



*Making Social Care  
Better for People*

# inspection report

Local Authority Adoption Services

## **Sandwell Metropolitan Borough Council Adoption Service**

Hollies Family Centre

Coopers Lane

Smethwick

Sandwell

West Midlands

B67 7DW

Draft 4 29th, 30th November and 1st  
December 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**

Sandwell Metropolitan Borough Council Adoption Service

**Headquarters Address**

Hollies Family Centre, Coopers Lane, Smethwick,  
Sandwell, West Midlands, B67 7DW

**Adoption Service Manager**

Belinda Greasby

**Tel No:**

0121 569 5771

**Address**

Hollies Family Centre, Coopers Lane, Smethwick,  
Sandwell, West Midlands, B67 7DW

**Fax No:**

0121 569 5588

**Email Address**

**Certificate number of this adoption service**

**Date of last inspection**

NA

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

|  |          |                    |                |
|--|----------|--------------------|----------------|
| <b>Date of Inspection Visit</b>  |          | 29th November 2004 | <b>ID Code</b> |
| <b>Time of Inspection Visit</b>  |          | 10:00 am           |                |
| <b>Name of Inspector</b>   | <b>1</b> | Vivien Slyfield    | 075999         |
| <b>Name of Inspector</b>   | <b>2</b> | Sean White         |                |
| <b>Name of Inspector</b>   | <b>3</b> |                    |                |
| <b>Name of Inspector</b>   | <b>4</b> |                    |                |
| <b>Name of Lay Assessor (if applicable)</b><br>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. |          |                    |                |
| <b>Name of Specialist (e.g. Interpreter/Signer) (if applicable)</b>  |          |                    |                |
| <b>Name of Establishment Representative at the time of inspection</b>  |          |                    |                |

## CONTENTS

**Introduction to Report and Inspection**  
**Inspection visits**  
**Description of the Adoption Service**

**Part A:**

**Inspector's Summary and Evaluation**  
**Reports and Notifications to the Local Authority and Secretary of State**  
**Implementation of Statutory Requirements from last Inspection**  
**Statutory Requirements from this Inspection**  
**Good Practice Recommendations from this Inspection**

**Part B:**

**Inspection Methods & Findings**  
**National Minimum Standards For Local Authority Adoption Services**

**Statement of purpose**

**Securing and promoting children's welfare**

**Prospective and approved adopters**

**Birth parents and Birth families**

**Adoption panels and Agency decisions**

**Fitness to provide or manage an adoption agency**

**Provision and management of the adoption agency**

**Employment and management of staff**

**Records**

**Fitness of premises**

**Part C: Lay Assessor's Summary (where applicable)**

**Part D: Provider's Response**

**D.1. Provider's comments**

**D.2. Action Plan**

**D.3. Provider's agreement**

## 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 Sandwell Metropolitan 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 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 Metropolitan Borough Council of Sandwell provides an adoption service as part of the local authority's Child Care Division, which was part of Sandwell Council's Social Inclusion and Health Department. At the time of the inspection the team working with adoption were based at the Hollies Family Centre, Coopers Lane, Smethwick. Within days of the inspection the team were due to move to new premises in Crystal House, Crystal Drive, Smethwick.

The Family Placement Service (FPS) for Sandwell was organised into three distinct teams of social workers with administrative support from the childcare division administration. The FPS teams were Fostering Recruitment Training and Assessment, Fostering Support and Adoption. A manager was responsible for each FPS team. The Adoption Manager was responsible for the Adoption Team and was the nominated manager for the service. The adoption work of the team focused on; the recruitment, training and assessment of adopters, support for approved adopters, management of a Letter Box contact system, inter-country adoption, Notified Adoptions, Section 51 counselling and family finding for children in need of adoptive placements. The Adoption Support included work with adopters and birth families, birth counselling, intermediary services and post adoption contact.

Overall responsibility for the Adoption Service was with the Executive Director of Social Inclusion and Health services. The line management responsibility for the Adoption manager was with a temporary Service Manager, an arrangement that had been in place for a month prior to the inspection due to the post being vacant since the end of 2003. There were two social worker vacancies in the Adoption Team at the time of the inspection. In addition to this the service had a quarter share of an Adoption in the Black Country Marketing Officer.

The Sandwell adoption service was a member of the Black Country Consortium, a joint venture with the neighbouring local authorities of Wolverhampton, Walsall and Dudley. These authorities worked 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. Sandwell 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 Sandwell Metropolitan Borough Council's Adoption Service undertaken in relation to The Care Standards Act 2000 Part 111 and the National Minimum Standards introduced on 1<sup>st</sup> 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 Adoption Team had experienced the death of a child placed with their approved adopters. Information from this was not included in the inspection as a Part VIII review was in progress. The Commission for Social Care Inspection needs to be informed of the findings of the Review. The Adoption Team were also on the point of moving premises and in the middle of an internal review of the adoption service as part of Sandwell's modernisation programme, which was due to conclude in the Spring of 2005.

There were staff vacancies in the team and significantly the post of Service Manager with line management responsibility for the Adoption Manager had been vacant for most of the year. A temporary arrangement had been made shortly before the inspection.

Despite these pressures the Adoption Manager was able to organise the inspection and provide office space for the inspectors in the midst of planning the move to new premises.

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 one specialist adviser.

Prior to the inspection the nominated manager completed the Pre-Inspection Questionnaire and Managers Self-Assessment. These documents were fully and comprehensively completed and gave a clear insight into the service and areas for development. It is hoped that this report and its findings will assist them in the process of development of the service.



A summary of the full report is as follows;

**Statement of Purpose.**

**This standard was assessed and found to be partly met.**

There was a Statement of Purpose, which had been recently approved by the council. It was in need of some redrafting and updating of current information, such as the change of address being finalised. Copies of the Statement of Purpose needed to be available to placing social workers as well as members of the Adoption Team.

