

# inspection report

Local Authority Adoption Services

**Rotherham Metropolitan Borough  
Council Adoption Service**

4th Floor, Crinoline House

Effingham Square

Rotherham

S65 1AW

1st, 2nd, 3rd and 10th March 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**

Rotherham Metropolitan Borough Council Adoption Service

**Headquarters Address**

4th Floor, Crinoline House, Effingham Square,  
Rotherham, S65 1AW

**Adoption Service Manager**

Gill Black (Nominated Manager)

**Tel No:**

01709 382121

**Address**

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Rotherham, S65 1AW

**Fax No:**

01709 822398

**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

<b>Date of Inspection Visit</b>		1st March 2005	<b>ID Code</b>
<b>Time of Inspection Visit</b>		10:00 am	
<b>Name of Inspector</b>	<b>1</b>	Vivien Slyfield	075999
<b>Name of Inspector</b>	<b>2</b>	Ros Chapman	075198
<b>Name of Inspector</b>	<b>3</b>		
<b>Name of Inspector</b>	<b>4</b>		
<b>Name of Lay Assessor (if applicable)</b> Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
<b>Name of Specialist (e.g. Interpreter/Signer) (if applicable)</b>			
<b>Name of Establishment Representative at the time of inspection</b>			

## **CONTENTS**

### **Introduction to Report and Inspection**

#### **Inspection visits**

#### **Description of the Adoption Service**

#### **Part A:**

##### **Inspector's Summary and Evaluation**

##### **Reports and Notifications to the Local Authority and Secretary of State**

##### **Implementation of Statutory Requirements from last Inspection**

##### **Statutory Requirements from this Inspection**

##### **Good Practice Recommendations from this Inspection**

#### **Part B:**

##### **Inspection Methods & Findings**

##### **National Minimum Standards For Local Authority Adoption Services**

##### **Statement of purpose**

##### **Securing and promoting children's welfare**

##### **Prospective and approved adopters**

##### **Birth parents and Birth families**

##### **Adoption panels and Agency decisions**

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

##### **Provision and management of the adoption agency**

##### **Employment and management of staff**

##### **Records**

##### **Fitness of premises**

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

#### **Part D: Provider's Response**

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

##### **D.2. Action Plan**

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

## INTRODUCTION TO REPORT AND INSPECTION

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

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

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

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

The report will show the following:

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

This report is a public document.

## INSPECTION VISITS

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

## BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

The Rotherham Adoption Service was located within and managed by the Social Services Programme Area of Rotherham Metropolitan Borough Council (RMBC). The Chief Officer responsible for the service was the Executive Director for Social Services who delegated responsibility for Children's Services to the Head of Children and Family Services. The officer reported to the elected council members, with specific reference to the Cabinet Member for Social Services. A Service Manager was responsible for overseeing the adoption service and was also the nominated manager for the service. A Team Manager directly managed the adoption team. This post was covered by a job-share arrangement at the time of the inspection.

The adoption team was based in Crinoline House in the centre of Rotherham. The adoption team recruits, assesses, train, prepares and supports prospective and approved adopters to meet the needs of children and young people with an adoption plan. Recruitment has been assisted by the development of the Adoption and Fostering Recruitment Centre, which was placed among the shops on Effingham Street. The team undertake stepparent adoption work.

There were a limited number of inter-country adoptions in the area and RMBC had a service level agreement with Doncaster Adoption & Family Welfare Society (DAFWS) to undertake this work. Section 51 Counselling was referred under a similar agreement to After Adoption Yorkshire who worked with Rotherham in supporting birth families.

The adoption work was undertaken within the context of Rotherham's population of approximately 253,000 and information from 2001 indicated unemployment was above the national average. There was a close working relationship between the elected members and the adoption service in the council's aim to provide "care for children Looked After by the Local Authority ...to provide the best possible outcomes for all children and young people".

## PART A SUMMARY OF INSPECTION FINDINGS

### INSPECTOR'S SUMMARY

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

This inspection was the first of RMBC's Adoption Service undertaken in relation to The Care Standards Act 2000 Part III and the National Minimum Standards 2003. The developments in adoption legislation and practice have initiated significant changes for those delivering an adoption service. The inspection was well organised and planned. The inspectors found all the staff they met open and cooperative and keen to develop the service in the provision of high quality adoptive care.

