



Making Social Care
Better for People

inspection report

Local Authority Adoption Services

Gateshead Council Adoption Service

Council Offices

Prince Consort Road

Gateshead

NE8 4HJ

19th October 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

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

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

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

ADOPTION SERVICE INFORMATION

Name of Local Authority

Gateshead Council Adoption Service

Headquarters Address

Council Offices, Prince Consort Road, Gateshead, NE8
4HJ

Adoption Service Manager

Jane Elizabeth Mary Gray

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0191 433 3000

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4HJ

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Certificate number of this adoption service

Date of last inspection

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

Date of Inspection Visit		19th October 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Maureen Moore	125773
Name of Inspector	2	Jayne Ivory	
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection		Giuliana Montixi	

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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 Gateshead 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.

Gateshead Council's adoption service is based in the Northeast of England. The service falls within the remit of the Children's Services Directorate, which is part of the council's wider social services department. It is a relatively small authority serving some 190,000 people.

The service manager oversees the work of the adoption and fostering teams, as well other services for children who are looked after. The newly appointed team manager is responsible for the day to day running of the service. At the time of the inspection the adoption team employed 6 full time social workers.

The adoption service is a member of the Northeast regional consortium and offers the following services:

- Recruitment, preparation and assessment of adoptive parents
- Matching adoptive parents to children
- Inter-country adoption assessments
- Approval of non-agency adopters
- Support and supervision for prospective adopters
- Counselling for birth parents
- Support for children for whom adoption is the plan
- Post adoption contact
- Support and counselling for adults who have been adopted.

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 took place in October 2004. It was the first time that Gateshead Council had had been measured against the National Minimum Standards and the Adoption Agencies Regulations (2003). As a consequence there are some statutory requirements and several good practice recommendations.

It was evident that the service was completing a period of transition following previous upheaval when it had struggled to maintain a stable staffing complement. The service manager for looked after children joined the agency some twelve months prior to the inspection; and the adoption team manager who had been working in an acting-up capacity for several months, was appointed to the post permanently in the days following the inspection.

Gateshead was awarded Beacon status for its adoption service from May 2003 through to June 2004 because of its improvement in the numbers of children placed for adoption. In the twelve months prior to the inspection, Gateshead had placed 19 children for adoption and 3 others had had matches identified. A strategic aim of the service is to improve the numbers of children placed from within its own resources; of the 19 cases cited above, 10 of these involved placements from other agencies. At the time of the inspection, the service was planning to introduce a project, "Parents for Children", based on the Northamptonshire County Council model, which is aimed at developing adoptive placements, from within its own resources, for children who have been traditionally harder to place. Gateshead had also taken the lead in the regional Quality Protects initiative which aims to improve the recruitment of adopters from the Northeast's black and minority ethnic communities.

The inspection found that the service was child-focused and both the service and team managers demonstrated clear leadership, enthusiasm and ambition for the adoption service. The adoption social workers proved to be highly skilled and knowledgeable in their work; they reflected the vision for the development of the service and reported feeling very supported by their managers.

It is understood that Gateshead has suffered from the national shortage of social workers, leading to a relatively high turnover of staff in some of the child care teams. However, if the adoption service is to be seen as a whole system, the quality of the placing social workers' input must be evaluated. The inspection found that the agency needs to invest in quality training and ongoing development for its child care social workers, in all areas of adoption work. The recently appointed service manager for child care fieldwork, impressed as being committed to improving the quality standards in relation to the adoption service.

Quality standards need to be better monitored through all tiers of the system.

The above notwithstanding, at the time of the inspection, the agency had the foundations to develop what could be a very good service. The elected portfolio holder appeared to have a very good grasp of the issues and a passion for improving outcomes for children looked after by Gateshead. The head of service and service managers had a strong strategic vision for continual improvement; and the newly appointed adoption team manager had the respect of the staff group who demonstrated clear commitment and a passion for the work. The service has a good adoption panel and access to excellent legal and medical advice.

The following is a brief summary of how the agency fared against the National Minimum Standards (NMS) and Adoption Agencies Regulations (the regulations):

Statement of Purpose (Standard met)

The service has a statement of purpose which meets the NMS and regulations; it was endorsed by the executive side of the council in July 2004. It is recommended that the service promotes the statement of purpose to child care colleagues in order to facilitate better understanding across the whole service. It is recommended that the service considers producing children's guides that are more reflective of the Gateshead's services and that it consults with children and young people in their development.

