruit adopters. The manager told inspectors that the agency did not need to work at recruiting; that there was a steady trickle of applicants. Recruitment campaigns organised by BAAF and by the consortium had brought in positive responses to Swindon. Information was collated about children waiting for placements which informed how assessments were prioritised. Inspectors were informed that there are no adopters currently of Afro-Caribbean origin, and children waiting included two with this heritage. The service had identified that a more specific strategy was needed. It is recommended that strategies for recruitment are implemented and evaluated more systematically. The consortium and Adoption Register were used when the local authority could not identify a match within its own adopters.

Examination of data provided for the inspection, of panel minutes and of children's records indicated that wherever possible efforts were made to keep siblings together. In examples where this did not happen there was a record of the explanation. Case tracking included examples of excellent practice in keeping siblings together when possible. Children's views and feelings were found recorded on Form E reports. It had been noted at panel that the views of small children were not adequately reflected in all cases. The quality of Form Es was seen to be variable. Up to date assessments were not always available to panel. Matching information seen on files was sometimes minimal. A recommendation has been made that there should be a clear record. In some cases the information was not recent and the inspector observed that adoption panel requested updated assessment information in relation to a child's emotional and behavioural development. Improved matching procedures had recently been introduced.

The panel chair's annual report to the executive had highlighted the inadequacy of some Form Es and a requirement is made in this report in respect of improving the assessment information.

In the last 12 months:

How many children were identified as needing adoptive families?	27	
How many children were matched with adopters?	20	
How many children were placed with the service's own adopters?	11	
How many children were placed with other services' adopters?	12	
How many children were referred to the Adoption Register?	6	
In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?	20	
What percentage of children matched with the adoption service's adopters does this represent?	100	%
How many sibling groups were matched in the last 12 months?	7	
How many allegations of abuse or neglect were made about adopters approved by this adoption service?	1	
On the date this form was completed, how many children were waiting for a match to be identified?	12	

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?	3
<p>The family placement team workers evidenced a commitment to welcoming applications from a diverse range of people. Eligibility criteria were included in the 'Adoption in Swindon' booklet. Inspectors saw copies of the information, including the comments and complaints leaflet which was made available to prospective adopters. 6 of the 18 responses from adopters stated they had not been told how to make a complaint and the message may need to be repeated at different stages of their contact with the Borough.</p> <p>Following an initial enquiry, people were invited to an 'adoption surgery' to meet with one of the family placement team. This served as a further way of informing prospective adopters and also a screening process to inform decisions about assessment priorities. Further written information was provided including the need to prioritise the assessment of those most likely to meet the needs of children waiting. General information about those children was also provided.</p> <p>Enquiries about intercountry adoption were responded to with separate written information and inspectors were told that this was being updated. They were also directed to other relevant sources of information</p> <p>One adopter reported having a very unhelpful response to their original enquiry to adopt, but the general feedback from the surveys was much more positive. There were numerous comments from adopters about the 'prompt', 'helpful', 'acceptable' response that they had when they first enquired. One said they 'were made to feel wanted'. The prospective adopters were given the opportunity to meet others who have adopted children, but survey responses indicated this was not until the preparation course. One stated they would have preferred an earlier chance to meet with an adopter.</p>	<p>3</p>	

Standard 4. (4.1 – 4.9)

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

Key Findings and Evidence

Standard met?

1

Information made available to prospective adopters included the BAAF booklet with its outline of the process of assessment. The family placement team evidenced that they had a commitment to working within a framework of equal opportunities and anti-discriminatory practice, including the preparation programme. They were now using the BAAF preparation course, having previously used an in-house programme. They had reviewed the course and whilst they felt that it had been effective, they had reflected on the experiences of disrupted placements and changing to the BAAf format was 'safer'. (See also Standard 6)

The surveys produced some mixed feedback from adopters about the preparation programme. In general the response was positive. Two reported that the preparation was too focussed on the negatives; another that applicants were not sufficiently prepared for the real challenges of adoption. It is recommended that the effectiveness of the preparation is evaluated and reviewed annually.

Foster carers who wished to adopt a child in their care were entitled to the same information and preparation. A specific training programme had been implemented to meet their needs.

The small number of intercountry adopters were referred elsewhere for training. Their assessment was generally undertaken by workers in the family placement team who had developed specialist knowledge and experience in this area.