A summary of the full report is as follows;

#### **Statement of Purpose.**

##### **This standard was assessed and found to be almost met.**

A clear Statement of Purpose was in place, which complies with the regulations and had been approved by the executive side of the council as reflecting the service provided. It could be reviewed to reflect the areas specified in the National Minimum Standards (NMS). The Children's Guide was appropriate apart from the contact details about the Commission. The procedures need to be reviewed to include child protection procedures relating to children placed for adoption.

#### **Securing and promoting children's welfare.**

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

Appropriate adopters were recruited to the service and suitable matches made for children needing adoptive placements. Where necessary placements were made out of borough to meet children's needs.

Inspectors were concerned about the quality of Form E reports and the failure to focus these reports on the individual child rather than the sibling group.

#### **Prospective and Approved Adopters.**

##### **All 4 standards assessed were partly met**

There was a sound recruitment system in place, which was supported by the establishment of the Recruitment Centre.

Preparation training was seen to be informative and helpful in assisting adopters in their care of children. The inspectors felt the information pack should be reviewed with clearer information about eligibility and for the complaints leaflet to be included in the pack.

There was a clear preparation, assessment and approval process. The assessment of prospective adopters needed to be strengthened with consistent risk assessments and references. Some of the assessments were of good quality.

It was positive to note the use made by the service of questionnaires to seek the views of prospective adopters. Some adopters expressed dissatisfaction with delays, especially at an early stage in the process.



There was a clear matching process although there were concerns about the quality of information given to some adopters.

The form introduced by the service to capture adopters' views of post adoption contact needed to be in place on all adopters' files.

A written procedure was needed for the use of the National Adoption Register.

The establishment of the Post Adoption Support Group was positive progress in the development of support to adopters. There was evidence of the use of adoption support plans.

There had been no placement disruptions within the twelve months prior to the inspection.

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

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

The service recognised the lifelong implications of adoption in its service level agreement with After Adoption Yorkshire, which provided a counselling service for birth families. There was a need for clearer information about support groups to be available to birth parents.

There was some evidence of inclusion of birth families in the plans for their children but this needed to be more clearly reflected on the Forms E.

There were some concerns about the Letterbox system for exchange of information as both adopters and birth families reported some difficulties with the system.

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

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

The adoption panel was properly constituted and vacancies were being addressed. There was a need for some amendment to the policies and procedures relating to the adoption panel. The panel did not consider inter-country adoption as this was dealt with through a service level agreement with Doncaster Adoption and Family Welfare Society.

It was positive to note the recent invitation for prospective adopters to attend the panel.

The panel met twice per month and had arrangements to call emergency panels if necessary. The panel system appeared to work effectively. The frequency of the panels had led to minutes not being available for consideration at the following panel, which needs to be addressed.

The inspectors noted the appropriate changes made to the decision making process. It was hoped these would address some delays in the notification to adopters.

The inspectors were concerned that panel were being asked to consider Best Interest Decisions at a very early stage in proceedings, which necessitated a high number of situations being referred to panel for revocation of the decision.

### **Fitness to Provide or Manage an Adoption Agency.**

#### **Both of the 2 standards assessed were met**

The current nominated manager of the Adoption Service is knowledgeable, experienced and skilled in adoption work. She is a qualified social worker and had a Diploma in management Studies. All the managers of the adoption service were experienced, qualified childcare professionals. The adoption service was well managed.

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

**2 of the 3 standards were assessed as met and 1 as almost met.** The service was effectively and efficiently managed. There were clear lines of communication, responsibility and delegation. Monitoring was clearly evidenced in the files seen by the inspectors and there was clear and appropriate reporting to the council members.

There was a need to produce a clearly stated procedure for the service's use of specialist advisers.

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

#### **2 of the 5 standards assessed were met and 3 standards were almost met**

The adoption team were experienced, qualified social workers who were committed to their work for the adoption service.

There were clear and thorough recruitment and selection procedures for the service. There was an appropriate supervision policy, which informed practice and an appropriate staff training programme. However, none of the adoption staff had obtained the PQ award in childcare.

In general terms RMBC was viewed as a fair and competent employer, but there were some specific concerns expressed by staff in relation to their terms and conditions of service.

### **Records.**

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

The records seen were very well organised and files were well structured, which made information accessible. The quality of recording on some children's file was not good and inspectors were concerned that files included information about siblings rather than focus on the individual child.

Clear policies and procedures supported the recording practice.

