



Making Social Care
Better for People

inspection report

Local Authority Adoption Services

Cornwall County Council Adoption Service

Adoption and Family Finding Unit

13 Treyew Road

Truro

Cornwall

TR1 2BY

17th January 2005

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

Cornwall County Council Adoption Service

Headquarters Address

Adoption and Family Finding Unit, 13 Treyew Road, Truro,
Cornwall, TR1 2BY

Adoption Service Manager

Mr Colin Reed

Tel No:

01872 270251

Address

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Cornwall, TR1 2BY

Fax No:

Email Address

Certificate number of this adoption service

Date of last inspection

NA

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

NA

Date of Inspection Visit		17th January 2005	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	Maureen Moore	
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection		Helen Ferris ./ Colin Reed	

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INTRODUCTION TO REPORT AND INSPECTION

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

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

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

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

The report will show the following:

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

This report is a public document.

INSPECTION VISITS

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

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Cornwall County Council adoption agency has an adoption unit based in Truro with some staff operating from a smaller office base at Liskeard. Workers in the adoption unit have responsibility for the recruitment, preparation and assessment of applicants seeking to adopt a child. They also prepare and assess applicants who wish to adopt a child from overseas. The adoption unit provides a developing range of adoption support services, including regular visits, practical and financial help in some circumstances and access to specialist support. In particular, regular consultation is available from the Psychology services. Childcare social workers based in six district teams have responsibility for the children in Cornwall for whom adoption is in their best interests. They link with the adoption unit to identify appropriate matches, and support for those children in their placements. The adoption unit offers counselling and advice to birth family members.

The adoption panel meets twice a month. The Director of Social Services is the agency decision maker.

The agency is a member of the South West Consortium of adoption agencies, and this link may be used to identify placements for children outside the county if necessary.

The adoption unit co-ordinates an adoption post-box service.
Step-parent adoptions are also dealt with by the adoption service.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

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

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

Inspectors were told that the local authority welcomed this opportunity for an inspection of the service. A children's service inspection was also underway at the time of this inspection and there was regular liaison between the inspection teams.

It was understood that the council was committed to developing adoption services to meet the challenges of the changing legislative framework and to the promotion of best practice and the expansion of its services. The management acknowledged that there had been a tendency to more inward-looking policy and practice. A developing approach which embraced greater flexibility and responsiveness was evidenced by, for example, the relatively recent membership of BAAF by the agency, and a more proactive approach to attending consortium meetings and participating in consortium events.

Performance indicators demonstrate that the council is achieving improvements in the duration of time between best interests decision and placement, and duration of time before adoption. There was a steady 7% plus rate of adoption from the looked after children population.

The changing legislative framework aims to make the process of adoption more efficient and transparent and inspectors noted that a culture is being established in Cornwall which will encourage a greater clarity of policies and procedures. Inspectors heard a number of references to adoption services having been 'shrouded in secrecy' and that staff were feeling encouraged by a more open style encouraged by the Head of Service.

Inspectors found a high level of commitment in the organisation, supported by administrative processes, to ensure that adoption information was secure, that children's identities within their adoptive families was protected. At the same time there was a need for greater clarity about how the service was going to address contact arrangements, both direct and indirect, which was an issue for several of the examples examined by the inspectors.

The adoption service included workers with an extensive range of experience and breadth of knowledge. Social workers in childcare teams gave favourable feedback about the adoption workers. Inspectors found a high level of commitment within the adoption team and an eagerness to develop services and work constructively with the childcare teams. Adopters spoke very positively about the support and input they had from the adoption team. Their

views had been sought and they were generally pleased with the service. In some cases inspectors considered that they would benefit from more robust preparation and support services.

It was disappointing to see that plans for the development of policy and practice to meet the National Minimum Standards, introduced since April 2003, were at such an early stage.

This inspection has highlighted some shortfalls which the adoption team is now in a better position to address. A manager has been appointed who will have operational responsibility for the day by day functioning and performance of the team. This will give the agency an opportunity to focus on and clarify the roles of more senior management to ensure adequate and proactive strategic planning.

The agency has had, and is planning some significant changes in the structure and scope of the adoption services. This report will make frequent references to developments that are being proposed. Inspectors have indicated that it would be appropriate for the inspection team to revisit the agency for a follow-up visit to consider how the plans have been implemented.

Seventeen survey responses were received from adopters. Five sets of adopters were visited by inspectors. In general adopters spoke positively about the service they received. Comments include: 'the process has been a joy', 'an enjoyable experience', 'overall we have been very happy with the process', 'we have been very impressed by the professionalism, understanding and kindness of everyone whom we have met during the approval process and by a real sense of commitment to all concerned but primarily to the children', 'we are completely satisfied with our social worker', 'we have only good comments to make about the whole process'. Several adopters commented about delays in the process, and there were several references to staff shortages or staff sickness.

One placing authority responded to the survey. Five placing social workers returned questionnaires in respect of ten children, and a small group of social workers was interviewed in the course of the inspection. There were many observations about effective working relationships and some constructive comments about possible areas for development.

One survey response was received from a birth family member which made extremely positive comments about the service.

Statement of Purpose (Standard 1)

This standard was not met

There was a statement of purpose which had been approved by the executive side of the council in December 2004. Policies and procedures were being updated although there was significant work to be done to ensure staff were working within a clear policy framework. The agency had introduced the BAAF children's guide. The children's guide needs to include agency specific information and this had not yet been done. Inspectors were informed that the agency proposed to develop a local one.

Securing and Promoting Welfare (Standard 2)

This standard was partially met

The agency had a written recruitment plan and there was a regular range of advertising. The plan did not include any strategic oversight about the evaluation of strategies and the needs of children likely to need placements.

Prospective and approved adopters Standards 3-6)

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

Prospective adopters were provided with written information and invited to information evenings. Adopters generally reported they were satisfied with the pre-approval information and with the response they had received from staff, although there were several references to having to 'chase' what had happened to their enquiry. Clearer information about the agency expectations is recommended. Several adopters were surprised at and frustrated by the delays they had experienced. The preparation programme was to be revised and it is recommended that there should be more focussed evaluation. There was no specific preparation for intercountry adopters although this was being considered. Files read indicated that there was a thorough approach to statutory checks and references.

Assessments were undertaken within appropriate timescales. Inspectors noted a variable quality of assessment work. A number of shortfalls were identified in some cases including a lack of analysis, and insufficient attention to health and safety factors. Adopters generally reported positively about their experience of assessment. The agency was planning to implement a process of post approval training for adoption. The process by which matching decisions were arrived at was not clear. Adopters were given individual support from their link workers and a number of examples were seen of practical and financial support provided to support placements. There was a developing adoption support strategy.

Birth Parents and birth families (Standards 7-9)

These three standards were partially met.