The Children's Guide was in draft form and needed to be finalised following consultation.

These documents were available in other languages than English, in Braille and on audiotape.

The adoption service was reviewing its policies and procedures at the time of the inspection. When this work is finalised it needs to ensure there are procedures in place for dealing with Child Protection issues in relation to adoption.

**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 was 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 inspectors saw the appointment of a Marketing and Information Officer to work across the four authorities as an innovative approach to developing an advertising strategy.

The inspectors were concerned about the number of children waiting for adoptive placements. There was hoped the need to consider the process for monitoring progress of individual situations will be considered as part of the service review.

Inspectors were also concerned about the quality of Form E reports and the level of inaccuracies identified.

**Prospective and Approved Adopters.**

**2 of the 4 standards assessed were partly met and 2 were not met**

The aim of the "Adoption in the Black Country" 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. Although efforts were made to address the needs of inter-country adopters, the small number of applicants made it problematic. It may be possible for the Consortium to work more closely on this so sharing knowledge on issues that occur infrequently.

Prospective adopters were verbal rather than written information about the adoption process. The eligibility criteria needed to be clearly stated in documentation with information about the needs of local children.

The quality of assessments was seen as mixed. There was a need to develop a consistently

high standard of assessment reports and to ensure that Criminal Records Bureau (CRB) information included the reference number.

Information from adopters about their experience of assessment was also mixed. Some described positive experiences with knowledgeable, skill workers. Others described a lack of sensitivity, poor communication and inconsistency.

Delays were noted at the initial stage of some enquires and a sense by some adopters of the need for them to keep the process moving.

Adopters had a mixed view about the support they received. There were examples of adopters being without a link social worker at times.

The majority of adopters reported good information about children. It was positive to note the use of Life Appreciation Days was established. The way information for children was recorded needed strengthening with a clearer understanding of the purpose of the information and its value.

### **Birth Parents and Birth Families.**

#### **All 3 standards were assessed as partly met**

The agreement between the Adoption Service and Adoption Support (formally the West Midlands Post Adoption Service) has been reviewed to allow a more local and flexible service. There was an experienced and committed Adoption Support worker working with birth families and adopters as a member of the Adoption Team. There was evidence from a birth parent of sensitive, effective work with them. This was not reflected in the files and few of the Forms E 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.

There was a Letter Box system in place to allow indirect contact between birth parents, children and adopters. The inspectors were concerned about the limited administrative support this received and that both adopters and birth families had experienced difficulties with the system.

### **Adoption Panels and Agency Decisions.**

#### **3 of the 4 standards assessed were not met and was partly met.**

The adoption panel policies and procedures were in draft at the time of the inspection and although in compliance with National Minimum Standard (NMS) 10.2 it may be considered appropriate to specify a notice period for panel members.

The checks, references and details on panel members and their signed agreements are not in place on all members' personnel files.

There had been difficulties in ensuring the panel was quorate. This had led to a number of panel cancellations. The manager had identified the difficulties and there had been no cancellations in the two months prior to the panel observation. There was evidence of a clear child focus in the observed panel.

Adopters were invited to attend panel and the inspectors noted the practice of the panel adviser visiting applicants prior to panel, as being good practice.

Panel minutes were full, detailed and gave a clear record of the meeting. The inspectors felt there was a need to strengthen the administrative support for the panel to include the preparation work and support the manager in the changes introduced.

The decision maker did not receive the panel papers at the same time as panel members and there was delay identified in the decision maker having the minutes and in the letters confirming decisions being sent out.

### **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 was knowledgeable and experienced in childcare and in management and has gained knowledge of adoption work since appointment. She is a qualified social worker and has a Diploma and NVQ in Management. It was to her credit that the service was able to cope with inspection at a time of strain and change.

### **Provision and Management of the Adoption Agency.**

#### **2 of the 3 standards assessed was almost met and 1 was not met.**

The inspectors were concerned that as a manager new to adoption there had been limited senior management support and although a consultant was available, the adoption manager had received supervision once since appointment in December 2003. This came at a time when the service was under strain and experiencing a number of changes.

Communication was identified as a weakness in the management of the service. This was particularly so in relation to the planned move of the Adoption Team to new premises.

A written report should be provided, at least every six months, for the council on the progress of the service. There was a need for monitoring to become clearer and more effective in changing poor practice.

A written protocol should be established on the use of specialist advisers.

### **Employment and Management of Staff.**

#### **4 of the 5 standards assessed were partly met and 1 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. There appropriate CRB checks in place and a system for their renewal. The personnel records did not comply consistently with the information required in regulations and there needed to be a record of the formal interviews, which had taken place.

There were concerns about the impact of poor communication within the council. This was identified from a number of different quarters and had a particular impact on staff experiencing significant change. Despite the difficulties staff remained committed to their work and to the development of the service. Staff commented positively about the access and availability of appropriate training.

The organisation of the administrative support raised concerns about how this was viewed in the overall provision of the service and areas are identified in this report in relation to this issue.

It was positive to note that with the planned move the intention was for all staff to have access to their own computer.

### **Records.**

#### **3 of the 4 standards assessed were partly met 1 was met**

There was a council policy on recording. The effect of this in practice was mixed. The adopters' files were well organised. It was positive to note the files contained records of supervision decisions signed by the manager. The children's files were inconsistent in their use of LAC documentation and the quality of Forms E was generally poor.

Information was reported to be readily available to other placing authorities.

The storage arrangements for adoption files needed to comply with the adoption regulations and at present this was reported not to be the case, but would be addressed when the team moved to new premises. This needed to be supported by a written policy on storage of adoption information.

Personnel files need to address the shortfalls in the records specified in NMS 28.2

### **Fitness Of Premises**

**This standard was not assessed**

Due to the imminent move of the adoption service to new premises this standard was not inspected.