There were comprehensive, appropriate personnel files in place and a system for the renewal of CRB checks.

### **Fitness Of Premises**

#### **This standard was assessed as partly met**

The premises were seen as adequate for their purpose. There was a need to address risk assessment of the storage of the archive material kept at Crinoline House.

### **Questionnaires**

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

<b><u>Adopters and Prospective Adopters</u></b>	returned 13
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<b><u>Birth Families</u></b>	returned 0
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<b><u>Placing Social Workers</u></b>	returned 8
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<b><u>Specialist Advisors</u></b>	returned 2
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## 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:**

<b>Implementation of Statutory Requirements from Last Inspection</b> <b>(Not relevant at first CSCI inspection)</b>
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Requirements from last Inspection visit fully actioned?

NA
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**If No please list below**

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

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

## STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

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

### STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	The Local Authority Adoption Service Regs 2003 2(1)	LA1	The Children's Guide must include the address and telephone number of the commission.	30.6.05.
2	Authority Adoption Service Regs 2003 9(1)(b)	LA2	The adoption service must provide in writing a procedure to be followed in the event of an allegation of abuse or neglect in relation to a child placed for adoption.	30.4.05.
3	The Adoption Agency Regs 1983 8 (2)(d)	LA4	The service must ensure that there is a uniformly high standard of assessment of prospective adopters and that references are sought from previous partners, employers and that risk assessments are consistently completed.	Immediate
4	The Adoption Agency Regs 1983 12(1)	LA5	Full and accurate information must be provided for approved adopters about children linked with them as possible adoptive placements.	Immediate

5	The Adoption Agency Regs 1983 7 (2)	LA25	The service must ensure appropriate records are in place in relation to each child for whom adoption is the plan.	Immediate
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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	The adoption service should discuss the implications of whether very early “best interest decisions” secure and promote children’s welfare appropriately.
2	LA2	The adoption service should reflect the effect of adopters smoking in the range of their approval.
3	LA3	The information to prospective adopters should be explicitly inclusive, identify the approach to adopters’ smoking and provide information on the service’s complaints procedure.
4	LA5	The adoption service should provide adopters with information about the Adoption Register for England and Wales.
5	LA5	The adoption service should ensure the post adoption information in NMS 5.3 is recorded on all files.
6	LA6	The effectiveness of the post adoption support strategy should be kept under review to ensure progress becomes well established and maintained.
7	LA8	The letterbox system and the time allocated to it should be reviewed. This should incorporate assistance, if needed, to adopters and birth family members in writing the letters.
8	LA9	The service should monitor the provision of support to birth parents and families to ensure they have full and appropriate information when it is needed.
9	LA10	The service should ensure that the panel procedures comply with NMS 10. The letter appointing panel members should be reviewed.
10	LA12	The service should ensure that panel minutes are available at the following panel.

11	LA13	The service should ensure that the new process for decision making prevent delays in the formal notification of decisions.
12	LA18	The service should establish a written protocol governing the role of specialist advisers.
13	LA19	The service should encourage adoption social workers to obtain the PQ award.
14	LA21	<p>The service should consider ways of reducing the vacancy time when a member of staff resigns.</p> <p>The service should keep the staffing level of both administrative and social work staff under review.</p>
15	LA22	The service should consider staff conditions of employment to ensure they feel appropriately supported.
16	LA26	The service should finalise the implementation of policy and procedure relating to access to adoption records.
17	LA29	The service should undertake a risk assessment of the onsite storage of archive material.

- 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	NA
• Interview with children	NO
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	YES
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	01/03/05
Time of Inspection	09.00
Duration Of Inspection (hrs)	68.5
Number of Inspector days	9
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)	7



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

The scale ranges from:

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

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

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

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

## Statement of Purpose

The intended outcome for the following standard is:

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

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

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

### Key Findings and Evidence

**Standard met?**

2

#### Statement of Purpose

There was a Statement of Purpose in place, which complied with standard one and had been approved by the executive side of the council. While the statement complies the inspectors suggested that when it is reviewed the “status and constitution” element is removed as it is not necessary for a local authority statement and that the section on complaints should only give a summary of the complaints procedure rather than details of complaints. The majority of staff were aware of the Statement and felt it reflected the service.