There was evidence that the views of birth parents and families were sought and recorded. Adoption planning meetings were attended by birth family members. The reports prepared by social workers did not always evidence that the information was being sought to help inform the adopted person. It was regular practice for an adoption unit worker to offer counselling and advice about the process of adoption, and about issues of contact. This is a helpful service, but inspectors do not consider that it is a sufficiently independent provision. There was evidence that birth parents were encouraged to contribute to the maintenance of their child's heritage although workers indicated that this was an area for skills development. The agency was supporting direct and indirect arrangements for contact.

Adoption Panels and Agency Decisions (Standards 10-13)

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

The policies and procedures for panel had been updated but there was a need for further revision to include all elements as specified in the standard. The quality assurance role of the panel needed to be developed further. Panel generally met twice a month. Applicants attended panel. It was properly constituted but inspectors consider that a review of the membership and some of the procedures would be beneficial. An induction and appraisal process for panel members was being introduced. Training was available including joint training with agency staff. Panel was observed to be conducted efficiently. There was a robust decision making approach from the Director of Social Services, but some of the procedures and practice around the process should be reviewed.

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

Both these standards were met.

The nominated manager of the adoption agency had relevant experience and qualifications for the role. Formal management training has been recommended for the newly appointed adoption manager. It was also recommended that the roles and responsibilities within the management structure should be reviewed to ensure appropriate leadership for the challenges in driving forward service improvement.

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

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

Inspectors found that roles were not clear amongst the managers in the adoption service. A review of the arrangements at a strategic level would be timely and is required. The appointment of the adoption manager and the plan to delegate some responsibilities to senior practitioners has provided an opportunity for operational and practice issues to be appropriately managed. Staff were unclear about the decision making processes. There was insufficient awareness of the promotion of an anti-discriminatory ethos and practice. There were regular meetings of the Head of Service and the council's portfolio holder for children's services. It was proposed that reports would now be submitted to the Health and Social Care Overview and Scrutiny Committee on a six monthly basis and this is recommended. Medical and legal advisers were available to the adoption service. Advice was also regularly available from the Psychological service. Written protocols had been devised to govern the arrangements made with advisers.

Employment and management of staff (Standards 19-23)

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

The recruitment procedures need some updating to ensure that adequate safeguarding practices are demonstrated. The requirement for staff to have up-to-date CRB checks was well understood by the adoption manager although it was not evident to inspectors if this was clear to the personnel department. All social work staff were appropriately qualified. Some training needs were identified in relation to some specific areas. The adoption team had been recently restructured with the appointment of a manager and two senior practitioners. Supervision and appraisal systems had not been regularly implemented. There had been staffing pressures in the childcare teams. Adoption workers often undertook the child care role following placement. There was some dissatisfaction about pay differentials and the lack of cover for staff taking the Child Care Award. There was a training plan for the adoption service. Staff had access to internal and external training opportunities and there was evidence of staff being kept updated about policy development and legislation. Training needs were identified and a review of the training available is recommended.

Records (Standards 25-28)

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

There was a written policy and procedure for case records. The adopters' case records were reasonable although there was insufficient evidence of decisions by supervisors being recorded on files. There was a policy of opening a separate adoption file for each child although practice was not always clearly in line with regulations. Adopters' files contained the required records of status, health and CRB checks, enquiries and written references. Commendable attention was given to procedures for ensuring security and confidentiality.

There were clear procedures for working with other adoption agencies. There was guidance about access to adoption case records. Separate records were kept of complaints within the corporate structure but inspectors recommend that there should be a more systematic approach to collating information about complaints concerning the adoption service. Personnel files did not clearly document the required information and an audit is recommended. Panel members' files were being developed.

Fitness of Premises (Standard 29)

This standard was met.

The adoption team operated from adequately equipped and suitable premises in Truro, with several members of the team working from another office in Liskeard. There was an appropriate security system. The inspectors were informed that there were adequate measures to safeguard IT systems. There was a good example of a specific Disaster Recovery Plan which addressed the safeguarding of adoption records.

Reports and Notifications to the Local Authority and Secretary of State

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

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

NA

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

NA

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

NA

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

NA

The grounds for the above Report or Notice are:

Not applicable.

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

Requirements from last Inspection visit fully actioned?

NA

If No please list below

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

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

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

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

STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	LAAS Regs 2003 3(1)	LA1	The local authority must have a children's guide to the adoption service which includes specific information about the agency as listed in Schedule 2.	30.04.05
2	AA Regs 1983 8(2)	LA4	The assessment of adoptive parents must include full particulars of the applicants.	30.04.05
3	LAAS Regs 2003 7(1)	LA16	Management of the adoption service must be reviewed to ensure that the service is managed with sufficient care, competence and skill.	30.04.05
4	LAAS Regs 2003 12(2)(a)	LA20	The local authority must ensure that all persons employed by the authority for the purposes of the adoption service receive appropriate training, supervision and appraisal.	30.06.05
5	LAAS Regs 2003 10	LA21	The local authority must ensure there is a sufficient number of suitably qualified, competent and experienced persons working for the purposes of the adoption service.	30.06.05
6	AA Regs 1983 7(2)(a)	LA25	A case record in respect of each child being considered for adoption must be set up, must be accurate and contain the required information. Adoption case records	30.04.05

7	LAAS Regs 2003 11(3)(d) 15(1)	LA28	Staff and panel members' records: There must be full and satisfactory information as specified in Schedule 3, and the local authority must maintain and keep up to date the records as specified in Schedule 4	30.04.05
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GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

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

No.	Refer to Standard *	Recommendation Action
1	LA2	There should be a written plan for recruitment which includes the evaluation of effective strategies to recruit adopters to meet the needs of the range of children waiting for adoption locally.
2	LA2	The process of matching should be underpinned by a clearer policy framework.
3	LA3	The agency should produce clearer information about what is expected of prospective adopters at the pre-assessment stage.
4	LA3	Policy documents about eligibility criteria should be updated.
5	LA3	Applicants should be given the opportunity to talk to others who have adopted children.
6	LA4	The agency should evaluate the effectiveness of the preparation programmes and review this annually.
7	LA4	The agency should review the assessment of adopters to ensure more consistent practice and more analysis.
8	LA4	More specific attention to health and safety issues should be documented in the assessment of adopters.
9	LA5	There must be clear written information about the matching process made available to adopters and social workers.
10	LA5	Opportunities for post approval training of adopters should be developed.
11	LA6	The agency should develop an effective placement support strategy.
12	LA7	The agency should consider using the Form E format and promote understanding of the significance of this document.