Securing and Promoting Children's Welfare (Standard almost met)

The inspectors found evidence that the adoption process in Gateshead is child-centred. Gateshead has taken a pro-active stance towards its strategy for the recruitment of adopters; marketing data was analysed in order to inform future recruitment campaigns. Evidence was shown that the service had improved its initial enquiry rate by some 93% during the year preceding this inspection,

Case files and panel papers demonstrated carefully considered matching of children with adoptive families. Matching reports were good and were evident of positive joint working between adoption and child care social workers.

Prospective and Approved Adopters (1 standard met; 3 almost met)

The inspection revealed that applicants are welcomed without prejudice and written information sets out clearly the eligibility criteria. Adopters reported that they felt informed throughout the process and they spoke well of the training and preparation process.

The assessment of prospective adopters was found to be of a good standard. However, it was found that the quality of the Forms E produced by the agency's social workers to be of inconsistent quality; ranging from very good to poor.

There were some excellent examples of adopters being helped and supported to provide stable and permanent homes for children. However the inspectors found that the adoption support service, in general, was at a very early stage in its development. It is recommended

that the service undertakes a workload analysis of this area of work in order to satisfy itself that sufficient resources are in place to meet the increasing demand. Although understanding of its importance was clearly demonstrated, it was found that in practice, life-story work was not given a high priority.

Birth Parents and Families (3 standards almost met)

Gateshead has a service level agreement with After Adoption to provide birth families with independent support from the point of adoption becoming the plan for the child; the take-up rate for this service is generally poor. The agency provides a leaflet regarding the services available to birth parents and families. There is a letterbox scheme for maintaining indirect contact between birth families and children.

Adoption Panels and Agency Decisions (3 standards almost met; 1 not met)

There is a properly constituted panel comprised of relevantly qualified and experienced people. It meets monthly. Prospective adopters are given the opportunity to attend the panel and are given appropriate information beforehand. Documentary evidence of CRB disclosure was not in evidence on some panel members' files. It is recommended that the administrative procedures relating to panel business are reviewed. The panel attended by the inspector was extremely well chaired and very clearly focused. Discussion was thorough, child-centred and sensitive. Agency decisions were not generally made in a timely manner; delay occurred in the minutes being made available to appropriate parties.

Fitness to Provide or Manage an Adoption Agency (1 standard met; 1 almost met)

There was evidence throughout that both the service and team managers exercised effective leadership; and that there was a sense of clear vision and purpose regarding the further development of the service.

Provision and Management of the Adoption Agency (1 standard met; 2 almost met)

Roles within the service are clearly defined, communication is good and accountability clear. The service has a range of tools for monitoring and controlling its activities; but there was evidence that some of these systems need tightening up.

Employment and Management of Staff (3 standards met; 2 almost met)

The agency has clear recruitment and selection procedures in which all staff who conduct interviews are trained. There is a system in place that ensures renewal of CRB checks every three years. All social workers are professionally qualified, and it was evident that the adoption team workers are very skilled and knowledgeable in their work. There was evidence of regular staff supervision and appraisal. Team meetings are held every two weeks. There was evidence that staff are managed and monitored by people who have the appropriate skills and at the time of the inspection the adoption team appeared to be sufficiently staffed and workers reported that their workloads were manageable. Training issues are taken seriously; there is an in-house training plan, which is reviewed annually, and workers can access appropriate external courses also.

Records (3 standards almost met; 1 not met)

Gateshead keeps records on children and adopters; those seen during the inspection were of variable standards. There was no evidence of management oversight; nor was there any record of supervision decisions. All current files are stored in lockable cabinets; archived records are kept in fireproof and waterproof cabinets within a secure area of the civic centre. The service has an appropriate statutory complaints procedure.

Fitness of Premises (Standard met)

The premises that house the adoption service are generally fit for purpose. The administrative systems appear to be efficient and the building is adequately protected and insured.

Reports and Notifications to the Local Authority and Secretary of State

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

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

NA

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

NA

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

NA

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

NA

The grounds for the above Report or Notice are:

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

Requirements from last Inspection visit fully actioned?

NA

If No please list below

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

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

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

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

STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	2 (2003)	LA1	The agency must produce children's guides that comply with this regulation and the attendant schedules.	June 2005
2	9 (2003)	LA2	The agency's child protection procedures must be updated to include specific reference adoption cases.	April 2005
3	8 (1983)	LA4	The service must ensure that it is clearly recorded when adopters have agreed to waive their rights to submit their observations of the assessment report within 28 days of its completion.	April 2005
4	9 (2203)	LA4	The head of service must report back to the commission, the findings of the investigation cited under standard 4.	April 2005
5	15	LA11LA15 LA19LA28	The service must ensure that the panel members' and staff files contain all information required under the regulations and NMS.	April 2005
6	14 (1983)	LA12	The agency must ensure that individual minute items extracted for case files refer to only those concerned; these pieces should also be dated and state who was present for the discussion.	April 2005
7	11 A (3)	LA13	The service must ensure that all relevant parties are informed of agency decisions in writing.	April 2005

GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

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

No.	Refer to Standard *	Recommendation Action
1	LA1	The agency should consider consulting with children and young people when developing its children's guides.
2	LA2	The agency should monitor the expansion of the role of the marketing officer. The agency should consider reviewing its "shortlisting" procedures and make them explicit to child care teams.
3	LA3	The agency should monitor closely the timing between applicants receiving information and the commencement of the assessment. The agency should consider whether the team is best suited to meet the needs of those people wishing to adopt from overseas. The agency should develop a system that formalises the prioritisation of adopters process.
4	LA4	The agency should measure its timescales from the point of initial enquiry, rather than from the point of receipt of the formal application. The agency should review and make explicit the definitions of its classification of applicants who are turned down or counselled out.
5	LA5 LA6 LA7 LA8 LA19	The agency should put in place comprehensive training on all matters relating to adoption for child care social workers social workers. Quality assurance systems should be developed to monitor this work.

6	LA6LA7	<p>The agency should put in place a coherent strategy for the post-adoption service.</p> <p>The agency should undertake a workload analysis of this area of work in order to satisfy itself that sufficient resources are in place to meet the increasing demand.</p> <p>The agency should evaluate the service level agreement with After Adoption.</p> <p>The agency should monitor the existence and quality of life-story work and it should consider the training needs of all workers involved in this process.</p>
7	LA7 LA8LA9	<p>The agency should develop a coherent strategy for its work with birth parents and families.</p>
8	LA10	<p>The agency should review its written policies and procedures relating to the functions and operation of the panel to comply with the standard.</p> <p>The panel chair should meet with the agency decision maker regularly to discuss the quality of cases presented to the panel.</p>
9	LA11	<p>The agency should consider facilitating appropriate training events for panel members that are also open to adoption and child care social workers.</p>
10	LA12LA13 LA20	<p>The agency should review the resources and systems pertaining to the administration of the panel.</p>
11	LA13	<p>The timeliness of the decision making and the subsequent confirmation in writing should be monitored as part of the tracking of all adoption cases.</p>
12	LA17LA25	<p>The agency should tighten up some its systems for monitoring and controlling its activities across the service.</p> <p>Evidence of case decisions should be put on files.</p> <p>All case files should be audited regularly with evidence of any remedial action required and its completion.</p>
13	LA18	<p>The agency should develop written protocols governing the roles of specialist advisers.</p>
14	LA19	<p>The agency should keep a record of the clearance number on CRB checks.</p>

15	LA20	<p>Any workload review of the placing social workers within the service should take into account the complexity and diversity of cases, so that life-story work and work with birth families is given appropriate weighting.</p> <p>The service should review the configuration of its administrative output so that the workload is more evenly spread.</p> <p>The service should review the job descriptions and grading of its administrative workers.</p>
16	LA21	The service should introduce a workload management system in the adoption team.
17	LA23	The agency should consider developing an induction training programme that includes an adoption work element for all new placing social workers.
18	LA25LA27	All social workers should be given training on case recording and file maintenance.
19	LA26	Written policies and guidance should take into account the Human Rights Act 1998.
20	LA28	The service should keep notes of successful interviews on employees' files.
21	LA29	The agency should consider the adequacy of work space for all members of the adoption team.

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

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	NO
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	NO
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	YES
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	YES
• Interview with birth family members	YES
• 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	19/10/04
Time of Inspection	09.30
Duration Of Inspection (hrs)	8
Number of Inspector days	90
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)	12

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
<p>Gateshead’s adoption service has a statement of purpose that is clearly written and which meets the National Minimum Standard (NMS) and the Adoption Agencies Regulations (the regulations). Managers and staff confirmed that the document reflects accurately the work of the service. The statement of purpose was endorsed by the executive side of the council in July 2004 and it will be reviewed annually thereafter.</p> <p>At the time of the inspection, the agency was undertaking a comprehensive review of its policies and procedures in order that they are compatible with the statement of purpose. The commission was supplied with an outline of the work to be done and timescales for completion were appropriate.</p> <p>Although the document “is available” to other professionals, it is recommended that the adoption team considers promoting its statement of purpose to colleagues across the child care services in order to facilitate better understanding within the department.</p> <p>The agency has produced its own guide for younger children which must be amended to comply with schedule 2 of the 2003 regulations. At the time of the inspection, the service used the BAAF children’s guide, as information for older children; with more localised information appended as appropriate. It is recommended that the agency considers producing a guide that is more reflective of the services of Gateshead and that it consults with children and young people who use the service, in its development.</p> <p>At the time of the inspection none of the guides was available in languages other than English; or in formats to assist those with communication and or learning difficulties. However it is understood that these points were being addressed by the communications department in relation to all children’s services.</p> <p>There was evidence during the inspection that the agency uses a translation service as and when appropriate.</p> <p>See Requirement 1 See Recommendation 1</p>		