Assessment process was considered by inspectors to be variable in quality. Some excellent Form Fs were read. Others were too basic with insufficient analysis. They would have benefited from a more evidenced based content with more explicit reference to the competencies and strengths adopters have or will need to develop. There was insufficient evidence that consideration had always been given to the extent that adopters were prepared for children's sexualised behaviours. A requirement has been made concerning assessments.

Health and safety checks were seen on some files and not others. It is recommended that these are introduced as a matter of course and there should be monitoring of their thoroughness. In one the check indicated that no attention had been given to recording risk assessments in regard to dogs.

Files examined had relevant checks. Assessments were now expected (from January 2004) to include contact with previous partners and with employers. This practice had been seen in some cases. Inspectors heard discussions indicating that practice was being reviewed and adjusted to ensure satisfactory assessment processes. Talks with staff indicated that practice was still inconsistent within the team. Management might want to consider whether adoption assessments would be more consistently robust if undertaken by fewer people.

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?**

1

Adopters did not all consider that they had been given clear written information about the matching process. In the majority of responses they said they had not had clear details about the Adoption Register. In particular, adopters raised a number of concerns about the process of matching with non-Swindon children. 8 out of 18 responses reported grave concern about this process. Several indicated that they felt vulnerable in their relationship with other local authorities with whom they had contact. The reports included references to other local authorities being untruthful, time wasting, not informing them of the outcome of visits, patronising, discriminatory, not communicating, not visiting post placement, not providing information, inconsistent, awful, totally unacceptable and insensitive. In three cases adopters indicated that Swindon had not been as supportive as they would have wished in dealing with the other local authorities, one of these specifying that management had not been helpful. In the other cases the adopters reported that their worker in Swindon had 'done their best'.

It is not the remit of this inspection to explore the practice of a range of, often unspecified, local authorities. Inspectors acknowledge that social work practice in adoption work can be very variable. The scale of this response from Swindon adopters must however be taken very seriously by the Borough. The inspectors believe it indicates insufficient preparation and knowledge. There is a need for adopters to have more preparation and support in this critical process, and also more adequate monitoring of these experiences; a requirement has been made.

Inspectors did see evidence of effective matching processes that had been well recorded and managers indicated that practice had improved in this respect. Some adopters reported that information about children was slow in coming to them and some did not feel confident in the quality of the information they had been given. A post- adoption development post had been created, although not yet appointed.

The adoption service did not yet have a system in place to ask adoptive parents whether they were prepared to agree to notify the adoption agency if their adopted child dies (Standard 5.3). A general agreement to use with adopters was being devised and it is recommended it include details as outlined in this standard.

Excellent practice was seen in some files in the way that adopters had been encouraged to prepare information about themselves and their home for a child.

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

YES

Standard 6 (6.1 – 6.7)**Adoptive parents are helped and supported to provide stable and permanent homes for the children placed with them.****Key findings and evidence****Standard met?****1**

A systematic approach to post-adoption planning had been newly implemented and this procedure was commended by the inspectors as a positive process. Information presented in the newly introduced Adoption Support Plan was well received at the panel attended by the inspector. There was some continuing confusion about whether the support package, including the allowance, had been agreed prior to the panel's recommendation and a recommendation is made that policies and procedures need to be clear. Adopters' responses also indicated that they did not have clear information.

Support to adopters was also available through SWAN and through Adoption UK, which included local support groups.

In the case of intercountry adopters, staff gave information and advice about specific support organisations and the OASIS website.

Inspectors were told that the assessment and preparation of adopters addressed the importance of keeping safe information provided by birth families for the child. Adopters spoken to had a positive approach to this and to understanding the importance of helping the child develop a positive self-identity.

A high level of support was evidenced in a number of adoptive placements. This included practical help, therapeutic support for both child and adopters, encouraging links with other adopters or relevant organisations, and ongoing support from the family placement worker. Unfortunately there had been several instances when intensive planned support had been unable to prevent disruptions.

Standard 6.7 (see also Standard 17): Since October 2002 there have been five placements of children from other local authorities made with Swindon adopters which subsequently disrupted, and a further one which disrupted during introductions. A seventh disruption occurred of a Swindon child placed with non Swindon adopters. There was evidence of disruption meetings in five of these cases. Inspectors had limited information of adopters' experience of support following the disruption. In one case the outcome of the formal complaint made by the adopters was not clear.