**Questionnaires**

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

**Adopters and Prospective Adopters**      returned 11

**Birth Families**      returned 2

**Placing Social Workers**      returned 4

**Specialist Advisers**      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**

| <b>STATUTORY REQUIREMENTS</b>  |            |          |                  |  |
|--|------------|----------|------------------|--|
| 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 Local Authority Adoption Service Regulation 2003<br><br>2(1)<br>Schedule 1 | LA1        | The service must review its Statement of Service to provide current information and ensure complies with Schedule 1 of the Local Authority Adoption Service Regulations 2003.                                    | 30.5.05  |
| 2   | The Local Authority Adoption Service Regulation 2003<br><br>12(2)              | LA2        | The service must inform the Commission for Social Care Inspection of the recommendations for the Part VIII Review which was underway at the time of the inspection and of their action plan in relation to this. | 29.4.05  |
| 3   | The Local Authority Adoption Service Regulation 2003.<br><br>9(1) (b)          | LA1        | The service must provide a written procedure to be followed in the event of any allegation of abuse or neglect of children placed for adoption.  | 31.3.05. |

|   |  |                  |  |           |
|---|--|------------------|--|-----------|
| 4 | The Adoption Agency Regs 1983<br>8 (2)<br>Schedule Part VI                         | LA25LA4          | Full and accurate information must be recorded on all prospective adopters.  | Immediate |
| 5 | The Adoption Agency Regs 1983<br>7 (2)<br>Schedule Part I                          | LA5              | Full and accurate written information should be provided by the service for adopters considering a match with a particular child.  | Immediate |
| 6 | The Local Authority Adoption Service Regulation 2003.<br>15(1)<br>Schedule 4.      | LA11             | Records must be maintained in relation to all panel members as specified in Schedule 4. CRB checks and a signed confidentiality agreement must be in place before members assume their role. | Immediate |
| 7 | The Adoption Agency Regs 1983<br>3(a)(b)   | LA25LA12         | Full and accurate information must be available to the adoption panel in consideration of matters relating to the adoption of children and recorded on the child's file.                     | Immediate |
| 8 | The Adoption Agency Regs 1983  | LA13             | Notification of the service's decision is made in writing as soon as possible to the adopters concerned.   | 30.5.05   |
| 9 | The Local Authority Adoption Service Regulation 2003.<br>6(2)<br>Schedules 3 and 4 | LA28LA19<br>LA15 | The service must ensure that personnel records comply with the requirements of Schedules 3 and 4.  | 30.5.05   |



|    |  |          |   |         |
|----|--|----------|---|---------|
| 10 | The Local Authority Adoption Service Regulation 2003. 10       | LA21LA20 | There must be sufficient staff, including administrative staff, working for the service to provide an efficient and effective adoption service.   | 30.6.05 |
| 11 | The Local Authority Adoption Service Regulation 2003. 12(2)(a) | LA23     | The council must ensure that the background information provided for and about children, whose plan is adoption, is accurate and of good quality. Training must be provided to facilitate an improvement in the standard of work. | 30.6.05 |
| 12 | The Adoption Agency Regs 1983. 14(2)(3)                        | LA27LA25 | Adoption records must be kept in a place of special security so long as is considered appropriate.  | 30.6.05 |

#### GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

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

| No. | Refer to Standard * | Recommendation Action  |
|-----|---------------------|--|
| 1   | LA11.4              | The Children's Guide should be finalised and provided in formats accessible to the range of children needing adoption.             |
| 2   | LA11.6              | The service's review of the policies and procedures of the adoption service should be finalised.                                   |
| 3   | LA11.7              | All staff, including children's social workers, should have a copy of the Statement of Purpose                                     |
| 4   | LA22.2              | Further efforts should be made to reduce the number of children waiting for adoptive placements.                                   |
| 5   | LA3 3.3, 2          | Clear recruitment plans should be formalised in writing, including the eligibility criteria and provided for prospective adopters. |
| 6   | LA44.7              | Care should be taken to ensure prospective adopters are prepared and assessed with respect and sensitivity.                        |

|    |                 |  |
|----|-----------------|--|
| 7  | LA44.9          | Systems should be established to ensure prospective adopters are kept informed of progress throughout the process of their assessment.   |
| 8  | LA5<br>5.1,16.7 | Written information should be provided to adopters about the matching, introduction and placement process and support to facilitate this, including information about the role of the Adoption Register for England and Wales. |
| 9  | LA55.3          | The form devised by the service to record the information identified in NMS 5.3 should be in place on all approved adopter's files.  |
| 10 | LA66.1          | Action should be taken to provide effective the support identified in the adoption support plan.   |
| 11 | LA66.3          | The arrangements in place to support inter-country adopters should be made explicit in a written policy and procedure.   |
| 12 | LA77.4          | The service level agreement should be finalised to provide appropriate independent support for birth parents.  |
| 13 | LA88.2          | The service should allocate an appropriate amount of time to the recording of information about children's early life experiences. This should be supported through training and advice for workers.                           |
| 14 | LA99.1          | A clear strategy should be devised for working with birth parents and birth families.  |
| 15 | LA1010.1        | The draft policies and procedures in relation to the adoption panel should be finalised. Consideration should be given to the inclusion of a notice period for panel members.  |
| 16 | LA1212.1        | Effective use should be made of staff with appropriate skills in organisation and administration to ensure the smooth operation of the panel system.   |
| 17 | LA16            | The service should ensure that effective communication exists at all levels of its operation.  |
| 18 | LA17            | The executive side of the council should receive a written report on the management and outcome of the services of the adoption service every six months to monitor its progress.  |
| 19 | LA18            | A written protocol should be provided governing the work of the specialist advisers to the adoption service.   |
| 20 | LA21            | Effective systems of communication should be established throughout the adoption service.  |
| 21 | LA22            | The service should use the review to establish effective communication with staff and evidence that their views are valued.  |
| 22 | LA27            | A written policy should be established in relation to the storage of confidential 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  | NO       |
| 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 adviser (s)  | NO       |
| 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  | 29/11/04 |
| Time of Inspection  | 09.30    |
| Duration Of Inspection (hrs)  | 58       |
| Number of Inspector days  | 7.7      |
| 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)   | 6        |

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?