<p>Has the Statement of Purpose been reviewed annually? (Record N/A if the information is not available)</p>	<p>NA</p>	
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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?	3
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The inspectors found evidence that the adoption process in Gateshead is child-centred. Confirmation was found through observation of the adoption panel and discussion with the panel chair as well as discussion with, and questionnaires from, adoptive parents and placing social workers .

There was evidence throughout the inspection that Gateshead has taken a pro-active stance towards its strategy for the recruitment of adopters. There was evidence also that marketing data was analysed in order gauge the efficacy of campaigns in terms of cost-effectiveness and outcomes. The recruitment and marketing officer is responsible for co-ordinating and reviewing recruitment drives. Discussion with this worker revealed an efficient and creative approach to the recruitment of suitable adopters. Evidence was shown that the service had improved its initial enquiry rate by some 93% during the year preceding this inspection,

It was confirmed that the needs of children waiting and details of prospective adopters are discussed at fortnightly adoption team meetings to consider potential matches. If no families are available internally, then referrals are made to the National Adoption Register and the regional consortium. Profiles are sent also to independent agencies and publications such as Be My Parent and Adoption Today.

Gateshead plans to implement a "Parents for Children" project which is based on the Northamptonshire County Council model, which focuses on finding adoptive families from within their own resources, for children who are traditionally harder to place.

Gateshead takes the lead role in the consortium initiative to meet the challenge of recruiting adopters from black and minority ethnic communities in the region. It was acknowledged that the response in this area had hitherto been poor; and confirmation was given of the need to analyse the reasons for this.

The recruitment and marketing officer works across fostering and adoption on a part-time basis; it recommended strongly that the expansion of this increasingly pivotal role is monitored and reviewed continually lest the capacity be overstretched.

Case files and panel papers demonstrated carefully considered matching of children with adoptive families. Matching reports were good and were evident of positive joint working between adoption and child care social workers. However, some concern was raised the regarding the apparent lack of clarity regarding the "short-listing" process when selecting potential matches. It is suggested that this part of the procedures is reviewed and clarified for workers.

Evidence was seen during the inspection of a child protection investigation which appeared

to have been carried out appropriately. However, the agency's child protection procedures must be updated to include specific reference adoption cases.

See Requirement 2

See Recommendation 2

In the last 12 months:

How many children were identified as needing adoptive families?	26	
How many children were matched with adopters?	3	
How many children were placed with the service's own adopters?	9	
How many children were placed with other services' adopters?	10	
How many children were referred to the Adoption Register?	23	
In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?	22	
What percentage of children matched with the adoption service's adopters does this represent?	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?	X	
On the date this form was completed, how many children were waiting for a match to be identified?	23	

Prospective and approved adopters

The intended outcome for the following set of standards is:

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

Standard 3. (3.1 – 3.3 and 3.5 - 3.6)

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

Key Findings and Evidence

Standard met?

3

Discussion with approved adopters and social workers during the inspection revealed that applicants are welcomed without prejudice to the Gateshead service. Written information which sets out clearly the eligibility criteria is sent out to prospective adopters following an initial enquiry. Discussion with, and questionnaires from adopters indicated that appropriate information was received promptly comments included: "...information...was informative and honest...not overly daunting...".

There was evidence of some delay occurring between the receipt of information and the commencement of the assessment process. It is recommended that the adoption service monitors closely the timing of this part of the process.

Adopters reported that they felt informed throughout the process and that at information evenings and during preparation they had been given access to other adopters, which was found to be helpful.

Gateshead had had one referral regarding inter-country adoption in the year preceding the inspection; any applicants are given the appropriate BAAF leaflet. Although the service keeps up to date with the criteria of other countries in relation to overseas adoption; Gateshead should consider whether the team is best suited to meet the needs of this specialist provision.

Although the inspection revealed evidence that the service does, in practice, prioritise prospective adopters who are more likely to meet the needs of children waiting; it recommended that Gateshead develops a system that formalises this process so that all involved are aware of the procedure.

See Recommendation 3

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

Adopters spoke well of the preparation training and there was evidence on files that the courses formed part of the assessment process, however the inspectors felt that the evaluation of the contribution made by the participants should be more analytical.