#### Children’s Guide

There was a Children’s Guide in place, which contained all the required elements apart from the contact information for the Commission for Social Care Inspection. The inspectors were informed that work was underway to make the Guide more accessible to children reflecting the age range and abilities of children placed for adoption. Consultation with children on the guide was also planned.

Both these documents stated they were available in other languages and formats if required.

#### Procedures

There were comprehensive procedures relating to the work of the adoption service. There was evidence of these being appropriately reviewed and updated.

**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 adoption service had a three-year development plan (2003 –2006) which included plans for the recruitment strategy to meet the needs of the range of children waiting for adoption. There was also an annual recruitment strategy, which was developed to enable appropriate responses to the changing needs of the service. There was evidence that the strategy translated into the ability to prioritise and focus on particular target groups.

There were formats for recording pre-matching information, matching information and planning introductions. The evidence from the cases seen by the inspectors was that children were matched with adopters who could best meet their needs. Same race placements were sought and the information provided indicated that all the placements made appropriately matched the child's need in relation to ethnicity, culture, language and religion. Where an appropriate placement was not available within the services own resources children's social workers reported no delay in looking outside services. Fifteen of the nineteen siblings whose plan was to be placed together were placed with their siblings. Decisions reflected concern about delays and the needs of the children. Children's wishes and feelings were considered and there was evidence of this on the files seen by the inspectors. Consideration needs to be given to the approval range for adopters who smoke, which reflects the effect of passive smoking on babies and children with asthma.

The service had dealt with one child protection referral, which related to a child placed by them outside the borough. This situation was handled appropriately although there were no specific procedures relating to this situation, as referred to in Nation Minimum Standard (NMS) 1. The lack of specific child protection procedures must be rectified.

In the following statistical information it should be noted that the service was making "best interest decisions" at a very early stage, resulting in a high number of children being identified as needing a placement. The outcome for a significant number of these children was not going to be adoption and these situations were returned to the adoption panel for revocation of the decision. The inspectors were concerned that the "best interest decision" was made at a stage when rehabilitation or remaining at home was a strong possibility. There was a need for discussion between the adoption service, legal services and the courts about whether this approach was securing and promoting children's welfare. The inspectors were of the opinion that this was both inaccurate and inappropriate.

#### In the last 12 months:

How many children were identified as needing adoptive families?

43

How many children were matched with adopters?

25

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

14

How many children were placed with other services' adopters?

11

How many children were referred to the Adoption Register?

29

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

25

language?		%
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?	5	
How many allegations of abuse or neglect were made about adopters approved by this adoption service?	0	
On the date this form was completed, how many children were waiting for a match to be identified?	48	

## Prospective and approved adopters

The intended outcome for the following set of standards is:

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

**Standard 3. (3.1 – 3.3 and 3.5 - 3.6)**

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

**Key Findings and Evidence**

**Standard met?**

**2**

The adoption service had made particular efforts, with the fostering team, to be directly accessible to the public. There is a shop-front open at specific times to the public and allowing the initial contact to be informal and provide readily available information. The information pack for prospective adopters was under review. The pack in use at the time of the inspection provided clear information about the children needing placements and the process of approval. The inspectors' view was that the eligibility criteria could be strengthened to make it clear that applications would be welcomed from a wide variety of people in the area, to include those who may not see themselves as adopters. It would be helpful for the pack to include a leaflet on the complaints procedure. Evidence was received from questionnaires that adopters had not received this information. Similarly the inspectors felt that there should be some information provided about the risks of smoking and how this was assessed within the adoption process.

**Standard 4. (4.1 – 4.9)**

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

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

There was a clear preparation, assessment and approval process, which included a visit to prospective adopters by the team manager prior to presentation at panel.

After statutory references had been sought applicants were invited to attend a preparation-training course, which ran for three days and was repeated every three months. Those intending to adopt from another country were invited to the Doncaster Adoption & Family Welfare Society (DAFWS) for specific training. There was a service level agreement in place between RMBC and DAFWS. Foster cares wanting to adopter were invited to the same training.

The service's preparation course was evaluated annually through the use of a Family Placement Service Questionnaire and through an evaluation sheet completed at the end of each course by those attending. Returned questionnaires as part of the inspection stated that adopters were satisfied with the preparation they received.