It was the inspectors' view that there was an unfortunately high rate of adoption disruptions in relation to the number of children and adopters. The adoption panel had noted incidents of disruption and had, November 2003, requested information of all disruptions. This is a positive step. The family placement team staff reported that they had reflected on issues and adjusted their adopters' training programme (See Standard 4). There was no other evidence of any overall management monitoring or evaluation of this specific issue. It is recommended that the instances of disruption should be systematically examined to consider any repeated themes, and lessons to be learned. The brief assessment made by the inspectors indicated that issues to be considered included

- flawed communication between placing authority and adopters and/or their link workers
- insufficient consideration given to stress factors in adoptive family
- over optimistic assessment of a child's ability to engage with adoptive family
- underestimation of the impact of child's sexualised behaviours
- minimisation of impact of child's history of placement moves

Number of adopter applications started in the last 12 months	20	
Number of adopters approved in the last 12 months	14	
Number of children matched with the local authority's adopters in the last 12 months	9	
Number of adopters approved but not matched	13	
Number of adopters referred to the Adoption Register	11	
How many placements disrupted, between placement and adoption, in the last 12 months?	4	

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>The adoption service has implemented a service level agreement with South West Adoption Network which provides ongoing support and counselling to people who are involved in the adoption process, including birth parents. There was some variation reported by placing social workers about when they provided birth parents with information about SWAN. In some cases this was not until post adoption plans were being made. Three of the four birth parents who responded to the inspection survey indicated that they did not feel they had been offered effective support or counselling. It is required that counselling is made available to birth parents; inspectors did not consider the present approach was robust enough to meet this requirement. Files read included evidence where possible of birth parents' views about adoption and contact. It was not clear that they had the opportunity to comment on what is written about them or their circumstances before information was passed to the adoption panel or to adopters. This is recommended.</p>	1	

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>A number of examples were seen which evidenced that work was undertaken to encourage and enable birth parents and birth families to contribute to the maintenance of their child's heritage. The medical adviser reported that she was often able to obtain medical information directly from parents who were able to attend the medical examination with the child.</p> <p>Other examples included birth families contributing to life story work, providing photographs and engaging in direct or indirect contact.</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

As previously stated the adoption agency's strategy in working with and supporting birth parents and birth parents is primarily the use of SWAN. In view of evidence of inconsistent practice and knowledge, inspectors recommend that social workers should have training and guidance about support services available to birth families.

There was some confusion about how post adoption contact arrangements were to be managed. Inspectors were told that previously there had been two post-adoption workers in the family placement team who had co-ordinated contact. These posts no longer existed and the children's social workers and the family placement social workers could only speculate about who was going to supervise any ongoing arrangements. Some contacts were to be facilitated by workers in a family support team. This inspection did not examine the skills or qualifications of staff in that team. Nevertheless it is recommended that the adoption service ensure that any staff managing contact when a child has been placed for adoption should have had specific training and guidance about adoption issues. Inspectors heard an example of contact which had been poorly managed; the adopters were concerned that staff should have had clearer practice guidelines.

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?	2
<p>Inspectors were advised that policies and procedures for the functions of the adoption panel had recently been revised. There were helpful guidelines for staff which clarified roles and responsibilities in what information was required for presentation to panel. Information provided did not include all details as specified in Standard 10.2. There were insufficient procedural details for the appointment of the chair and vice-chair, other than a general statement that they are to be appointed by the agency. The section about the conduct of the panel did not address procedures in relation to ineffective or disruptive behaviour and attitudes. Omissions also included emergency procedures for the panel to meet before the next planned meeting to deal with urgent placements. It is recommended that the panel procedures should be further advised to include all elements of Standard 10.2</p> <p>Prospective adopters were given the opportunity to attend panel. They were present for the full discussion. Feedback from adopters who had attended was positive. The panel had responded positively to suggestions from applicants about possible improvements, for example in seating arrangements and in name cards of panel members.</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?**

2

The independent chair had considerable experience in adoption matters and panel membership included a commendable range of people with experience of adoption from many perspectives. They were observed to give thorough and insightful consideration to the matters brought before them. There was a proposal to recruit a male social worker which would reduce the gender imbalance. Although the panel was properly constituted, the requirement to have two social workers in the employment of the adoption agency was being met in one case by the service manager, also the nominated manager. With the manager of the adoption and fostering team also present as professional adviser, the weighting of management participation was an issue that the agency might want to re evaluate. The inspector also observed there was potential for role confusion in the present arrangements.