2

#### Statement of Purpose

The Statement of Purpose was approved by the council just prior to the inspection. Although the Statement addresses many of the areas needed there was a need to focus the information on what the adoption service provides rather than stating what is required in regulation and standards. Some basic information, such as the address for the service was in need of updating and adding. The manager was aware of these issues and of the need for the document to be reviewed by the council.

Managers believed all staff had been issued with a copy of the Statement of Purpose. Information gained during the inspection demonstrated that while some staff were aware of this document others stated they had not seen a copy.

#### Children's Guide

At the time of the inspection there were two Children's Guides in use, a BAAF leaflet and a West Midlands Regional Family Placement Consortium leaflet. There was also a "Sandwell Children's Guide to Adoption" which was out for consultation at the time of the inspection. None of these documents fully complies with National Minimum Standard (NMS) 1.4. There was a need to give some idea of the time scales at each stage and to make it accessible to the range of children needing adoption. It was noted that the current Guide was available in other languages, Braille and on audiotape.

#### Policies and Procedures

The inspectors were informed that the policies and procedures for the service were under review, which was due to be finalised in spring 2005. The review must correct the omission of Child Protection Procedures in relation to children placed for adoption.

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?

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?

NO

## 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

As part of the Black Country Consortium Sandwell has jointly funded the Adoption in the Black Country project (ABC). The consortium had planned recruitment for the whole region. The "Adoption In the Black Country" project was first set up in November 2002; there was an evaluation report of this project and one of the objectives of this collaboration between the four authorities was 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" gave evidence of the market needs and the trends in relation to recruiting adopters and matching children to families. The four authorities had pooled resources to recruit adopters for hard to place children. A marketing officer was employed and supervised by Dudley on behalf of the consortium. There was 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. Social work staff alongside their other duties had traditionally undertaken this role and the development of this particular post used the skills of someone experienced in recruitment and marketing working alongside experienced social work staff. Staff viewed this development positively but were also conscious of some delays between prospective adopters contacting ABC and Sandwell staff being able to respond.

Recruitment of adopters for younger children was incorporated in the strategy for the recruitment of foster carers. The inspectors were informed that this approach was to be reviewed as part of the review of the service.

Children's needs were identified through the use of the matrix of need, which was completed at the referral meeting to refer to the adoption service, following the statutory review recommendation. This document was reviewed and revised at the matching meeting.

There was evidence from the cases considered of exploration of the issues and planning for siblings to be placed together. It was reported that social workers were encouraged to use a "sibling relationship checklist" as part of their guidance in decision making.

There was evidence that where the needs of children could not be met by placement within the borough or the Black Country Consortium that appropriate placements were purchased. This view was endorsed by placing social workers.

Although there were some positive developments in recruitment and placements there was concern about the number of children still waiting for a match and the impact this had on these individuals. The system for monitoring this information needed to be reviewed to ensure that any delays are minimised.

### In the last 12 months:

How many children were identified as needing adoptive families?

41

How many children were matched with adopters?

27

|  |    |   |
|--|----|---|
| <b>How many children were placed with the service's own adopters?</b>  | 7  |   |
| <b>How many children were placed with other services' adopters?</b>  | 20 |   |
| <b>How many children were referred to the Adoption Register?</b>   | 0  |   |
| <b>This information not available</b>  |    |   |
| <b>In the last 12 months, how many children were matched with families, which reflected their ethnic origin, cultural background, religion and language?</b> |    |   |
| <b>Additional information;</b>   |    |   |
| <b>1 child of Chinese heritage was placed with a couple of mixed heritage.</b>   | 26 |   |
| <b>1 child of mixed heritage was placed with a white couple who had previously adopted her siblings.</b>   |    |   |
| <b>What percentage of children matched with the adoption service's adopters does this represent?</b>   | 99 | % |
| <b>How many sibling groups were matched in the last 12 months?</b>   | 3  |   |
| <b>How many allegations of abuse or neglect were made about adopters approved by this adoption service?</b>  | 0  |   |
| <b>On the date this form was completed, how many children were waiting for a match to be identified?</b>   | 71 |   |



## 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**

At the time of the inspection there was no written information available for adopters although the inspectors were informed it was being developed as part of the service review. Currently information is given verbally during the initial visit to prospective applicants. The inspectors found there was some confusion among adopters about the information they had received and some questioned the openness and fairness of the process. An example of this was where adopters described being given different information about what was required of them at different stages in the assessment process.

The eligibility criteria for adopters would be assisted if it identified the range of people who would be considered. For second-time adopters the criteria for when they will be considered for a second assessment needs to be clearly stated in the information they receive at the start of the process.

Written information was available for inter-country adopters. Comments were received during the inspection which indicated that prospective adopters found this lacking in relation to dealing with changes in culture and managing a child who had been in an institution. The inspectors were informed that there had been developments in the authority's work with inter-country adoption and that there was the possibility of more integrated work across the Black Country Consortium to address this.

There was evidence of the service's ability to prioritise assessments in relation to specific children. The work in focusing on groups of children where finding placements was more difficult was patchy. There was some positive work within the ABC with it's focus on the over fives. There was also evidence that adopters offering sibling group placement were not consistently given priority.

Information about support for adopters was variable, some adopters were clear about what was available but there was clear and useful information available about the preparation course. There were changes reported in the provision of support groups. The agreement with Adoption UK had been renegotiated and was funded jointly with Dudley MBC.