13	LA7	Independent counselling should be provided for birth parents and birth families at the point at which adoption is identified as the plan for the child.
14	LA8	The agency should adequately support and train workers undertaking life story work.
15	LA9	The agency should develop a clear strategy for working with birth parents and birth families.
16	LA10	The agency should revise policies for the adoption panel to ensure that they include all elements as outlined in Standard 10.
17	LA10	Procedures at panel should be reviewed with consideration given to, for example, personal introductions.
18	LA11	The agency should consider seeking a less management focused, more diverse range of people for panel membership
19	LA12	The agency should review the volume and nature of material being presented to panel.
20	LA12	The evidence that permission has been sought for court reports to go to panel should be made available on a case by case basis.
21	LA13	The procedures and practice around the decision making process should be reviewed, for example to introduce letters from the decision maker, for the decision maker's comments to be routinely made known to panel.
22	LA14	The newly appointed manager in the adoption unit should have access to management training.
23	LA16	The adoption agency should consider systems which more pro-actively promote anti-discriminatory practice and a higher level of awareness.
24	LA17	The executive side of the council should receive written reports on the management and outcome of the services of the adoption agency every six months.
25	LA19	Recruitment procedures should be reviewed to include that telephone enquiries are made to verify references, and that this is documented; that gaps in employment should be addressed in the application form and considered at the interview, that references are obtained for all candidates, and that a record of the interview should be retained.
26	LA19	Social workers undertaking birth records counselling must be trained and experienced in this type of counselling.
27	LA22	The agency should review the concerns expressed about the pay differential between childcare and adoption social workers.

28	LA23	The effectiveness of training programmes for staff should be evaluated with a particular focus on the knowledge and skills required for adoption work.
29	LA25	Decisions by supervisors should be recorded on case files, signed and dated.
30	LA27	Information about complaints should be collated within the adoption service.
31	LA27	There should be an effective system, which is implemented, to monitor the quality and adequacy of records in the adoption service.
32	LA28	Personnel files for employees working for the adoption service should be audited to ensure that they each contain the relevant information as required in these standards and regulations.

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

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	YES
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	YES
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	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	17/01/05
Time of Inspection	1400
Duration Of Inspection (hrs)	84
Number of Inspector days	9.5
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)	16

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?

1

There is a statement of purpose dated November 2004 which was presented to the Health and Social Care Overview and Scrutiny Committee in December 2004. This first statement of purpose will need revising once the proposed plans for the development of the service have been implemented.

The agency reported that there was access to interpreter services which had been used in a recent example.

The agency had identified that it intended to develop its own children's guide, with varied formats. Indeed, staff said they had made proposals about formats, and a draft had been produced but no further discussion had taken place. In the meantime the agency had introduced the use of the BAAF children's guide and this had been circulated to relevant staff. The guides seen by the inspectors had not been adapted to include agency specific information as specified in Schedule 2, and this is required. In particular this must give details of how a child may have access to the services of an advocate who is independent of the authority, and how to contact the children's rights director. Several staff commented on the limitations of the BAAF guide for younger children.

The agency had a range of policies and procedures, some of which were in urgent need of updating and others were clearly in the process of being updated. The self assessment documentation provided by the agency stated that procedures are currently being reviewed. Inspectors identified gaps where policy and guidance was not clearly available to staff in some critical areas. It was not always clear who was 'signing off' policies and the point at which they were 'owned', dated and distributed in the agency should be more systematically recorded.

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

NA

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

YES

Is there a children's guide to adoption?

YES

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

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

The agency had a written recruitment plan, and a specific member of staff had a key role in advertising and in promoting adoption locally. A recent series of adverts had produced a significant response and arrangements were being made for an information session for a significant number of enquirers. The adverts emphasised that the agency had a need for adopters for older children, sibling groups and children with special needs. Local newspapers and events were the key areas for recruitment activity. Local radio was not being used, for reasons unknown to the relevant member of staff. The recruitment activity was an ongoing programme and the inspector heard that there was a steady stream of enquiries. Examples were also seen of advertising for specific children, both locally and in Be My Parent. There were plans underway to develop a website.

The written plan described the methods, and proposals for advertising or publicity for the forthcoming year, but did not include any strategic oversight about the evaluation of strategies and the needs of the children likely to need placements. This is recommended.

The agency has acknowledged that it would be of benefit to arrange skills training on marketing and publicity.

Inspectors saw evidence of a commitment to place siblings together where possible. Children were placed in families which reflected ethnic origins, with prompt referrals to the consortium if necessary. Matching policy and procedures were not clear to inspectors (see also Standard 5) and social workers indicated that they were unsure of shortlisting and decision making processes. Inspectors were informed that over the last three years nineteen children have been placed out of county (just over 20% of placements made). The recent joining of BAAF and a more pro-active relationship with consortium partners were seen as positive developments and welcomed by staff and inspectors. A recommendation is made that the process of matching should be in a clearer policy framework.

In the last 12 months:

How many children were identified as needing adoptive families?

36

How many children were matched with adopters?

46

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

26

How many children were placed with other services' adopters?

2

How many children were referred to the Adoption Register?

21

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

46

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?

9

How many allegations of abuse or neglect were made about adopters approved by this adoption service?
On the date this form was completed, how many children were waiting for a match to be identified?

1
33

Prospective and approved adopters

The intended outcome for the following set of standards is:

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

Standard 3. (3.1 – 3.3 and 3.5 - 3.6)

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

Key Findings and Evidence	Standard met?	2
<p>Inspectors saw a well presented information pack. This included information about children who need families locally. There was clear information about Cornwall having an inclusive approach, 'considering each case on its own merits regardless of gender, marital status, disability, sexuality or age'. Adopters spoken with reported that they were provided with helpful information and that the information sessions were useful.</p> <p>There was a rolling programme of information sessions. Following these, interviews were offered with people wishing to pursue their enquiry and inspectors were told that the information sessions and interviews were used to indicate to people that applications would be prioritised of those people most likely to meet the needs of children. There were some references by adopters to having to 'chase up' what had happened to their enquiries. Several adopters expressed concern about the length of time that people waited at this stage. Nine survey responses specifically referred to delays of between three months and one year from their enquiry to beginning the assessment. Inspectors noted that the experiences of delays were very variable, with some adopters (five) referring to a very prompt response and others frustrated at a four month delay. The length of the overall process from enquiry to match was a concern for some, with six responses commenting on this. Timescales of 2 ½ years were referred to in one case. Inspectors were informed that the average length of time from enquiry to match is 72 weeks.</p> <p>The inclusive approach of the information pack was less clear in policy documents read which included the statement that applicants had to be married for three years. It was also less clear that policies and practice about, for example the assessment of same sex couples, were as inclusive as the information pack would indicate. Inspectors are aware that policies are being updated in these areas and this needs to be progressed.</p>	<p>Standard met?</p>	<p>2</p>

Inspectors recommend that information about what to expect in the assessment and approval process should be reviewed to make it clearer from the outset what expectations that the agency has in connection with applicants who smoke, applicants who may be having IVF treatment, and enquiries that may be made where applicants have had previous marriages. All these issues arose in cases examined by the inspectors and both staff and applicants would have been better served if a clearer practice framework was available.