Inspectors identified that the legal adviser had a good awareness of issues about intercountry adoption and advised when cases of this sort were presented. The agency acknowledged that training for panel members tended to be on a case by case basis.

Induction process for a new panel member included observing an adoption panel.

CRB checks and confidentiality agreements were seen on panel members files. There was less evidence of other checks and inspectors identified that there was a need for more systematic documentation of the recruitment and training of panel members.

There had been a panel training day in September 2003 and inspectors heard details about other opportunities for panel members to have training and skills development together with staff. These included two panel training days per year.

Is the panel a joint panel with other local authorities?

NO

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

YES

Standard 12 (12.1 – 12.3)		
Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.		
Key Findings and Evidence	Standard met?	2
<p>An adoption panel was observed in the course of this inspection and it was efficiently organised and conducted. Minutes of panel meetings were satisfactory. Adopters who had attended panel reported that they had not experienced undue delays on the day. There were examples of adopters who said they had been frustrated about the delay in their application going to panel. Postponements had been caused by an increase in numbers of children's details being presented for recommendations about adoption being in their best interests. The inspectors were informed that an additional adoption panel had been set up in November 2003 specifically to address the delay.</p> <p>Panel members confirmed that they generally received the necessary information in advance, although there were examples of additional brief reports presented on the day that panel was observed. A recommendation is made that all information is made available in advance. (Standard 12.2)</p>		

Standard 13 (13.1 – 13.3)		
The adoption agency's decision is made without delay after taking into account the recommendation of the adoption panel and promotes and safeguards the welfare of the child.		
Key Findings and Evidence	Standard met?	2
<p>Considerable delays were noted in some instances between the time of the panel recommendation and the decision maker's record of decision. Inspectors discussed this with the present decision maker, the head of children's services, who acknowledged that there had been unreasonable delays. Reasons included the processes of sending the full minutes to the independent chair prior to going to the decision maker. An improved system was being addressed by both the chair and the decision maker. It was noted that the decision maker was making more comments on panel documents than had previously been seen and was evidencing that all information surrounding the case was being taken into account. The chair and panel members welcomed this rigorous input.</p> <p>There were appropriate arrangements for conveying the decision in writing to adopters, and to parents or guardians of the child. The child care social workers had responsibility for conveying decisions to the child.</p>		

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?	1
<p>The nominated manager of the adoption agency was Maureen Ash, the Service Manager. The Service Manager Resources was named as deputising to her. Inspectors were informed that both had relevant experience and qualifications, although documentary records were insufficient. (See requirement made about personnel records at Standard 28) These managers were in a senior position in the service and inspectors considered that it was also relevant to this standard to consider the status of the family placement team manager. This role involves the day to day operational management of the service. The manager had substantial relevant experience but had not completed a management qualification as specified in Standard 14.2. His role involved significant managerial responsibilities with a large staff team. A requirement has been made that steps should be put in place in order that this manager should achieve a relevant management qualification, (Standard 14.2 advises this should be by April 2005). In addition the assistant team managers did not both have relevant training for their management roles although they were supervising staff. This is also required. The present arrangements were not rigorous and other standards indicate that there was a need for more monitoring and evaluation, and for developing consistent practice. A recommendation is made about ensuring more effective leadership (Standard 14.5)</p> <p>The senior management of Swindon has experienced a number of changes. The head of children's services had been in place for a matter of months prior to this inspection. There had been substantial changes in management arrangements including the temporary redeployment of the manager of the family placement team for a period of time up to April 2003. The management situation was described as having been in some disarray and feedback from staff inevitably reflected that management arrangements had been unsettling.</p>		
<p>Does the manager have Management NVQ4 or equivalent?</p>	<p>YES</p>	
<p>Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?</p>	<p>YES</p>	

Standard 15 (15.1 – 15.4)

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

Key Findings and Evidence

Standard met?

3

Evidence was provided that the senior managers responsible for the adoption service had satisfactory CRB checks.

As stated elsewhere (Standard 28) there was insufficient evidence on personnel files to meet current requirements. The relevant managers had all been in post for several years. Inspectors were told that new procedures were in place for new appointees to ensure telephone enquiries are made to verify references, and to ensure adequate documentation of evidence of suitability.