There was generalised information available about the needs of local children with adoption as their plan. The inspectors were informed by a range of staff that the majority of Sandwell's children who needed adoptive placements needed to be placed outside the borough due to the size of the area. It would be helpful if this information was included when the written information was provided.

**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 Sandwell 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, consisting of the equivalent of five full days, run throughout the year, enabling prospective adopters to attend preparation training prior to the start of the assessment. The courses are run at different venues and at evenings and weekends, allowing a degree of choice for applicants. Prospective adopters were given a copy of the course programme prior to attending.

The four councils have shared information about their courses and ensured they understand the content of each other's preparation. Equal opportunities and anti-discriminatory practice were described as inherent part of the training. The course leaders provide written feedback to the assessing worker. If significant issues were raised during training it was reported that the course leader would contact the assessing team to discuss them.

The programme was evaluated at regular meetings of the Consortium where evaluation forms completed by applicants are considered.

While the course was appropriate and comprehensive for the majority of adopters there was an acknowledged deficiency for inter-country adopters. There were clearly fewer inter-country adopters, which made it difficult for workers to build-up knowledge and expertise. The manager reported there was progress in 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.

The quality of assessments was mixed. Some were reasonable, well ordered and full. Others lacked a chronology, had dates incorrectly ordered and gaps in employment history. None of the memoranda referring to Criminal Records Bureau (CRB) checks had the reference number to relate them to the specific applicant. There was some effective use of competencies but this was not consistent on all files.

Information from adopters gained during the inspection indicated a variety of experiences during the assessment process. Some were very positive and had appreciated the way in which the assessment was completed. One adopter said they "admired the professionalism of the assessing social worker, made our life easier". Other adopters commented that their assessing worker lacked knowledge and others that there was a lack of sensitivity in the approach used and of consistency in response to issues raised, such as experience of childcare. Communication was cited as being problematic by a number of adopters, both in relation to prospective adopters and within Sandwell. The questionnaires illustrated that of the 11 returned 3 felt they were never kept informed, 4 were sometimes informed and 2 that they were always informed. One adopter commented that having been contacted about a possible link soon after approval, eight months on they were unaware of whether they had been considered.

**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

At the time of the inspection information about matching and support was passed on verbally to adopters. The inspectors found that most adopters were clear about the process of matching and were directly involved in the planning of introductions although there was less clarity about the Adoption Register. There were examples of difficulties with communication from some adopters. One was from adopters who felt they “had to ask “ and “cajole” to get information. Placing social workers were positive about the Matching Meetings and most saw the development of Life Appreciation Days positively. One comment was received that these were “too formal” and needed to allow for more exchange of information between direct carers of the child more than the professionals involved.

There was evidence that adopters were aware of the significance of information about a child’s past and valued it appropriately. There was also evidence from adopters of the completion of Life Story books. There were comments about the poor quality of some of this work and of delays in it becoming available. The Borough needs to recognise the importance of this work and allow appropriate time for its development.

The service had developed a new form to record the information required in NMS 5.3. While the inspectors saw the form there was no evidence of it being in use on any of the files seen. Information about adopters was collated in their “Family Book” and there was evidence that some adopters had also made videos. It was reported that workers from the Barnford Placement Support Centre would work with carers and social workers in introducing this information to children.

While there were some encouraging developments there was a need for practice to be of a consistently good standard in providing full and accurate information for adopters and children placed for adoption.

**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**

All adopters were given membership of Adoption UK for a year from approval. There was evidence on the files seen of Adoption Support Plans being completed. These addressed issues of financial and practical assistance required at the point of placement and in the future. There were issues relating to the ease with which it was possible to put these plans into practice. There were examples of delays with financial assessments and some conflicting information given to adopters, although the latter relates to a placement made more than a year prior to the inspection. There was also an example of delays in processing CRB checks for friends and relatives who were offering support to the adopters.

The service reported that it offered support to and monitoring of inter-country adopters once Sandwell had been notified of a match by the Department of Health. At the time of the inspection there was no written policy to support this.

The inspectors found adopters had a mixed view of the support offered by the service. One adopter described their social worker as “fantastic”, another that they “overall very pleased”. The level of work from some individuals was of high quality and demonstrated considerable commitment. However, there was an example of an adopter stating they had had no support since their link social worker had been on long-term sick leave and another of lack of support in attending panel, which had been difficult and distressing.

Workers were clear that importance of keeping information provided by birth families safe was stressed during training and placement preparation. This was reflected in information gained from adopters during the inspection. The message of the importance of this information needs to be maintained in the provision of good quality information from placing social workers, including Life Story books. There was evidence of the positive use of information by adopters in working with their children to understand their past and value their heritage.

Issues of diversity and the impact of discrimination were addressed in the preparation training. Post approval training was offered, and identified as necessary in relation to specific adopters.

In situations where a placement ends it was reported that a Disruption Meeting would take place. Evidence of a court case that would have demonstrated this process was unavailable due to the Part VIII review at the time of the inspection.