At the time of the inspection the adoption team had attended training in competency-based assessments but had not undertaken a full assessment using this model. The quality of the assessments showed some variation, some were full, informative and detailed, others were less comprehensive. The team reported changes in the approach to assessments some of which were not yet evidenced on the files seen by the inspectors. Not all the files had evidence of risk assessments in relation to dogs, references were not consistently sought from previous partners or from current employers. It was noted however, that the detailed "dog assessment" document had been recently introduced and therefore less recent files would not include this information. All the files seen had appropriate Criminal Records Bureau (CRB) checks in place.

Feedback from prospective and approved adopters indicated that some were dissatisfied with delays in the assessment process and in delays in getting to the panel, particularly at the start of the process. Placing social workers felt the majority of assessments well reflected the adopters who they saw as prepared and aware of the adoption process and issues they may encounter.

**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**

There was a clear matching process with matching forms to assist the recording and collation of information. The files seen by the inspectors indicated appropriate collation of information about children. However, not all adopters felt they had been given appropriate information about the child placed with them. Of the thirteen returned questionnaires four felt they had not been given adequate information. None of the questionnaires indicated any awareness of the Adoption Register and there was some difficulty in producing accurate figures for the numbers referred to the Register due to the change in requirements in January this year.

The quality of information on the Forms E seen by the inspectors was variable. The inspectors were made aware of developments within the service intended to provide some quality assurance of the documents. These changes were not evidenced on the files seen, although there was some evidence of progress in some panel papers.

Post adoption contact was being addressed through the establishment of a new form to be completed prior to the applicants' presentation at the panel. The form was evidenced in the Adoption Procedures Manual and from information from staff. It was not yet present on the files seen.

The adopters prepared Family Books to provide information about themselves for children to see prior to introductions.

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

YES

**Standard 6 (6.1 – 6.7)**

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

**Key findings and evidence****Standard met?****2**

The service had an adoption support strategy and there was evidence of developments in the support provided to adopters. More recent adopters informed the inspectors of appropriate and sensitive support from workers. Information from the questionnaires, some of which covered several years indicated difficulties with support being lacking after the placement was made. The effectiveness of support needs to be kept under review to ensure progress is maintained. The establishment of a Post Adoption Support Group was viewed positively by adopters and was considered by inspectors to have made an effective start in its operation. The group observed during the inspection was well attended and adopters present expressed the view that the group was beneficial.

Support to inter-country adopters was provided through a service level agreement with Doncaster Adoption & Family Welfare Society.

There was evidence of comprehensive adoption support plans being presented to the panel. Adopters said they had been prepared by the adoption service to help children understand their history. Some of those seen were able to demonstrate this directly and illustrated the value placed on the information, which was stored appropriately.

There were clear procedures to follow in the event of a placement disrupting and guidance about action to help prevent this happening. There had been no disruptions within the last twelve months and the returned questionnaires from the placing social workers showed none of the fifteen placements they had made had disrupted.

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

16

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

9

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

14

**Number of adopters approved but not matched**

10

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

7

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

0



## Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

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

### Standard 7 (7.1 – 7.5)

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

#### Key Findings and Evidence

#### Standard met?

3

The service recognised the lifelong implications of adoption in its work with birth families. RMBC had a service level agreement (SLA) with After Adoption Yorkshire. Part of the agreement specifies the provision of a “counselling service for birth parents for whom their child (ren)’s plan is adoption. The service was provided locally in Rotherham and was subject to annual review.

There was evidence from Forms E that parent’s views were sought and there were of parental signatures on some of the forms. Some without the signature had a note indicating the parent had declined to sign, it would be positive if all such situations were recorded consistently.

There were no completed questionnaires returned by birth parents or family members but the inspectors were able to meet two birth parents who expressed mixed views of the service. The issues raised with the service were responded to immediately. Files indicated evidence of appropriate social work action in relation to birth families.

### 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

There was evidence in adoption support plans that parents were enabled to contribute to the maintenance of their child’s heritage. There was evidence from both adopters and birth families that there were difficulties experienced with the letterbox system of exchange of information. Some concerns related to information not being exchanged when expected and others about a lack of certainty over how to review the arrangements. The inspectors received comments from adopters and parents seeking assistance that had not been provided, with writing suitable letters. The current letterbox system did not incorporate reminders to trace overdue letters. There was a need to review the time allocated to the letterbox including the level of administrative support.

**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**

There was an established strategy for working with birth parents and birth families. Evidence during the inspection demonstrated that the service responded to concerns raised by birth parents but there was a lack of information available to them about support groups. The local provision of support from After Adoption Yorkshire, now available in Rotherham rather than Doncaster, may assist the accessibility of the service.