Inspectors were told that the agency facilitated contact between prospective adopters and experienced adopters although this was not evidenced in the cases visited. A recommendation is made that this should be routine practice.

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**

Two day preparation programmes for prospective adopters were held on a regular basis, with four held in 2004, always at the same venue. Inspectors were told that the programmes were to be extended to three days and that content was being reviewed. The two workers who regularly facilitated the preparation programme were very committed and interested in developing the programme, acknowledging that it might be helpful to consider a more flexible choice to venues and days. They indicated that they regularly sought feedback from the prospective adopters and this feedback was routinely submitted with the final report to adoption panel. The workers themselves did not submit any feedback about their observations of and discussions with the applicants, although had previously submitted brief summaries.

The workers reported that they regularly reviewed the content of the programme in an ongoing way although there had been no formal evaluation on a regular basis with management oversight. Applicants were asked to evaluate their experience of the preparation sessions and this information was presented to panel. It is recommended that a more strategic and focused review of preparation should be made and reviewed on an annual basis. Inspectors considered that the content was at present more relevant for adopters of very young children.

Adopters in general commented very favourably about the assessment process, some referring to the process as being unobtrusive. Inspectors noted that the assessment of adopters was undertaken within carefully monitored timescales, and with a thorough approach to statutory checks and references. Good practice was seen in the regular contacts made with extended family members. A second opinion visit was made to applicants.

The quality of reports was variable. Some significant shortfalls were noted in some cases which highlighted areas for development of practice:

- There was inconsistent practice about contacting previous partners. The self assessment indicated that the agency was committed to making contact but this was not evidenced in cases examined. Workers' discussions with managers and decisions made about this in particular cases were not recorded. Inspectors were told that following up previous partners had been introduced in June 2004.
- Health and safety assessments were not undertaken in any consistent way, and follow up- for example, where a safety issue needed to be addressed, was not always evidenced. An adopter, visited during this inspection, reported that they had never been asked about having a gun, which indeed they did have.
- There was no specific reference to issues about safe care practice, and whilst this may have been dealt with in individual assessment sessions, in two cases visited the adopters' responses indicated that they were not well prepared for children's behaviours which might arise as a result of previous experiences.
- Issues raised by adopters were not always followed up with the level of scrutiny which the inspectors would have expected. For example, an adopter had disclosed issues about their early family life which were not addressed in the report. In another case the report did not indicate the outcome of a situation where a potential for risk had been identified.
- Reports sometimes were very descriptive, with insufficient analysis of some very critical issues. One example seen included inadequate exploration of the

personal relationships in a household. In another case chosen for tracking the lack of analysis about dynamics with adopters' own children was of considerable concern.

- Reports about visits to referees would have been enhanced with a professional analysis of the weight that could be given to that reference.
- Opportunities for a more evidenced based approach were missed with some assessments, for example documenting information about adopters' links with a nursery would have enhanced an assessment. Good practice was however seen in another example where adopters had been encouraged to gain direct experience and witness statements were sought from the relevant professional.
- There was variable practice about keeping the detailed record of assessment visits on file

It was not at this point the practice for reports to be written in the Form F format. Inspectors acknowledge this is optional although the agency might want to review the use of this, now that more active participation in the Consortium is established.

Second opinion visits were made which the inspectors regarded as good practice but possibly a more flexible approach to these could be helpful, for example being undertaken at an earlier stage of the assessment in some cases. The second visits were described as a significant aspect of the quality assurance role of the agency and adopters' written views are sought, often at the point when panel is very near. The adopters' views at this time may be significantly influenced by the stage they are at in the approval process. An adopter reported feeling under pressure to sign the report quickly.

Foster carers who applied to adopt the child they were caring for were invited to the preparation training. Applicants for intercountry adoption undertook the same preparation and assessment programme as other adopters. The facility of the South West Adoption Consortium was used to supplement the preparation programme. Inspectors heard positive views from adopters about how the preparation had been. There were also some links with support networks. Staff were planning to develop specific training for intercountry adopters and to set up a resource file. A training event was being planned for staff and panel members on 31st January 2005 which would inform this area of assessment and preparation practice.

Files indicated that CRB checks, references and other enquiries were undertaken and recorded appropriately.

Standard 5 (5.1 – 5.4)

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

Key Findings and Evidence**Standard met?**

2

The agency is developing a process for post approval training which was to be implemented with the expansion of the team. At this point the expectation was that the adoption team worker would visit soon after approval and maintain regular contact with approved adopters. Adopters said they were confident with the support that they received at this stage. The proposal for the introduction of post-approval workshops and on-going training is strongly supported by the inspectors. It was evident that information provided in the preparation stage had not been at a time when the relevance was significant. At the post approval point the detailed input about legal issues, more detailed guidance about safe care and the impact of abuse, and support needs, might be more valuable.

Inspectors struggled to understand the policy and practice in regard to matching. This was echoed by social work staff spoken to and also evidenced in a number of practice examples. It was acknowledged that this is an evolving system. A Matching Advisory Process was established to meet at least monthly, and review all children waiting and to consider potential placements. There has been a reconsideration of some previously established practices, for example the matching of voluntarily relinquished babies without prior discussion with the proposed adopters was the practice until October 2004 when a misjudgement about this resulted in a delay for a child and it was agreed at panel that this would not be repeated. An example was heard of social workers exchanging amongst themselves the details of proposed families which better suited the needs of their children than the matches they had been offered. In another example siblings had been included in the same brief matching report, rather than a separate report for each child. As stated at Standard 2 inspectors considered the policy and process of matching was in need of review. It was also noted by inspectors that effective matching was being achieved and the agency evidenced a low disruption rate.

Not all files indicated that there was a system to ensure adoptive parents had been asked to notify the agency if an adopted child dies (Standard 5.3), although this was addressed in some assessment reports. A clearer matching process could assist a more consistent approach to this issue.

Photograph books were prepared for the child by the prospective adopters.

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

YES

Standard 6 (6.1 – 6.7)**Adoptive parents are helped and supported to provide stable and permanent homes for the children placed with them.****Key findings and evidence****Standard met?****2**

There was an expectation that adoption workers would maintain regular post-placement contact and provide support. Adopters said they valued this input. There was a less clear expectation about the support available from the childcare teams. In a number of cases the social workers said they are discouraged from continuing involvement. Inspectors considered children should be entitled to separate monitoring arrangements. Advocacy services were not evidenced as involved in the cases of older children's files examined, although inspectors were informed that an advocacy service is available via the youth service.

The agency had links with a local self-help support group for adopters who are matched with a child from overseas.

Life story work was evidenced and adopters confirmed that the agency had advised them of the need to keep safe information provided to them by birth families. In one case this had been interpreted to mean the life story work was not to be easily available to the child.