**Number of adopter applications started in the last 12 months**

4

**Number of adopters approved in the last 12 months**

8

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

7

**Number of adopters approved but not matched**

9

**Number of adopters referred to the Adoption Register**

2

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

0

## 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.

| <b>Key Findings and Evidence</b>   | <b>Standard met?</b> | <b>2</b> |
|--|----------------------|----------|
| <p>Some of the work by the service with birth families was undertaken by very experienced and committed staff. There was evidence from birth parents that they had been assisted in understanding the lifelong implications of adoption. The majority of information received indicated birth parents had been assisted in the adoption process by the work of the service. The inspectors were informed that Sandwell was in negotiation for a new service level agreement with “Adoption Support” in the West Midlands. This was to provide a more flexible and independent service than was available at the time of inspection.</p> <p>There was evidence on files of the recording of parent’s views and wishes in the matrix completed by the worker. There was evidence of the panel monitoring the information recorded on “Forms E” and staff reported a clearer expectation that parents should have signed these documents and the need for explanations if the signature was not in place.</p> |                      |          |

### Standard 8 (8.1 – 8.2)

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

| <b>Key Findings and Evidence</b>  | <b>Standard met?</b> | <b>2</b> |
|---|----------------------|----------|
| <p>There was some positive work undertaken in terms of contact with birth families. The Adoption Support Worker had sole responsibility for the Letter Box system, with very limited administrative support. This was a major area of work for one worker to maintain. The inspectors received comments from both adopters and birth families about the efficiency of the Letter Box system. One example was of an adopter receiving birthday cards covering a two year period at the same time and another of a birth parent not receiving expected photographs with no explanation given.</p> <p>Information was received from some birth parents about efforts made by the Adoption Support Worker in helping to collate early life information, which assisted the parent in acceptance of the adoption.</p> <p>While there were examples of the completion of life story work and of Life Story Books this was viewed by birth parents and adopters as of variable quality. It is crucial for this work to be valued and workers to be supported in the provision of high quality work on information for children about their birth families.</p> |                      |          |

**Standard 9 (9.1)**

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

**Key Findings and Evidence****Standard met?****2**

The adoption support worker worked with commitment and enthusiasm with birth families. Information was received from three birth families, two spoke positively of their contact with this worker and of the impact it had on their acceptance of adoption. The inspectors did not see evidence that this work was part of a strategy for Sandwell's adoption service work with birth families, nor was there evidence of consistently passing on information about local support groups to birth parents. One of the three families who provided information was aware of these groups.

The skills, expertise and commitment within the staff group needed to be supported by a clear strategy for this work.

## 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.

| <b>Key Findings and Evidence</b>   | <b>Standard met?</b> | <b>2</b> |
|--|----------------------|----------|
| <p>At the time of the inspection the adoption panel policies and procedures were in draft, but did cover the areas specified in NMS 10.2. The service may wish to consider the addition of a notice period for panel members to allow time to recruit and appoint replacement members. The service invited all prospective adopters to attend panel. The panel adviser visited all those planning to attend prior to the panel. The inspectors noted this as an example of good practice, allowing the panel adviser to have first hand contact with new applicants. The service's procedures specify "the assessing social worker needs to be available to meet the applicants and settle them in the waiting room." The inspectors were made aware of a situation where this was not possible and the applicants described feeling unsupported although another worker was given the task of greeting them. Due to the vulnerability of applicants at this stage in the process care is needed in dealing with situations, which are outside the service's usual expectations.</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.

|                                  |                      |   |
|----------------------------------|----------------------|---|
| <b>Key Findings and Evidence</b> | <b>Standard met?</b> | 1 |
|----------------------------------|----------------------|---|

At the time of the inspection there were nine panel members. They appropriately reflected the multi-cultural community served and provided a range of experiences and gender mix. There was evidence of new members observing panel before taking on full responsibilities. It was reported and documented that members had attended a range of training. There was an acknowledgement that there was limited knowledge about inter-country adoption, which was being addressed with the other members of the Black Country Consortium. The details recorded on panel members did not comply with Schedule 4 of the Local Authority Adoption Service Regulations 2003. The inspectors were concerned that the record showed the CRB checks as outstanding on two members and that another two had not signed the confidentiality agreement.

|   |    |
|---|----|
| <b>Is the panel a joint panel with other local authorities?</b> | NO |
|---|----|

|   |    |
|---|----|
| <b>Does the adoption panel membership meet all of the statutory requirements?</b> | 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?****1**

The inspectors were concerned that the panel had been cancelled due to quoracy issues on at least three occasions during the year prior to the inspection. This had a direct impact on the service and was raised by adopters in their comments to the inspectors. It also led to delays in a number of areas of the adoption process. The team manager had taken steps to increase the number of panel members to prevent the situation recurring. This will be assisted by the move towards having a full panel membership of ten.

The Adoption manager who is also the panel adviser undertakes the organisation of the panel. The inspectors were concerned by the limited amount of administrative support available for the panel process. There was an effective minute taker who also booked the rooms for panel and sent out the panel papers but was very clear that he was not the panel administrator. The process of coordinating and chasing-up reports is a time consuming administrative task, which is often undertaken by a member of the administrative team as a panel administrator. The skills required in preparing and collating the panel papers relate to administration. The service needed to ensure a smooth and effective operation of its panel system using the appropriate skills of staff available.

The service needs to ensure it has an effective and efficient system for the organisation and operation of panels, which militates against panel cancellations.

The panel papers were sent to members in advance of panel giving appropriate time for the consideration of the information. In the panel observed by an inspector there were concerns about the quality of some of the information relating to children being considered. In one situation the team manager attending was unclear about the information included in the report. There were other examples of inaccuracies in Forms E and in one situation the matter was deferred due to the appropriate information not being shared with potential adopters. While this is not panel's responsibility the panel has a role in monitoring the information received and making clear to attending social workers and managers the standard that is expected.

The minutes of the panel meeting were fully and accurately recorded and members had an opportunity to make appropriate corrections

**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?****1**

There was evidence of delays within the decision making process. There was a delay of a week before the minutes are sent to the chair of the panel for consideration. The decision maker received the panel papers after the panel members had received theirs. While it was possible for the decision maker to have all the information available to the panel it was received at different times. There were letters on files seen by the inspectors, which showed a two and a half week and a seven week delay in letters being sent to approved adopters. This does not comply with the service's own draft standards based on the National Adoption Standards not does it reflect the regulation requirement to notify "as soon as possible after making a decision..."