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

As stated in Standard 14 there have been significant changes in management which have had an impact on the adoption service. The assistant Team Manager had 'acted up' for some months to manage the family placement team. By the time of the inspection the Team Manager and two Assistant Team Managers were managing the team. The Assistant Team Managers directly supervised the staff, oversaw and signed the Form F assessments and participated in meetings. One, whilst still holding some cases, was particularly involved in development work in relation to policies and procedures, working closely with the Service Manager. The team manager's job description for this role had been revised in May 2003. Inspectors considered that the roles and lines of accountability should be further clarified. (Standard 16.4)

A new post of 'Adoption Development Officer' was being advertised at the time of this inspection and was to be located outside the family placement team, directly accountable to the Service Manager. This was to be a senior post with a focus on the developing of services and practice, and inspectors consider this will be a valuable contribution to the adoption service. However there is potential for further role confusion.

There were areas in which effective management monitoring was not evidenced. Details about complaints which were maintained in the family placement team, were incompletely recorded and no clear system was in place. Outcomes were not documented in all cases.

Policies and protocols had been put in place in regard to managers and staff declaring any conflict of interests.

Information about adopters and children had been referred to the Adoption Register but inspectors did not see evidence that there were clear and concise written procedures that cover arrangements for the use of services provided by the Register. (Standard 16.7)

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

3

Number of the above complaints which were substantiated

1

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

Key Findings and Evidence	Standard met?	2
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Inspectors were informed that the adoption procedure manual was to be revised by April 2004 and this would include clear procedures for monitoring and evaluation. At the time of the inspection there were a number of procedures that needed, or were in the process of revision.

There were systems in place through the department's financial regulations and budget monitoring to provide information about service charges and payments. Correspondence was seen in relation to charges for the assessment of adopters wishing to adopt from overseas. Feedback from adopters indicated that they were not at all clear, and indeed mystified, about how adoption allowances were agreed. Clearer guidelines are recommended.

Panel minutes (8th December 2003) evidenced there was monitoring of timescales for children and training needs of staff were being monitored. Shortfalls in the way that some activities of the adoption agency were monitored had been identified and were being addressed. For example, panel had requested more information about disruptions. The quality assurance role of the panel was seen both in immediate feedback given to presenting social workers and also in the annual report which had been presented to the executive side of the council. This had been prepared by the independent panel chair and was informative and challenging. Inspectors recommend that a broader report in accordance with this standard should be submitted every six months, which should include the management and outcomes of the services of the adoption agency (Standard 17.3).

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

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

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

Key Findings and Evidence	Standard met?	3
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Social workers for children and in the family placement team confirmed they had access to specialist advisers. The medical adviser and legal adviser were both interviewed in the course of this inspection. Inspectors were informed they were suitably qualified and registered with the appropriate professional bodies and that there was a written protocol governing their role. These advisers were available for consultation and also contributed to training.

Other specialist advice was available from the education service and through CAMHS. There was access to specialist advice about adopting from another country from OASIS membership.

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?

1

Personnel records did not contain the required information in all cases inspected. Draft recruitment and selection guidelines were seen which were consistent with good practice and inspectors were told were being implemented for new appointees. A system was in place to bring forward the dates of CRB checks to ensure updating after three years.

Social workers in the family placement team were appropriately qualified; one had a PQ1 and one was working towards the Post Qualifying award. In the agency there were four social workers, two assistant team managers and one independent review officer with the award and two more social workers to complete by 2006.

There was evidence from files read that fieldwork social work staff had variable knowledge and skills about adoption issues. There had been significant staff shortages and adoption work was not always undertaken by experienced childcare social workers. A requirement is made in respect of this. Staff made frequent reference to the value of support and advice from colleagues or managers with relevant experience. Adopters described how they had relied on the experienced workers in the family placement team to guide them and the social worker through the process.

Those workers undertaking the assessment of adoptive parents were trained and experienced. The student in the team was supervised by a qualified worker. A number of the family placement team staff provided counselling under Section 51 of the Adoption Act 1976 and inspectors were informed they had received relevant training.

The manager confirmed that the specialist advisers were appropriately qualified. It was planned that one of the functions of the newly established role of the adoption development post would be to broaden their understanding of adoption issues.