There was limited evidence that attention was given to helping adopters understand the need for, and to develop strategies to address discrimination. This was an area of concern in view of the number of observations that were heard about pockets of intolerance that were perceived to persist in the area.

Examples were seen of significant support, practical and financial, being given to adopters in order to support placements. In the year preceding this inspection 9 adopters had been assessed for ongoing financial support and one off payments were also made, including a significant sum for an extension. The survey of adopters indicated that there was no clear information provided to them and several indicated they had never heard of any allowances.

The agency did not yet facilitate post-approval support groups or a regular pattern of training although plans for this were being developed. On a case by case basis, individual help and support was available. A survey undertaken to assess adopters' support needs was being analysed by the newly appointed senior practitioner for adoption support.

The agency's self-assessment recognised the 'changing and challenging needs of children who have complicated and distressed pasts. It is recognised that adoption support needs development in a number of areas, particularly managing challenging behaviours, dealing with autistic spectrum disorders and understanding the consequences of past experiences.' Strong support was available to adopters from the psychological service. Inspectors were impressed with the arrangements that the agency had made for this service to be available. It was reported that 24 adopters have received a total of 81 consultations with the Psychology service in 2004.

There was evidence of adopters being supported when placements were struggling or when there had been a disruption. The agency was seen to have sensitively supported adopters in one case, with good evidence of adopters and staff learning from the issues raised. This was not reflected in another example where inspectors noted that there had not been a disruption meeting

Some confusion was evident in adopters about post adoption contact. One said there was no plan, although annual letterbox arrangements had been agreed in court. Another example was seen in which insufficient attention given to post-placement contact expectations was causing distress to children and to adopters. A recommendation is made that the agency should develop its placement support strategy, to ensure more consistent practice.

Number of adopter applications started in the last 12 months	66	
Number of adopters approved in the last 12 months	32	
Number of children matched with the local authority's adopters in the last 12 months	26	
Number of adopters approved but not matched	41	
Number of adopters referred to the Adoption Register	28	
How many placements disrupted, between placement and adoption, in the last 12 months?	2	

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?	2
<p>Inspectors saw evidence on children’s files that the views of birth parents were sought and recorded. Adoption planning meetings were attended by birth family members. A birth parent commented very positively about the level of consultation and support they had experienced.</p> <p>Practice was variable. Social workers within the agency considered that the present service was not satisfactory for birth family members. A letter to a birth parent seen on file indicated a less insightful approach. One case indicated a considerable delay in responding to a birth parent’s queries.</p> <p>It was not clear that birth parents had read, or been given the opportunity to read, the information written about them for the purpose of the report. The agency does not use the Form E format and inspectors were not confident that social workers had an understanding of the adoption file documentation and the lifelong implications of recording made at this time. Emphasis was on the report being written for panel, rather than for the adopted person. It is recommended that the use of Form Es should be considered which could focus workers more readily on the significance of the document.</p> <p>Good practice was noted in the regular practice for an adoption worker to be allocated to birth parents to offer counselling and advice about the process of adoption, and issues about contact. A social worker reported the view that the efforts to engage the birth family were not always ‘strenuous’. Inspectors were told that in some cases where a birth parent did not want to engage with a worker from the adoption unit, a referral was made to an independent agency to provide support and counselling. Inspectors also heard that independent advocacy for parents with a learning disability had been a valuable resource in some cases.</p> <p>Despite these valuable approaches to providing support, inspectors did not consider that the strategy for working with birth parents was sufficiently robust to ensure that independent counselling was available which met the spirit of this standard. The lack of independence was reinforced by the statement in the self-assessment about the availability of the adoption social worker’s counselling report. Inspectors were told that the agency was considering commissioning an external service. A recommendation is made that the agency should review its provision of independent counselling services for birth family members.</p>		

Standard 8 (8.1 – 8.2)
Birth parents and birth families are enabled to contribute to the maintenance of their child's heritage.

Key Findings and Evidence	Standard met?	2
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Examples were seen of sensitive work with birth parents, with later life letters on file. Social workers were encouraged to make efforts to obtain clear and appropriate information from the birth families and examples were seen where this had been achieved. Social workers acknowledged that this work was a huge responsibility and was an area for skills development. It was described as work which they 'muddle through', sometimes delegating the work to students or assistants. Inadequate attention to details, for example omissions of dates and names, were seen on an example. It is recommended that the agency ensure that this vital area of work is adequately supported. The agency will need to give support and training to the capacity of workers to undertake life story work, as well as collect materials for the life books. (See Standard 23 regarding training).

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
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The agency informed inspectors that the intention was to introduce a specialist team to focus on adoption support services. At this point the support services for birth parents and families was piecemeal.

Inspectors would recommend that the services should be developed as soon as possible, within a coherent strategy.

The agency administered a letter box service for post adoption indirect contact. Not all adopters spoken to were clear about what had been agreed.

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>Adoption Policy and Procedure Guidelines (December 2004) were made available. These were detailed and updated to include reference to the independent Review Mechanism.</p> <p>Though discussion it was clear to the inspector that there were less formalised procedures for dealing with disruptive attitudes, decision making when the panel was not in agreement and other elements as specified in Standard 10.2. A more formal approach to developing policies in regard to this standard is recommended.</p> <p>The agency had acknowledged that the quality assurance role of the panel was to be developed further through use of a formal audit format which was to be piloted in March 2005. On a number of occasions panel had not identified areas which inspectors might have expected further scrutiny to be given. In some cases the agency decision maker had raised issues. At this point feedback about the quality of cases presented was directly at panel, or through the panel adviser.</p> <p>Applicants are encouraged to attend panel. They were not routinely given the opportunity to give written feedback about the experience, although attending applicants had been surveyed about the experience following the introduction of them attending panel in 2003. Inspectors were told that there have been examples of applicants being very upset, saying 'never again' after their panel experience. It was reported by one adopter that the style of questioning was 'hostile'. Other adopters said the experience had been courteous, with no undue waiting time.</p> <p>During this inspection it was observed that panel members were welcoming to applicants attending panel although it was not the practice to introduce individual panel members to them, and there was no preparatory leaflet or guide about the panel membership. It was said that the anonymity of the panel was 'fiercely defended' and that there was a 'fear of being lobbied'. Name cards were now in place in front of panel members but inspectors consider that the panel should review its style to develop a more transparent approach. Personal introductions would be a start. All questions to applicants were directed from the chair which is another procedure that could be re-evaluated.</p>		

Standard 11 (11.1 – 11.4)

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

Key Findings and Evidence**Standard met?**

3

The panel was properly constituted and quoracy was maintained. Inspectors were advised that there was to be a review of the membership of the panel and some changes were planned. This would be a timely opportunity to consider a more practice- based membership in terms of the agency social worker representatives. Current membership was somewhat 'top heavy' with senior management and councillors well represented, and with less opportunity for a range of perspectives.