At the time of the inspection, the service was considering linking up with consortium partners to deliver separate preparation groups for second time adopters; this is viewed by the inspectors as a timely intervention as the numbers of such adopters are increasing.

Gateshead uses the BAAF Form F model of assessment for prospective adopters. There was evidence on files and from case tracking interviews with placing social workers that adoption social workers produce comprehensive, evidence based assessments. The Forms F seen were of a high standard, with evidence of good analytical insights. Placing social workers' comments included the following: "Excellent Form F... thorough assessment of adopters and their potential"; "When I met the couple they met my expectations from reading the Form F" and "Excellent Form F...honest and realistic".

The agency has a comprehensive equal opportunities policy which provides the backdrop for the anti-discriminatory framework within which all services of the department are expected to operate.

Adopters who were interviewed and who returned questionnaires confirmed that that social workers had mostly conducted their business with sensitivity, skill and understanding. Comments included "I was dreading the home study but...[the social worker] was fabulous...[I] never felt uncomfortable" and "...it's been a fantastic experience thanks to [the] friendly, caring staff...".

From the returned adopters' questionnaires there were two that that offered views different to the above. They were both from single people who said that they had felt unwelcome and at a disadvantage. General points from these questionnaires were raised by the inspectors who were reassured that the managers had been aware of the issues raised and had indeed taken remedial action. The inspectors were satisfied, that at the time of the inspection, single adopters are welcomed without prejudice in Gateshead (two of the adopters who were interviewed were single people).

The inspectors found that assessments were completed in a timely manner, although it is suggested that the service should measure its timescales from the point of initial enquiry rather than from the point of receipt of the formal application.

The service must ensure that when adopters have agreed to waive their rights to submit their observations of the assessment report within 28 days of its completion, this is clearly recorded on the case file. Inspectors found inconsistent practice in this area.

Although there was evidence on adopters' files of CRB and other statutory checks being undertaken; the inspectors found that a local authority investigation in one case had failed to highlight significant child protection involvement with a close member of an applicant's family. The head of service confirmed that he would investigate this issue with the said local authority and report back to the commission.

The service should review its classification of applicants who are turned down or counselled out as there was evidence of a lack of clarity in such cases.

See requirements 3, 4

See Recommendation 4

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 evidence that some adopters were given sufficient information on children; initially through the provision of a Form E; and subsequently via discussion with relevant parties, including access to specialist advisers.

However, the inspectors found that the quality of the Forms E produced by the agency's social workers to be of inconsistent quality; ranging from very good to poor. Managers confirmed that development of this area of work was needed; and were planning training to address these issues.

There was evidence of excellent contribution from the medical adviser in relation to this standard. Adopters and social workers commented on the clear explanation of medical matters, so that adoptive parents could make informed decisions regarding matching issues.

The matching, introduction and placement processes are covered in the preparation training for prospective adopters. At the time of the inspection, the service was developing written material regarding these issues which was expected to be completed before the end of the year.

Gateshead supplies written information on the National Adoption Register to approved adopters.

The placement agreement refers to the points covered in 5.3 of the NMS and verbal explanations for the rationale are given at the placement agreement meeting. It is good that the service has devised an appropriate form to be signed at the placement agreement meeting. This will include a brief explanation of the importance of giving birth families information, such as if a child dies during childhood or soon afterwards. Records are kept of adopters' decisions.

Although the service confirmed that prospective adopters must prepare a family book for sharing with children for whom they are considered a suitable match, none was seen during the inspection.

Adopters are given the guidelines issued by the DfES on the role of the National Adoption register.

See Recommendation 5

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 were some excellent examples of adopters in Gateshead being helped and supported to provide stable and permanent homes for the children placed with them. However the inspectors found that the adoption support service, in general, was at a very early stage in its development.

A part time social worker had been appointed in the year preceding the inspection and was attached to the social work therapy team. Her main brief is to identify the need for, and co-ordinate therapeutic services for adopted children and their families. There was evidence of her consultation with various teams regarding what these needs might be, and the development of a support directory; but the inspectors found that the service needs to put in place a coherent strategy regarding all post-adoption services. It is recommended that the service undertakes a workload analysis of this area of work in order to satisfy itself that sufficient resources are in place to meet the increasing demand.

Gateshead has a service level agreement with After Adoption to facilitate some of this work but there was no evidence of its use being monitored in terms of uptake or outcomes. It is suggested that this be addressed. There were some examples of the duplication of information being given to adopters by After Adoption and Gateshead's own services.