## 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

There were procedures in place relating to the conduct and appointment of the panel members. These needed amendments in relation to the need for a gender balance on panel including to maintain quoracy, dealing with disagreements or disruptive members and the appointment of members including the chairperson. The appointment letter to panel members, seen on panel members' files, needed to be reviewed to ensure that expectations about confidentiality were clearly explained.

The panel had recently started to invite attendance of prospective adopters. It was positive to note members received training in this prior to the start of the new procedure.

**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 adoption panel was appropriately constituted. The vacancies for members were being addressed. The inspectors viewed the panel members as suitably qualified and experienced for their role. Before joining the panel new members had the opportunity to observe the panel and of training provided by the panel adviser. There was joint training with the adoption team on at least an annual basis.

The panel observation showed there was clear child focus in the discussions and that business was conducted in a thorough and appropriate manner.

The panel does not consider inter-country adoption as all such applications were dealt with on behalf of the service by DAFWS.

**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

The adoption panel met twice a month and also had a procedure to arrange additional panels if the need arose. The panel system was effectively and efficiently organised. Papers were sent to members well in advance to allow preparation and reading time.

The minutes were informative and clearly recorded the discussions the reasons for conclusions reached and the recommendations made. The inspectors were concerned that the minutes were not available at the following panel and that on occasions two sets of minutes had been ratified at the same panel meeting. While it was recognised that there was considerable pressure on those involved to be able to complete their work within a two-week timescale it was an issue that needed to be addressed.

**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 process of decision-making had been recently changed by the agency. The new decision maker was at a stage of addressing some issues to ensure the smooth operation of the process. The decision maker had appropriate information available in making decisions. The evidence from files seen during the inspection indicated that the formal notification of decisions were not consistently made within the appropriate timescales to avoid delay. The inspectors were aware that this evidence related to the previous system of decision-making. The inspectors did express concern that panel was being asked to consider "best interest decisions" at a very early stage in planning for children. As a consequence there was evidence that a number of situations had to return to panel for revocation of the "best interest decision". In the inspectors opinion there needed to be discussion with the courts and legal services at a senior level to clarify the expectations around timescales and twin-track planning.

## 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 Chief officer responsible for the social service provision was the Executive Director who delegated responsibility for Children's Services to the Head of Children and Family Services. A Service Manager was responsible for overseeing the adoption service, which was directly managed by the Adoption Team Manager that was covered by a job share arrangement at the time of the inspection. The managers had appropriate skills, experience and qualifications. The Service Manager had a Diploma in management Studies. There were job descriptions in place relating to the managers' positions. Lines of accountability were clear, as was the process of delegation.

There was evidence that the service was well managed and that there were appropriate systems in place to ensure the service worked effectively. The managers were well regarded and respected by the staff in the adoption team.

**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**

There was a written recruitment and selection procedure in place for the appointment of staff to work in the adoption service. This included a system to follow-up written references with telephone verification, which was evidenced on the personnel files. Enhanced Criminal Records Bureau Checks (CRB) were in place for managers and a tri-annual renewal system, evidenced on the personnel files.

## Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

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

**Standard 16 (16.1 – 16.7)**

**The adoption agency is managed effectively and efficiently.**

**Key Findings and Evidence**

**Standard met?**

**3**

The service was managed effectively and efficiently. There were clear lines of communication, accountability and of delegation. This was a particular issue in relation to the job-share arrangement, which appeared to work effectively with senior practitioner availability on the occasions when both managers were unavailable. Staff were aware of their responsibility to declare any conflict of interest.

The service had an equal opportunities policy, which was supported by training for staff and evidenced in adopter assessments and matching of children with prospective adopters.

There were clear, concise written procedures, which covered the use of the Adoption Register. These had been updated in accordance with the Local Authority circular LAC (2004) 27.

Evidence in relation to complaints was that the service responded appropriately to issues raised. The inspectors noted that complaints had been used constructively to consider ways to develop the service.

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

**4**

**Number of the above complaints which were substantiated**

**3**

**1 of the 4 had not reached conclusion at the time of the inspection.**



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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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There was an adoption procedures manual in place, which had been reviewed and amended to support good practice. Much of the practice was already in keeping with appropriate procedures and the main focus for changes were the IRM, the adoption support and adoption register procedures. This was evidenced in the Annual Adoption Agency Report 2003/4.