The agency has introduced a process for reviewing panel members. Induction processes were being developed. Panel members observe a panel as part of the induction process. There were positive comments about joint training events which had recently taken place with adoption staff. In particular there were positive comments about a session on attachment.

A specific training event relating the inter-county adoption was planned for shortly after this inspection and was to include panel members and adoption social workers.

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

Panels were generally held on the first and third Wednesday of each month. On two occasions since December 2003 panels have been cancelled because of being non-quorate. On another occasion a panel was cancelled as no cases were to be presented. Inspectors were told that the capacity of panel and the number of panels were under review because of the amount of material that was being presented. Inspectors observed that there was indeed a considerable amount of written information going to panel, in excess of that seen by inspectors at other panels. Information often included court reports and although the agency confirmed that permission from court was sought for this, no evidence was seen of this on a case by case basis. In addition to this inspectors noted that the information sent to panel members included much duplication. It is recommended that the content and volume of material presented to panel should be reviewed.

The panel observed on 19th January 2005 was efficiently conducted, with applications being heard in a timely way. Panels were booked at the point of an assessment being started, which contributed to assessments taking place within appropriate timescales.

Inspectors were told by social workers that in their perception the concept of twin tracking is not possible because of the panel's expectation that all other options will have been ruled out. Inspectors have seen more confident approaches to contingency planning in other panels and this is an area of practice that the agency needs to clarify for staff. It was noted that the current decision maker has adopted a vigorous approach to cases where 'drift' has been identified.

Panel minutes were generally satisfactory, although care needs to be taken to avoid inaccuracy in recording evidenced in minutes, specifically an example seen was that 'panel approved', rather than 'panel recommended'.

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

The Director of Social Services is the Head of Cornwall's Adoption and Family Finding Service and is the official agency decision maker.

There is a procedure for the panel recommendations and draft minutes to be sent promptly to the decision maker. The decision maker's comments clearly evidenced a rigorous and committed approach to the role. Decisions were made speedily.

Some procedural issues were noted by the inspectors which the agency should consider reviewing:

- A small number of adopters expressed concern about their anxiety following panel and the delay in being told. The expectation should be clear to them. Current practice was not consistent with written guidelines which indicated that their social worker would let them know the panel recommendation, followed at a later stage by the decision.
- The decision was formally conveyed to adopters through a letter written by the manager of the service rather than the decision maker. Inspectors consider that the letter should be addressed from the decision - maker. In one case the letter referred erroneously to a panel decision.
- The decision maker's comments were not conveyed in full to panel and inspectors recommend that this would be helpful.
- The record of the decision maker's comments would be easier to read in typed format.

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 appointed manager responsible for the adoption service is the County Resource Manager for Family Placements. He has county wide responsibility for adoption and fostering. He has extensive experience in children's services. He has an appropriate childcare qualification and a management qualification.

It has been acknowledged that the scope of work undertaken by this manager has been too broad for the effective management and oversight of the adoption team. A concentration on operational matters has left a vacuum in the development of any sense of strategic vision of the service. The roles and responsibilities within the management structure will need to be reviewed to ensure appropriate leadership for the challenges in driving forward service improvement. (See requirement made at Standard 16).

The County Resource Manager directly supervises the, very newly appointed, Adoption Team Manager who now has day to day responsibility for the Adoption and Family Finding Service's work. This post is newly created and inspectors consider this is a very positive development in the service. The appointed manager has appropriate childcare experience and qualifications; management training will need to be addressed and a recommendation is made. Inspectors were told that a programme for management training for front-line managers across the childcare services has been identified.

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?	3
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The agency confirmed that the service manager had a satisfactory enhanced disclosure from the CRB.

The newly appointed adoption team manager had an enhanced CRB and references were seen. The agency reported that these had been verified verbally but this was not evidenced on file (see recommendation made at Standard 28).

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
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Inspectors identified that a review of the management arrangements of the adoption service would be timely. A requirement is made. The reasons:

- The adoption agenda is challenging and requires effective and proactive leadership.
- The ethos was one of waiting for external reasons for change, rather than change and improvements based on robust internal quality assurance mechanisms.
- Opportunities for effective partnerships with other agencies may be underdeveloped unless a more creative, forward looking style is embraced.
- At this point the statement of purpose had only just been presented to the executive side of the council (December 2004). Proposals within the statement of purpose have not yet been implemented. A proactive approach is going to be necessary to ensure that the service is run in accordance with the statement of purpose and that this is reviewed adequately.
- A number of shortfalls identified in this report indicate the gulf between practice and what is outlined in the statement of purpose.
- Inspectors were told that the statement of purpose was presented to staff, rather than developed in a consultative framework. A more participative management style could enable staff to more positively contribute to developments.
- Roles in senior management were not clear to inspectors. In particular the role of the senior manager was described as largely a monitoring one, although a more developmental, strategic function was not evident.
- The adoption team manager had only been in post for a week at the time of this inspection.
- Operational responsibilities were to become the focus of the newly appointed manager with some delegated responsibilities going to the newly created posts of senior practitioners. It was too soon to assess how effectively these roles were to be allowed to develop.
- Staff reported that they were unclear about decision making processes, often feeling

left out of the loop between senior management and senior administrators.

- Communication across teams at practitioner level was dependent on personalities. There were no clear structural links between adoption and childcare teams except at management level. Some staff considered that a linking scheme would be an asset.

Systems for deputising were in transition. At the time of this inspection the senior manager was in charge of decision making in the absence of the County Resource Manager. With the newly appointed manager now in place, it was proposed that the absence of the manager would be covered by the County Resource Manager. It was also proposed that there would be delegated responsibilities to the Senior Case Practitioners within the new structure.

Management information was provided on a regular basis. There was regular statistical profiling and tracking of cases for progress or delay.

The agency had expectations for staff and managers to declare any possible conflicts of interest.

There were systems for recording ethnicity of children and adoptive applicants. Inspectors were told that there was a corporate Race Equality Plan which outlined progress being made in this area and that issues of anti-discriminatory practice were constantly under review. Inspectors identified a specific need in the area of staff awareness. Inspectors heard somewhat tokenistic attitudes at a number of levels within the organisation. Inspectors were advised that anti-discriminatory training for staff is factored into the current training plan.

The agency has clear and concise written procedures that cover arrangements for the use of the Adoption Register. These were being updated in line with the BAAF requirements.

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

0

Number of the above complaints which were substantiated

0

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

Key Findings and Evidence	Standard met?	2
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The agency is monitored by senior management and Council members. There were regular meetings of the Head of Service with the council's portfolio holder for Children's services. Two councillors were adoption panel members.

A report about the management and outcomes of the services of the adoption agency was presented to the Health and Social Care Overview and Scrutiny Committee in December 2004. Inspectors were informed that it was proposed to produce another report in six months and this is recommended. The adoption service produced monthly management information for the senior management.