## 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 was part of the local authorities social service provision for Sandwell. The Adoption manager had a Certificate in Social Work and a MSOCSC (social work). In addition to these professional qualifications the manager had a Diploma in the Management of Care Studies and an NVQ in Management. The manager had worked in childcare settings since qualification and had three years management experience prior to appointment as Adoption manager.

The current manager has the necessary skills to manage the resources of the service effectively. Since being in post the manager had gained more knowledge and experience in adoption work and members of the Adoption Team appreciated her approach and skill as a manager.

**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 who worked for the adoption service had information about their selection and appointment recorded on files held in the council's Personnel Department. CRB checks were in place on all the files selected. However, record of telephone confirmation of the references and a record of the interview were missing. The inspectors were given conflicting information by the manager and personnel staff about who was responsible for the telephone confirmation of references and the files demonstrated they had not been undertaken. The inspectors were informed by the Personnel Department that they had developed a system the renewal of CRB checks as part of the modernisation programme.

## 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?**

1

The manager at the time of the inspection had been attempting to effect changes in the organisation of the adoption service since her appointment. At her level of management there was evidence of communication with the team and of issues being raised and heard. There were regular planned supervision sessions and clear lines of accountability within the team.

The inspectors were concerned that there had been a period of a year when the post of Service Manager Family Placements was vacant. During this period no interim arrangements were made. This led to the manager having one supervision session within twelve months, although there was some consultant support available. There were no clear arrangements to identify who was in charge in the manager's absence. There was evidence of poor communication between senior managers and front-line staff. An example of this was the limited knowledge of staff about their new office, with a move date less than a week away the majority of staff, including the administrative manager had not seen the new premises. The inspectors were also informed that staff had not seen a floor plan of the building. There were also confused messages received by staff about the modernisation programme and the changes this would mean for staff and the teams they worked in. This level of uncertainty had an impact on staff and on their ability to maintain the adoption service.

There was an equal opportunities policy in place, which was supported by staff. The inspectors were informed that children and adopters were appropriately referred to the Adoption Register but that there was no written procedure to support this.

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

4

**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.**

|                                  |                      |          |
|----------------------------------|----------------------|----------|
| <b>Key Findings and Evidence</b> | <b>Standard met?</b> | <b>2</b> |
|----------------------------------|----------------------|----------|

At the time of the inspection the policies and procedures for the adoption service were under review. The management structure provided supervision for staff and it was reported that performance was measured within this process in response to the PAF indicators. The PAF indicators were also discussed within the children’s management group. There was evidence seen of supervision decisions on the files reflecting discussions that had taken place.

Information about the finances relating to the adoption service were available to purchasers and a monthly budget sheet, including financial support paid to adopters, was provided by the Finance Manager for the Adoption manager.

The cabinet did not receive a specific report on the adoption service. The panel monitoring reports were sent to the Head of Service and these were presented to the cabinet. This should be rectified with a report to cabinet on the activity of the adoption service, sent on at least a six monthly basis.

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

|                             |     |
|-----------------------------|-----|
| <b>Monthly?</b>             |     |
| <b>Quarterly?</b>           |     |
| <b>Less than Quarterly?</b> | YES |

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

|                                  |                      |          |
|----------------------------------|----------------------|----------|
| <b>Key Findings and Evidence</b> | <b>Standard met?</b> | <b>2</b> |
|----------------------------------|----------------------|----------|

The adoption service had specialist advice available from medical and legal advisers. This was available directly to staff and to the panel through the attendance of the medical adviser as a panel member and the legal adviser through their attendance at panel. Further specialist advice was sought when appropriate, for example BAAF and Adoption UK.

There was no written protocol governing the role of the specialist advisers and this needs to be rectified.

## 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

The staff employed in the adoption service were suitably qualified and experienced. There were CRB checks in place in relation to staff and the inspectors were informed that a renewal system for three yearly checks was in place. The personnel records did not comply consistently with the information required in Schedules 3 and 4 of The Local Authority Adoption Service Regulation 2003. Similarly although all staff talked of a formal interview process there was no record of this on the files inspected. The Training Development Centre maintained a record of staff training with a duplicate on supervision files. In the staff group there were two workers undertaking the Post Qualifying Child Care Award and one who already held the award. The team is therefore well on the way to having the appropriate number of workers in receipt of the award.

**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?**

16

%

**Standard 20 (20.1 – 20.12)**  
**Staff are organised and managed in a way which delivers an efficient and effective service.**

| <b>Key Findings and Evidence</b> | <b>Standard met?</b> | <b>1</b> |
|----------------------------------|----------------------|----------|
|----------------------------------|----------------------|----------|

The adoption service was under internal review at the time of the inspection. This was to establish how the service should be placed in relation to all the council's social services in the light of Sandwell's modernisation programme. The review was also to address issues of staff shortages and allocation of staff. The inspectors were concerned by the differing messages staff and the team manager had received about the modernisation programme. This was evident from a number of different staff groups. As referred to earlier the Adoption Team was due to move premises and there were significant issues relating to the effective management of these changes in the service.

The inspectors were informed that the modernisation programme and review of the service would address the issues of administrative support for the service. The plan to allocate a computer to each member of staff was viewed positively. It was hoped that the outcome for addressing the need for administrative support is also positive. The complex nature of adoption work militates against the administrative support being shared across an administrative team. The inspectors found evidence of lack of support for the Letter Box system and for the panel. There were also a number of examples of difficulties with communication both within the inspection itself and from staff and adopters, who felt they would have been assisted with specific administrative support for the adoption service. There was evidence of delays in the system prior to the start of the assessment in response to initial enquiries. The administrative process was not robust at this stage.

While there was no workload management system the adoption manager provided regular, planned supervision where caseloads were monitored. Informal supervision was also available. This process was valued by staff and seen as effective. This process was used to monitor assessment work.

Staff reported they were supported in undertaking training both in-house and externally. There was evidence that advice was available from other professionals when needed.