BAAF inter-agency fees documents and H1 and H2 Forms were used as the basis for the financial and practical arrangements. The adoption allowance procedures and standard letters provided information about payments to adopters.

There was evidence of effective monitoring of the service's activity. There was evidence of commitment, knowledge and sustained interest in adoption from elected members. There was an established system of reporting to executive members, including the annual service report, quarterly reports, reports informing members of changes in legislation and quarterly Best Value reports.

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

**Monthly?**

**Quarterly?**

**Less than Quarterly?**

YES

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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
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The service had appropriate access to legal and medical advice. The medical adviser was a panel member and was available to the adoption service staff for consultation about specific situations. A member of RMBC's Legal and Democratic Services Programme attended panel and legal advice was available to staff.

Other specialist advice was available to the service as needed. DAFWS had a specialist role regarding inter-country adoption.

These arrangements worked well and there was a clear written statement describing the role of the specialist advisers. This should be drawn into a written protocol governing the role, use and qualifications of the advisers.

## Employment and management of staff

The intended outcome for the following set of standards is:

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

**Standard 19 (19.1 – 19.14)**

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

### Key Findings and Evidence

**Standard met?**

2

There were clear recruitment and selection procedures for the appointment of staff. Appointments were dependent on a formal interview and written references, which were subject to telephone verification.

There were skilled and experienced social workers within the adoption team. The team presented as committed and enthusiastic. There was a sense of working under pressure of lack of staff at various stages throughout the year and of responding to the various strengths brought to the team by agency workers filling vacancies.

All staff had been the subject of an enhanced CRB check, which was evidenced on personnel files, with a tri-annual renewal system.

Placing social workers valued the advice and support offered by the adoption social workers. Comment was made by some placing social workers of the positive use made of the adoption team duty system which allowed advice to be given for example on the completion of Forms E.

At the time of the inspection none of the adoption team had obtained the Post Qualifying Child Care Award. It was anticipated that at least one of the team would have attained the Award by 2006. The team had a positive view of the training they had received finding it relevant and useful. They had recently undertaken training in competency-based assessments.

All staff undertaking adoption assessments were experienced in family placement work or were closely supervised in the assessment process, including joint working of some home studies.

Section 51 counselling was undertaken by specialist adoption workers through After Adoption Yorkshire. Staff working with birth families had appropriate knowledge of adoption and advice and supervision from managers.

There were letters of confirmation relating to the qualifications of specialist advisors.

**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?**

0

%

**Standard 20 (20.1 – 20.12)**

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

**Key Findings and Evidence****Standard met?****3**

Staff in the adoption service were organised and managed effectively with clear lines of responsibility and delegation. Managers had extensive experience in adoption and childcare work. A management information system was in place to prioritise and manage caseloads. Managers were working on further improvements to this system. There had been changes to the Duty System, which led to the adoption team undertaking all its own duty. While this had increased the amount of duty work it was viewed positively and seen to provide a more informed service.

Social workers reported that although they felt their managers were “very stretched” they had regular, planned supervision and were able to access advice in addition to this more informally.

The service had a comprehensive training programme that workers reported was appropriate to their work.

The administrative staff were well integrated into the adoption team and valued by the social workers. They played a key role in the operation of the Letterbox system and in support of the panel. Despite pressure of work, which was commented on during the inspection, the inspectors noted the positive integration of social work and administrative staff within the adoption team.

All staff directly employed by RMBC had written contracts, job descriptions and conditions of service. All social work staff had registered with the General Social Care Council. The agreement in place with the Reed Employment Agency was also reported to comply with this standard.

Staff were able to access policies and procedures on the RMBC intranet and the Statement of Purpose had been shown to staff and Members.

**Standard 21 (21.1 – 21.4)**

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

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

It was reported that there had been an increase in the staffing level of the adoption team. Funds from the Public Service Agreement and Adoption Support Grant had been used to create two new social work posts and a new administrative post. However, it was also reported that there had been some difficulties in recruiting appropriately skilled and experienced adoption staff and some sickness absence within the team, which left the team under considerable pressure. Managers had addressed the shortfall through the use of agency staff. Staff raised concern that there was a delay in appointing to vacancies, as RMBC did not advertise vacancies until the member of staff has actually left.