The agency had appropriate procedures in respect of inter-agency fees, and fees in relation to inter-country adoption applications.

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?	<input checked="" type="checkbox"/> 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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The adoption agency had access to specialist advisers, including a medical adviser and a legal adviser. Both attend panel and can be contacted by staff for consultation. Staff spoke positively about the availability of these advisers. The adoption social workers said that they would value more direct support for court work which they are increasingly being asked to undertake.

The agency has commissioned dedicated time from the Psychology Service for adoption support. This was seen to be a valuable resource and inspectors were impressed with the positive approach of the agency.

Information was also provided to the inspectors about the agency's pattern of spot purchasing of services from outside Cornwall to meet the needs of specific children.

A written protocol has been devised to govern the role of specialist advisers. The medical adviser indicated that some feedback about the role was overdue. This would be a positive step in order to clarify expectations. Inspectors noted that staff were not clear about the remit of the medical adviser, especially at panel, although the input was valued in specific cases. The inspector considered that the medical adviser was making a valuable contribution in keeping the needs of children paramount in discussions about placements.

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

A small sample of staff files was examined. The recruitment procedures need to be reviewed to ensure that safeguarding practices are demonstrated, for example the making of telephone enquiries to verify written references was not seen to be recorded. Gaps in employment were not documented. It was noted that the application form did not specifically ask applicants to account for gaps in employment. References were not on file for an internal candidate who was already in post. Interview notes were not retained.

One staff file did not evidence that a CRB check had been undertaken, merely recording that a very dated police check was in place. It is a requirement that all people working for the adoption agency must have a satisfactory CRB check with a system for renewing checks after three years. The agency reported that CRB checks have been done with such a system in place to ensure renewals take place and it may be that internal auditing is advisable to identify any remaining omissions. Inspectors were told that it has not been the policy for the personnel department to obtain CRB checks on existing staff who have not changed jobs. This must be clarified in order that policy and practice are compliant with 11(3)(d) Local Authority Adoption Service Regulations 2003.

The adoption unit social work staff all possessed a relevant professional qualification. The agency has a commitment to ensuring post qualifying training is made available. It was noted that 60% of social workers in the adoption service have undertaken the PQ award.

Inspectors considered that staff showed a good understanding of adoption but in some areas lacked guidance about practice developments. Of particular concern was a lack of clarity amongst some workers about child protection policies and practice.

There was a training plan which for the forthcoming year was to concentrate on the Adoption and Children Act changes. As previously discussed, (see Standard 4), there are areas for development of assessment skills, and practice issues which the agency needs to address. A recommendation about training is made at Standard 23.

A trainee social worker had undertaken assessment work under the supervision of an experienced practice teacher. This process was described as positive for the team.

Birth records counselling was mainly undertaken by a worker with considerable experience, although with the creation of an adoption support team this was going to change. The recommendation is made that training is provided in order to comply with this standard.(Standard 19.11)

As previously stated, social workers indicated that they sometimes delegated life story work to students or assistants and it was not clear what training was available to them. Support workers involved in such work or in sensitive contact arrangements need to have specific understanding of the adoption process.

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?

30

%

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?

1

The agency has acknowledged that the organisation of staff is an area for development. The Adoption and Family Finding Team Structure has recently expanded. Two Senior Case Practitioners have specific roles, one in relation to adoption support, the other regarding the assessment of prospective adopters. Both are to have a supervisory role relating to the adoption social workers.

Management information systems were being developed. Inspectors were told that the council was looking at whether to continue to develop in-house systems or to commission external systems. At this point the adoption unit was using interim solutions, basically recording and tracking on excel systems which were maintained efficiently by the administrative team.

The adoption team was expecting to be able to access e.mail shortly after this inspection. The agency acknowledged that the introduction of more flexible communication systems was long overdue.

A total of 5.5 fte administrative staff were supporting the adoption social work team and manager, with the plan being for a ratio of 1:2.5 in the new structure. Administrative staff reported that they were clear in their specific roles and responsibilities; each had their own computer. They confirmed they were regularly supervised. The senior administrator has responsibility for tracking and monitoring the permanence process for all Looked After Children and worked with the senior manager and Assistant Director to highlight potential drift.

Adopters reported that enquiries about adoption were dealt with promptly and courteously by staff. One adopter reported that their details got 'lost in the system'. In one case there was concern about a breach of confidentiality when phoning in to the unit although no other examples were brought to the attention of the inspection.

Systems for prioritising work within the adoption team were unclear to staff who said they sometimes felt there should be more consultation.

Inspectors considered that current systems were not ensuring sufficient quality assurance. Assessments were variable and the second visits to adopters by management in some cases were more an extension of assessment work which would have been better placed in the main assessment report.

Adoption social workers had not received regular supervision. This was acknowledged by the resource manager who had expectations that the new structure would be more able to ensure regular supervision took place. A system had been set up for this although not yet implemented.

A more systematic approach to identifying adoption support was identified as an area that the agency needed to develop. Staff had access to a range of advice to enable them to secure services for young people and adopters. This was on a case by case basis and the agency acknowledged that it had work to do to develop adequate commissioning strategies. Support for accessing educational advice was not evidenced in the cases examined, although, as previously stated psychological support was stronger.

Staff contracts were seen on files and job descriptions were provided. The agency did not provide sessional workers with contracts but did specify terms in a letter of employment. Staff confirmed that the statement of purpose had been circulated and that appropriate policies about working practices was available to them. The complaints procedure had been given to staff as well as a presentation about complaints.

Standard 21 (21.1 – 21.4)

There is an adequate number of sufficiently experienced and qualified staff to meet the needs of the adoption agency and they are appropriately supported and assisted in providing a service.

Key Findings and Evidence

Standard met?

1

The agency acknowledged that this standard was an area for development. The adoption team was being expanded. Staffing levels have been increased with four additional workers, including the Team Manager, Senior Practitioners and adoption social workers. The agency described as particularly positive the balance between the longevity of some staff and the appointment of new staff. The childcare teams had recently had twelve additional social workers. There had also been an increase in the number of senior practitioners in the fieldwork teams.

The council had made considerable efforts to increase staffing levels and was reported a much improved staff establishment. Despite this, the impact of staff shortages was reflected in inspection findings. Adoption unit staff were in a number of cases taking on most of the work with the adopters and children, frequently having case responsibility for the child following placement, including statutory visiting. One adopter commented that they 'felt no-one was fighting their [i.e. the children's] corner'. A requirement is made that staffing levels must be adequate to ensure children have an allocated worker. Staff retention policies that were in place gave favourable terms to childcare social workers because recruitment had been a particular concern.

It is promising that staffing levels in the adoption unit have been reassessed and systems are being established which will, when implemented, ensure more regular supervision.(see requirement made at Standard 20).

The self assessment by the agency indicated that there are facilities and finance available to employ temporary staff to cover for staff long-term sickness and absence. A source of some concern to staff was the lack of back-up when colleagues undertook the Child Care Award.