The contracts and job descriptions were maintained by the Personnel Department of the council, although job descriptions were not in place on all the files seen. Staff within the Team were aware of the Statement of Purpose for the service but not all placing social workers had the same awareness. The induction pack for new workers contained the information specified in NMS 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.

|                                  |                      |   |
|----------------------------------|----------------------|---|
| <b>Key Findings and Evidence</b> | <b>Standard met?</b> | 2 |
|----------------------------------|----------------------|---|

There were two vacancies for adoption social workers at the time of the inspection. There was concern among managers that even with full staffing the level was not sufficient to meet the needs of the service. The inspectors were informed that staffing levels were being considered as part of the service review. The manager was able to use sessional and contract staff to address some of the needs but delays were evident all stages of the process.

|  |   |   |   |
|--|---|---|---|
| <b>Total number of social work staff of the adoption service</b> | 6 | <b>Number of staff who have left the adoption service in the past 12 months</b> | 2 |
|--|---|---|---|

|  |   |
|--|---|
| <b>Number of social work posts vacant In the adoption service.</b> | 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.

|                                  |                      |   |
|----------------------------------|----------------------|---|
| <b>Key Findings and Evidence</b> | <b>Standard met?</b> | 2 |
|----------------------------------|----------------------|---|

It was recognised that the inspection came at a difficult time for the adoption service as staff were facing a Part VIII Review, the modernisation programme, a review of the service and a change of premises. Staff morale was low with the majority of individuals and there were questions about the organisation of the changes. Staff lacked confidence that the council would hear their concerns and be able to respond appropriately. The inspectors were told in a variety of setting that issues had been raised and not resolved (for example requests to see the new premises).  
 There was a written whistleblowing policy in place, which was reported to have been sent to all staff.

**Standard 23 (23.1 – 23.6)**

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

**Key Findings and Evidence****Standard met?****2**

New staff to the service had a Social Services Induction, which was led by the Personnel Department. For permanent staff this lasted for their first month of employment. Specific arrangements were made by the adoption manager for induction of sessional and agency workers.

It was planned that appraisal would be developed as part of the modernisation of children's services. At the time of the inspection there was no appraisal system and training and development issues were agreed through the supervision process. Team Meetings were used to keep workers abreast of changes and developments in legislation, guidance and case law. There were quarterly meetings with all Family Placement staff within the council. The Black Country Consortium had arranged training activities, which were viewed as valuable by staff.

While there was some positive training undertaken there was no comprehensive training programme for the staff of the service. The use of specialist training sources, such as BAAF, was positive but there was a need for this to be structured into a training plan for the adoption service. Although the Adoption Team need not undertake work on background information for children placed for adoption, there was a need to strengthen social workers' understanding of this work and improve the standard of provision. This was based on the standard of information on Forms E and the quality of Life Storybooks.

## 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

There was a clear council recording policy available. There was a corporate policy "Recording with Care" which provided policy and procedural instructions about computerisation, confidentiality, and storage. Although there was a back-up system for the council's storage of records there were no particular arrangements in relation to adoption records. This needs to be addressed.

Records were kept of CRB checks obtained for adopters. However, the record needed to show the individual reference number to trace it to the particular individual. The status of the check was clearly recorded.

The records on children's files were not consistent in the use of LAC documentation. As stated earlier the inspectors were concerned about the quality of recording on some children's files. There were examples of inaccuracies, confused dates/ and names on Forms E.

It was positive to note evidence of supervision decisions recorded and signed by the manager on adopters' files.

### 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?

3

The inspectors were informed that information was readily available from the service for other adoption agencies. Workers were invited to read the adoption service files and all known information was shared with prospective adopters regarding a child. There was evidence supporting this during the panel observation as part of the inspection.

A departmental policy was in place in relation to the Data Protection Act and Human Rights Act.

**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**

There was a written policy on case recording, "Recording with Care" which was in place for the council. The use of this policy in practice needed to be reviewed.

There were separate records kept in relation to staff, complaints and allegations.

There was evidence that records were monitored within the adoption service but a lack of confidence that this was in place for the children's files.

The inspectors were informed that the storage of records in the Adoption Team premises did not comply with the NMS but that the team were due to move to more appropriate accommodation where the storage would be appropriate. A written policy was not in place to address record storage.

**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**

While there were personnel files in place on staff and members of the adoption panel they were not comprehensive and none of those seen had all the records specified in NMS 28.2. The structure of the files could be improved as information was not easily accessible and files held loose sheets of paper.

## 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? | 0 |
|--|---------------|---|
| This standard was not inspected due to the imminent move of the service to other premises. |               |   |

**PART C**

**LAY ASSESSOR'S SUMMARY**

**(where applicable)**

Empty box for Lay Assessor's Summary.

**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 27<sup>th</sup> November 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  | <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 16<sup>th</sup> March 2005, which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.**

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

|  |                          |
|--|--------------------------|
| Action plan was required   | <input type="checkbox"/> |
| 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 CSCI inspection reports are public documents.



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

D.3.1 I \_\_\_\_\_ of Sandwell MBC 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                    A Saganowska

Signature                    \_\_\_\_\_

Designation                Executive Director of Social  
Inclusion and Health

Date                            10<sup>th</sup> March 2005

Or

D.3.2 I \_\_\_\_\_ of Sandwell MBC Adoption Service 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.

## Commission for Social Care Inspection

33 Greycoat Street

London

SW1P 2QF

Telephone: 020 7979 2000

Fax: 020 7979 2111

National Enquiry Line: 0845 015 0120

[www.csci.org.uk](http://www.csci.org.uk)

S0000059602.V209313.R01

© This report may only be used in its entirety. Extracts may not be used or reproduced without the express permission of the Commission for Social Care Inspection



The paper used in this document is supplied from a sustainable source