As previously stated,(Standard 9) there was some uncertainty about which staff would be supervising contact arrangements. A recommendation has been previously made that those staff should have knowledge and understanding of the adoption process.(Standard 19.14)

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?

15%

%

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

The Borough had a Divisional Structure Chart and a system of delegated responsibilities within that. As previously stated, the inspectors were not confident that roles and responsibilities within the family placement team were as clear or as effective as they could be (see Standard 16). There was a workload management scheme in use. Supervision arrangements were in place for staff and a sample of files were seen in the family placement team. Annual appraisals included reference to development and training needs.

Because of the variable experience of staff working with adoption cases, there was some reliance on members of the family placement team to provide consultation. They had appropriate knowledge and skills and this was a valued part of the role. Inspectors heard the view that the reliance was sometimes disproportionate to what was required of their role and in one case a sympathetic adopter indicated that the role of their link worker was adversely effected by having to do the job of the social worker as well as their own, It is recommended that that managers monitor this mentoring role and ensure that lines of accountability are not further blurred.

Staff reported improved access to IT equipment and the introduction of the SWIFT system was regarded as helpful. The regular use of e.mailing was also seen as improving communication. Adopters generally reported that they had received a prompt response to their enquiry and also that staff were usually easy to contact.

In general staff reported that they were able to access relevant services for children and young people. In particular they felt the educational support was greatly improved. There were more mixed responses about the accessibility of CAMHS.

Staff confirmed they had relevant contracts and copies of employment documents as specified in Standard 20.12.

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?	2
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The agency reported that there had been a significant shortage of qualified social workers in the fieldwork teams. Active recruitment initiatives had been put in place including overseas worker recruitment. The manager reported that the staffing complement was now sufficient for the purpose of the adoption service. As previously stated it was evident that some very inexperienced staff were undertaking adoption work with support from experienced workers. Agency staff had been used to cover some shortfalls in staffing although this had not occurred in the family placement team. Inspectors were informed of staff absences due to long term sickness which had not been adequately covered in the family placement team. Staff policies were in place to encourage retention and staff who met with inspectors spoke positively of the support available.

The figures below relate to the specific staffing of the family placement team.

Total number of social work staff of the adoption service (8 fte posts filled by 11 workers)	8	Number of staff who have left the adoption service in the past 12 months (two workers who filled one fte post)	2
Number of social work posts vacant In the adoption service. NB The new adoption development post had not yet been appointed.	0		

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

Key Findings and Evidence	Standard met?	3
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Staff who met with the inspectors conveyed a strong sense of loyalty to their employer. They were aware that the Borough has been subject to some criticism. They informed inspectors that they had been provided with full information about the terms of their employment, that training opportunities had much improved. Inspectors saw evidence of good employment practices in the information provided by Human Resources.

A whistleblowing policy was seen by inspectors and staff confirmed they had knowledge of it.

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

Detailed information was provided for this inspection by the Senior Training Officer. Training of social work staff had been re-evaluated as a result of the Laming audit and recommendations from Serious Case Reviews.

The training strategy included increasing the knowledge base of practitioners around issues of adoption and fostering. There was a rolling modular programme about Permanency and Adoption which reflected the policies and legal obligations of the adoption agency.

The training strategy also included links to NVQ training for non social workers. New staff confirmed they had received induction training. All staff confirmed there was improved access to relevant training.

As well as formal training, there was evidence that information is made available to staff about changes in legislation, guidance and practice. Examples were seen of summaries of legislation which had been produced by the assistant team manager. Staff briefings were also used to keep staff informed of current developments.

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?

2

A sample of adopters' files and children's case records were inspected. It was noted that few of the adopter's files contained sufficient comprehensive recording about the process of assessment and the consideration of issues during that process. More consistent recording of this is recommended.

There was a policy about maintaining the confidentiality of adoption case records. The introduction of the electronic recording system had not extended to the inclusion of adoption recording. Inspectors were told that there was a high level of awareness about the need for the security of this information and the IT staff were sensitive to the issues.

The records maintained in the family placement team were stored securely in metal cabinets. Inspectors were not confident about how fire proof this arrangement was (see also Standard 10) and it is recommended that the agency reviews this.

Relevant checks and references were seen on files that were inspected. The practice of contacting previous partners had not been consistently implemented.

The record keeping system was congruent with the LAC/Integrated Children's System. Decisions by supervisors were evidenced on case files in supervision notes.