Discussion with placing and adoption social workers revealed that the agency takes seriously the importance of keeping safe information on the child provided by birth families and of the development of life-story work; however, it was found that in reality this work was not given a high priority in Gateshead. Evidence was seen of some life-story work that had been completed by a foster carer; it contained reflection of the child's stay in that placement, but there was no reference to the child's earlier life. The adoption service should develop a system of monitoring the existence and quality of life-story work for children who have adoption as their plan. It is further recommended that agency considers the training needs of all workers involved in this process.

There was an example of a good later-life letter on one file; but again general practice in this very sensitive area of work was found to be inconsistent.

Whenever a disruption of a placement occurs, a meeting is held during which all relevant information is considered and it is chaired by an independent person. There were no placement disruptions during the twelve months preceding the inspection.

See Recommendations 5, 6

Number of adopter applications started in the last 12 months	29	
Number of adopters approved in the last 12 months	19	
Number of children matched with the local authority's adopters in the last 12 months	9	
Number of adopters approved but not matched	11	
Number of adopters referred to the Adoption Register	13	
How many placements disrupted, between placement and adoption, in the last 12 months?	X	

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>Gateshead has a service level agreement with After Adoption to provide birth families with independent support from the point of adoption becoming the plan for the child. The service acknowledges that the take-up rate is low, and at the time of the inspection work had commenced to improve this; including the provision of a link to After Adoption on Gateshead’s website.</p> <p>Although birth families are advised they can approach the agency at any time for advice and support (which is supplemented with written information); the inspectors found that the child care social workers would benefit from further professional development; particularly when engaging with birth parents and their families at the beginning of the process. It is found that skilled working at this early stage tends to reap benefits regarding the quality of information for the child in later life – as well as increasing the likelihood of the birth families feeling able to seek support.</p> <p>As alluded to earlier in this report, the quality of information contained in the Forms E was variable; there was mixed practice regarding the birth families’ views being recorded, and of their involvement in the planning process. It is recommended that this stage of the procedure is subject to scrutiny early in the quality assurance process.</p> <p>The inspectors acknowledge the work being undertaken with After Adoption and independent reviewing officers, but would urge the service to develop a coherent strategy for its work with birth parents and families.</p> <p>See Recommendations 5, 6, 7</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**

Gateshead has a policy on post adoption support (which is under review pending the forthcoming new regulations). The agency provides a leaflet regarding the services available from After Adoption to birth parents and families.

Inspectors again found variation in the standards of practice in this area of work. Please refer to other references earlier in this report about the development of strategies and social work practice that have been recommended in relation to working with birth parents and families.

There were inconsistencies on children's adoption files in terms of format and content. Despite the service having a clear policy and guidance for social workers, some evidence on these files betrayed an apparent lack of understanding of their purpose. The service must review its systems for monitoring the quality of this work.

Gateshead has a letterbox scheme for maintaining indirect contact between birth families and children. There was evidence on files of post adoption contact being planned and established.

See Recommendations 5, 6, 7

Standard 9 (9.1)

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

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

The inspectors found mixed standards of practice. Please see earlier recommendation regarding the need for a coherent strategy to be developed for work in this area.

See Recommendations 5, 7

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>The adoption panel was observed and the chair was interviewed as part of the inspection process. The service has written policies and procedures relating to the functions and operation of the panel which should be amended to cover all points under 10.2 of the National Minimum Standards.</p> <p>All prospective adopters are given the opportunity to attend the panel and are given appropriate information beforehand.</p> <p>Although the panel chair reports on quality issues to the panel's agency adviser, it was recommended during the inspection that the panel chair should meet with the agency decision maker regularly to discuss all issues, including the quality of cases, presented to the panel. This would provide independent overview of any practice issues. The agency agreed to consider this.</p> <p>See Recommendation 8</p>		

Standard 11 (11.1 – 11.4)

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

Key Findings and Evidence**Standard met?**

2

Gateshead's adoption panel is properly constituted and comprises relevantly qualified and experienced people. All panel members are interviewed prior to being appointed and are given an induction pack which contains comprehensive information. At the time of the inspection, an induction programme for new members was being developed. All panel members have the opportunity observe panel prior to commencement.

The panel receives at least one full day's training per year. It is recommended that the service gives consideration to facilitating appropriate training events for panel members, which are also open to adoption and child care social workers. Panel members have received general information on issues relating to Inter-country adoptions; It is understood that formal training will be offered within the next financial year.

The service had stated that all members of the panel have CRB clearance; however, examination of the panel members' files revealed that the documentary evidence was not available on all files. It is commendable that within days of the inspection being completed, notification was received by the commission, that some of these issues had been dealt with.

All panel members had signed a confidentiality agreement.

The service must ensure that the panel members' files contain all information required under Regulation 15 and Schedules 3 & 4 of the Adoption Agencies Regulations (2003).