Total number of social work staff of the adoption service	13	Number of staff who have left the adoption service in the past 12 months	0
Number of social work posts vacant In the adoption service.	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

Staff in general spoke positively about working for Cornwall, although a number of areas were raised with inspectors. A burning issue for adoption social workers was the pay differential between them and childcare workers. A recommendation is made that the agency should review these concerns. Another childcare worker was unhappy about the lack of recognition to previous relevant experience. The lack of back-up to support teams when staff were undertaking the Child Care Award was also a concern and was a disincentive. Morale was described as very low because of these issues. A requirement about having sufficient staffing is made at Standard 21 and is relevant to this concern.

Support across the county was seen as variable, although the inspectors noted an air of optimism about the changes that have been introduced.

Staff confirmed there was a counselling service available to them.

Cornwall has a Confidential Reporting Procedure (whistleblowing policy), revised June 2002. This was available on the staff intranet and in the Personnel Services Handbook. Staff confirmed they were aware there was a policy.

Standard 23 (23.1 – 23.6)

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

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

There is an adoption training plan for 2004-2005. Appraisals inform the annual training plan. It was acknowledged that the appraisals of social work staff had not been kept up to date (see requirement made at Standard 20).

Staff team meetings and regular development days have been used as a means to keep staff abreast of changes in legislation and other developments in adoption. The training plan evidences five joint workshops for adoption workers and field social workers and a managers' seminar. The agency is now a member of BAAF and this was seen as beneficial by staff. Childcare staff confirmed that there had been helpful training sessions about adoption issues.

Individual workers have a Learning and Development Plan. Without regular appraisal and supervision inspectors were not sure how training for staff was being evaluated and how learning needs were identified or learning measured. Staff said that training opportunities were sometimes frustrated by late notification of approval. They also considered that limited training opportunities were available about specific adoption issues. A recent event in Bristol had been well attended and was much appreciated by staff, although they would have welcomed the opportunity for more local events. A recommendation is made that the specific training about adoption for staff across the agency is re-evaluated.

Some specific areas of training need identified by inspectors include:

- Assessment skills and methodologies
- Training in birth records counselling
- Life story work
- Training for the panel member minute taker
- Child protection awareness
- Anti-discriminatory practice

Records

The intended outcome for the following set of standards is:

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

Standard 25 (25.1 – 25.5)

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

Key Findings and Evidence	Standard met?	1
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The council has policy and procedure guidelines for 'The Establishing, Maintenance and Preservation of Case Records', (January 1998)

Adopters' files contained records of appropriate checks and enquiries. File recording was not always satisfactory, with very out-of date chronologies. There was insufficient evidence of decisions by supervisors being regularly recorded on files. Inspectors were advised that a system has been devised for this and it is recommended that this is implemented. There was a policy about establishing a child's adoption case record but a sample of children's adoption files indicated practice was variable and in the case of a child with disability an adoption file was not evidenced. A requirement is made about this.

The Administrative Officer (Adoption) is responsible for the security of the adoption records held in the adoption unit. Inspectors noted the commendable attention given by the agency to security and confidentiality. There were clear policies about confidentiality made known to staff panel members, and specialist advisers.

The Adoption Register and 'core record system' are stored within the adoption unit and contained within a specifically designed fire-proof and secure cabinet. Manual case records are stored securely in locked metal cabinets within buildings that have smoke detectors and fire alarms. Computerised records are backed-up on a daily, weekly, and monthly basis.

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
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There were clear arrangements known to staff for authorising access to the adoption records. The agency had access to information and legal advice about the requirements of the Data Protection Act 1998 and the Human Rights Act 1998. As stated at Standard 12 the inspectors would expect that the panel's access to court reports was expressly agreed on a case by case basis. Similarly the large volume of material made available to panel may be in excess of what the panel needs to know, and what parents have given consent to. These are complex dilemmas and the recommendation has been made at Standard 12 that the volume and nature of material should be reviewed.

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 were guidelines for the recording of Child Adoption Assessment Records and Prospective Adoption Assessment Reports.

Staff records were maintained by the Social Services Recruitment Section of the council. Complaints were addressed by a designated Registrar of Complaints who co-ordinates and maintains records. There had been no complaints recorded in the adoption service. The service did not collate its own record of complaints. Inspectors identified in one file that a very contentious issue, with adopters complaining about an expectation raised by the agency, was not recorded as a complaint and therefore not collated. It is suggested that the approach is reviewed to ensure that these 'lower level' complaints that are resolved outside the formal mechanism, are considered for collation to inform understanding about possible patterns or trends. No allegations had been recorded over the previous twelve months and evidence was seen of a current issue being addressed.

There was a system in place to monitor case files. The senior management team had a programme of visiting offices and reading case files. Within the adoption team there was an expectation that the manager would contribute to a regular file audit, but this had not been occurring. This is recommended.

Confidential records were stored securely and there was a clear procedures for accessing the records. Records were generally clear and, where handwritten, legible.

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

A sample of personnel files was examined. Files of recent appointments held relevant information and evidence of qualification. References for internal candidates were not evidenced on files and the applicants were already in post. The local authority should ensure that internal appointments are subject to rigorous scrutiny in the same way as external applications. There was no record of telephone enquiries to verify references (see Standard 19 and Standard 15). It would be good practice to keep a record of interview notes. Inspectors suggest that personnel files should be audited against these standards and regulations to ensure they all meet the requirements. Improved file management would more clearly indicate where gaps are identified.

Panel member files included recent confidentiality agreements (January 2005) and evidence of CRB checks, with two not available. Minimal information was included on file. As new members are sought, and training opportunities for present membership are documented, the agency must ensure that records become more compliant with the standards and regulations.

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?	3
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The adoption unit staff operate from two sites, one of which was seen in the course of this inspection. The majority of the team work from premises which were seen to have appropriate security alarm systems and are security patrolled. Access is restricted to authorised personnel and a 'swipe card' system is in operation. The expansion of the team will pose extra pressures on the limited space available.

Electronic records are backed up on a daily basis.

Inspectors were advised that archived records are held off-site in secure storage. They were not seen in the course of this inspection.

The adoption agency has a disaster recovery plan which recognises the importance of safe retention and back up of adoption records. This plan was clearly written and a good example of a plan focussed on the special care required for adoption records. It would be improved if dated and risk assessment reviews built in. It was not clear where responsibility lay for reviewing it.

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 17th January 2005 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

YES

Comments were received from the provider

YES

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

YES

Provider comments are available on file at the Area Office but have not **all** been incorporated into the final inspection report. The inspector believes the report to be factually accurate

YES

Note:

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

D.2 Please provide the Commission with a written Action Plan by 14th 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

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

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

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

Public reports

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

D.3 PROVIDER'S AGREEMENT

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

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

Print Name _____
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.

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