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
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The adoption agency exchanges information with other local authorities, particularly within the consortium. As previously stated (Standard 6) inspectors were told of a number of concerns that had arisen for adopters through their contacts with other placing authorities. At this point there have been no surveys received back from other local authority placing social workers about the quality of the information provided.

Inspectors were given the Borough policy and leaflets about access to personal information which took into account the requirements of the Data Protection Act 1998 and the Human Rights Act 1998. The material did not include any specific reference to the arrangements for authorising access to the adoption case records, and other aspects of adoption records as detailed in Standard 26.2. It is recommended that there should be written policies and procedures which include these points. Inspectors identified that staff were not clear about what guidance there was in dealing with requests for disclosure of information and who was empowered to authorise disclosure. Whilst practice and knowledge in the team was appropriate, written procedures need to be clear.

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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There was a written Case Recording Policy Statement, overdue to be reviewed in 2003. Inspectors were told that the format of files had recently been revised. There were separate staff records, including records of students. As indicated elsewhere (Standard 28) these did not always contain the required information.

There was a departmental complaints procedure which produced quarterly reports. A separate file was maintained in the family placement team about complaints, concerns and allegations. This file related to both fostering and adoption. Information was not systematically filed, nor outcomes clearly recorded. 'Concerns' planning meetings were recorded which was good practice. The format for recording these meetings related to fostering and needed to more clearly indicate adoption issues. Inspectors recommend that a more satisfactory, less confusing system is devised to enable more adequate management monitoring (See also Standard 16). Records about complaints seen on the relevant adopters' files were also incomplete, sometimes with no record of outcome. Reports were seen which were not signed or dated. The handwritten case recordings were variable in legibility. Inspectors were informed that the council proposes that most recordings were to be electronic and this system had already been introduced in the fieldwork child care teams.

Standard 28 (28.1 – 28.2)

Up-to-date, comprehensive personnel files are maintained for each member of staff and member of the adoption panel.

Key Findings and Evidence

Standard met?

1

Inspection of family placement team personnel files had been undertaken by the relevant inspectors during the fostering inspection of March 2003 and in a follow up visit in September 2003. Shortfalls had been identified and a requirement had been made in relation to holding the relevant information on all staff. Files examined in the course of this inspection indicated that there were continuing omissions. Files did not all have evidence of a photo, or of documentary evidence of qualifications. A requirement is made in respect of personnel files.

A system had been put in place to renew CRB checks every three years. It was noted that an administrative worker started work prior to the arrival of the CRB disclosure. Inspectors were told that the Borough is no longer starting new employees until after the CRB check has arrived. Staff in the personnel section said there was a protocol by which the director could waive CRB checks although adoption service managers indicated that they knew the requirement for CRB checks was clear. This was to be clarified.

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 family placement team are on the civic centre campus, conveniently near the offices of the fieldwork social workers, and the annexe in which relevant senior manager had offices. Inspectors were informed by some adopters that they felt that naming the premises as a 'hut' was devaluing. The building is in fact of two storeys and inspectors agreed the name is somewhat misleading and has negative connotations. The family placement team is located on the first floor and has use of a large meeting room, sometimes used for training carers. The local authority has identified that the team's premises has no wheelchair access. Other premises are used for the purposes of training and meetings which were not visited during this inspection.

There is a security system and access is restricted through a coded entry system. Inspectors noted there was no signing in system and this is recommended as an additional safeguard. The Borough had recently introduced SWIFT electronic recording systems and these were password protected. Inspectors were informed this system was robustly backed up. Records are kept in lockable rooms. Adoption archives were stored in Hut 8. Inspectors were shown the Fire Risk Assessment (dated 27th June 2001). In view of the sensitivity of the archived information it is recommended that updated advice is sought about appropriate fire safety precautions. As previously stated (Standard 25) the filing cupboards were not believed to be fire proof. Staff had had to cope with problems caused by a leaking roof although records indicated that this had been fixed by the time of the inspection. Inspectors were advised that the premises were adequately insured by the Borough. There was no Disaster Recovery Plan as recommended in Standard 29.5.

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 2 February 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary	<input type="checkbox"/>
Comments were received from the provider	<input type="checkbox"/>
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/>
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/>

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

Public reports

It should be noted that all NCSC 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 Swindon Borough Council Adoption Service 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 _____ 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.