See Requirement 5

See Recommendation 9

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 inspection revealed some good practice in relation to this standard.

Panels are held calendar monthly, and panel members receive the papers seven days prior to the panel date. This was borne out during the inspection. The panel has administrative procedures, but the inspectors believe that the resources and systems pertaining to the administration of the panel should be reviewed; this is remarked upon more fully under standard 20 in this report.

The panel attended by the inspector was extremely well chaired and very clearly focused. It was clear from this observation that papers had been carefully considered by each member. Discussion was heard to be very child focused and very sensitive to all involved. Questions were insightful, and the legal and medical advice was thorough and informed.

It was noted that there was not time for all agenda items to be covered; and although one or two panel members had pressing business elsewhere, they did stay to ensure all cases were heard. However, the agency report could not be discussed. One panel member suggested a review of the structure of future agendas to avoid such situations, and this was agreed in principle.

The minute taking was seen to be accurate, and of good quality. Responsibility for minute-taking fell to the chief executive's department, due to historical reasons.

The service must ensure that individual minute items extracted for case files refer to only those concerned; these pieces should also be dated and state who was present for the discussion.

See Requirement 6

See Recommendation 10

Standard 13 (13.1 – 13.3)

The adoption agency's decision is made without delay after taking into account the recommendation of the adoption panel and promotes and safeguards the welfare of the child.

Key Findings and Evidence

Standard met?

1

The head of children's services is the agency decision maker. He confirmed that he had access to all papers for each case. The inspectors found that agency decisions were not generally made in a timely manner. From discussion with various people across the service this would appear to be because the minute taker is not attached to the adoption service, but to the chief executive's department; and so hold-ups occur in the processing of minutes and their delivery to the relevant people. It was recommended strongly, during the verbal feedback that that this protocol be reviewed. It is commendable that immediately following the inspection, plans were put in place to transfer this responsibility to staff within the adoption service.

There was evidence that some agency decisions are not always conveyed in writing to the relevant people; or at least copies were not being put on file. This contravenes 11A (3) of the 1983 Adoption Agencies Regulations.

It is recommended that the timeliness of the decision making and the subsequent confirmation in writing is monitored as part of the tracking of all adoption cases.

See Requirement 7

See Recommendations 10, 11

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 service manager with responsibility for children looked after had been in post for twelve months prior to the inspection. She was found to be extremely knowledgeable and experienced in issues to do with child care and adoption work. She is appropriately qualified.

The adoption team manager was, at the time of the inspection, operating in an acting-up role (a position confirmed as permanent in the days following the inspection). Again, she proved to be very knowledgeable and experienced in adoption work. She holds a professional qualification but will need to embark on an appropriate managerial course within six months of her permanent appointment.

Although there had been a recent history of instability within the adoption team and its management, the inspectors found the service to be well managed currently. There was evidence throughout that both the service and team managers exercised effective leadership; and that there was a sense of clear vision and purpose regarding the further development of the service.

Does the manager have Management NVQ4 or equivalent?

NO

Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?

YES

Standard 15 (15.1 – 15.4)

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

Key Findings and Evidence

Standard met?

2

There was no evidence on the manager's personnel file of qualifications and although there was confirmation of CRB clearance, the disclosure number was not recorded. There was only one written reference held on file and no evidence of telephone call follow-up.

The service was informed that the Human Resources department must audit the personnel files to ensure compliance with regulations and NMS. It is commendable that immediately following the inspection, plans were put in place to remedy these shortfalls.

See Requirement 5

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

There was some evidence during the inspection that the service is run in an effective manner and in accordance with the statement of purpose. As alluded to elsewhere in this report, at the time of the inspection, the adoption service was emerging from a state of transition; but it is believed that some of the fundamental components are now in place to develop a very good service. A new service manager for the child care teams had recently been appointed and the inspectors were impressed with the commitment to working closely with the adoption team in order to raise standards across the service.

Staff are aware of their responsibility to declare any possible conflicts of interest

Roles are clearly defined, communication within the service is good, and accountability clear. Discussion with staff confirmed this. Gateshead has a clearly set out equal opportunities policy within which all services are expected to operate; this provides the structure for the anti-discriminatory practice within which the service operates. Gateshead took the lead in the northeast regional initiative to address the shortfall in appropriate adoptive placements for children and young people from black and minority ethnic communities.

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

X

Number of the above complaints which were substantiated

X

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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There was evidence of the service monitoring and controlling its activities through supervision of staff; panel reports; reports to the executive side of the council and its contribution to children’s service’s annual business plan. The management information officer produces annual statistics and analysis of activity within the adoption service.