The main issue in relation to administrative support from all staff was the pressure on their time. They felt there was not enough time to undertake their work which allowed even less time to provide direct support to social workers. Adoption social workers also reported awareness of the pressure placed on administrative staff.

**Total number of social work staff of the adoption service**

9

**Number of staff who have left the adoption service in the past 12 months**

1

**Number of social work posts vacant In the adoption service.**

1

**Standard 22 (22.1 and 22.3)**

**The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.**

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

There was some evidence that RMBC operated as a fair and competent employer. It was noted that despite the pressure on staff there was some recognition that as an employer RMBC had begun to address issues of retention and recruitment of staff. There were also some continuing issues relating to car parking and allowances which staff saw as essential for the operation of their work. This was considered by the inspectors to be an area for further consideration building on the recent developments, which conveyed the value placed on staff by RMBC.

There was confidential reporting code in operation.

**Standard 23 (23.1 – 23.6)**

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

**Key Findings and Evidence****Standard met?****3**

There was a staff-training programme in place for the Family Placement Service. Staff reported that there was some good quality “in-house” training and some staff were positive about access to appropriate external training. There were also some reports of the process for approval of external training delaying the application beyond the date of the course.

Individual training and development needs were identified through the Individual Performance Review process.

Regular team meetings were identified as a means of up-dating staff on developments and changes in adoption legislation. Shortly before the inspection there had been training in The Adoption and Children Act 2002.

Team meetings were reported to be well attended including by the administrative members of the team.

## Records

**The intended outcome for the following set of standards is:**

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

**Standard 25 (25.1 – 25.5)**

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

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

There were case records in place for each child and approved adopter. The files were very well ordered with index sheets in the front cover, which assisted both storage and retrieval of information. There was evidence on some children’s files of lack of accuracy in recording. There was also evidence of joint recording in relation to siblings rather than a clear focus on each individual child.

Records of status, health and CRB checks were evidenced on the files of prospective and approved adopters.

There were clear and appropriate policies and procedures in place relating to recording, confidentiality and access to records.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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There was evidence on files of appropriate provision of information to adoption agencies. There were pro-forma letters used to confirm confidentiality of information. The procedure for disclosure under the Adoption Agencies Regulation 1983 had been finalised shortly before the inspection and inspectors were informed that it had not yet been introduced across the service, although this work was planned.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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The policy statement "Information on Case Recording" provided a written policy on the purpose, format, and confidentiality issues of recording and of the file content.

Separate records were maintained in relation to staff employed, complaints and allegations. There were sound systems in place to monitor the quality of recording and compliance with timescales. Monitoring forms were evidenced on files and signed by the managers. This system had identified areas for further work in relation to recording, which were being addressed.

Complaints were recorded and stored within the Complaints Section as well as by the Adoption Service Manager. Complaints and their outcomes were reported to the Cabinet Members meetings. Information gained from this process was seen to be used constructively by the service.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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Up to date, comprehensive personnel files were maintained for each member of staff and the members of the adoption panel. They were well organised and the shortfall of photographs being in place was addressed and evidenced before the end of the inspection.

A procedure was in place and used for the tri-annual renewal of CRB checks.

## Fitness of Premises

The intended outcome for the following standard is:

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

Standard 29 (29.1 – 29.5)

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

Key Findings and Evidence	Standard met?	2
<p>The main offices for the team were in Crinoline House in the centre of Rotherham. The adoption and fostering teams also had the Adoption and Fostering Recruitment Centre, which was a shop in the town. Both buildings were suitable for purpose, although it would be beneficial to address the kitchen facilities in the Recruitment Centre.</p> <p>The storage of records in Crinoline House was in suitable locked cabinets and locked rooms. The early archive storage should be risk assessed in relation to possible fire and water damage. A robust Continuity Planning system was in place to provide for disaster recovery. There was appropriate insurance in place for the service.</p>		

**PART C**

**LAY ASSESSOR'S SUMMARY**

**(where applicable)**

**Lay Assessor**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_



**PART D****PROVIDER'S RESPONSE****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 1<sup>st</sup> -3<sup>rd</sup> and 10<sup>th</sup> March 2005 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Provider response available on request.

**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 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 31<sup>st</sup> May 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.3.1 I, \_\_\_\_\_ of Rotherham MBC 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.**

**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:**

--

**Signature**

### Designation

Date \_\_\_\_\_

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

## Commission for Social Care Inspection

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