There were indications that some of these systems need tightening up: there was no evidence on files seen during the inspection of decisions taken during the supervision process or of files having been audited. This should be remedied, as there was evidence of some shortfall in the quality assurance systems in relation to both the adopters’ and children’s adoption files.

Discussion with the portfolio holder for children’s services revealed her to be very well informed on a wide range of issues regarding looked after children, and with issues pertaining to adoption matters.

See recommendation 12

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?	2
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As referred to earlier in this report the adoption service has access to excellent medical and legal advisers. Without exception, all who commented, cited the availability of and high quality advice from, the medical adviser.

The adoption service also has access to specialist services from the therapeutic and REALAC teams; as well as the CAMH services.

The adoption service should develop written protocols governing the roles of specialist advisers.

See Recommendation 13

Employment and management of staff

The intended outcome for the following set of standards is:

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

Standard 19 (19.1 – 19.14)

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

Key Findings and Evidence

Standard met?

2

The agency has clear recruitment and selection procedures in which all staff who conduct interviews are trained. Although there was confirmation on personnel files of enhanced CRB clearance having been obtained, the clearance number had not been recorded. It is recommended that this be remedied in future. There is a system in place that ensures renewal of CRB checks every three years.

Two written references must be taken up in respect of all newly appointed staff within the agency, and followed up with telephone enquiries (including internal appointments). The service must ensure that in the case of all personnel files Schedules 3 & 4 of the regulations are adhered to.

All social workers are professionally qualified, and it was evident that the adoption team workers are very skilled and knowledgeable in their work. Seven members the team hold the hold the PQ1 award.

Section 51 counselling is undertaken by all social workers for which they are appropriately trained.

As alluded to elsewhere in this report, the inspectors found that in order for the adoption service to function as a whole system, consideration should be given to addressing the training and developmental needs of placing social workers within the agency. There was evidence of variable standards of knowledge and practice in relation to adoption work

See Requirement 5

See Recommendations 5,14

Do all of the adoption service's social workers have DipSW or equivalent?

YES

What % of the adoption service's social workers have a PQ award?

X

%

Standard 20 (20.1 – 20.12)

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

Key Findings and Evidence

Standard met?

2

The inspectors found evidence of regular staff supervision and appraisal. Team meetings are held every two weeks. There was evidence that staff are managed and monitored by people who have the appropriate skills.

It is recommended that any workload review of the placing social workers within the service takes into account the complexity and diversity of cases, so that life-story work and work with birth families is given appropriate weighting.

The level of management delegation and responsibilities are clear and communication appears to be open and effective.

Training and development was seen to be important to the adoption service. Staff have access to regular external and internal courses and all staff were able to take part in the recent DfES consultancy days throughout the country. There was evidence that staff are supported to undertake training; however it was reported that there had been problems in the facilitation of backfill for staff undertaking PQ courses.

At the time of the inspection, the administrative teams comprised five workers plus a senior administrator. This team has responsibility all adoption, fostering and under 8s work.

The inspectors found the administrative staff to be efficient and hardworking; evidence from adopters indicated that their initial response to enquiries and subsequent contact was very good. However it is recommended that the service reviews the configuration of its administrative output; difficulties arose for example, when the preparation for panel clashed with the boarding-out payments to foster carers.

As alluded to earlier in this report, at the time of the inspection, the responsibility for the minute taking for the adoption panel lay with the chief executive's department, which often led to delays in the process. Following discussion with the managers it was agreed that this would be reviewed. It is commendable that in the weeks immediately following the inspection, the service agreed to establish an additional post by December 2004.

It is recommended that the service reviews the job descriptions and grading of its administrative workers as issues were raised regarding apparent inequalities with support staff in the children and families team.

See Recommendations 20

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?	3
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At the time of the inspection the adoption team appeared to be sufficiently staffed and workers reported that their workloads were manageable. It is recommended that the service introduces a workload management system in order that effective monitoring can take place - particularly regarding the expanding roles of the adoption support social worker and the marketing officer; and in light of the significant increase of initial enquiries.

It was noted that there had been a high turnover of staff in child care teams and recognition that this had contributed to the variable standards of quality in relation to adoption work.

Gateshead had recently revised its staff retention policies and created a more attractive career structure. It was reported that the service does not have a flexible working system but that staff receive time off in lieu of extra hours worked.

See Recommendation 16

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	X
Number of social work posts vacant in the adoption service.	X		

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

Key Findings and Evidence	Standard met?	3
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North Tyneside Council has apparently sound employment policies and practices. Staff reported that they were supported well by the management structure. The council has a whistleblowing policy of which staff confirmed they are aware.

Please refer to the points made under standard 20 of this report in relation to the perceived inequalities between the administrative staff in the adoption and children and families team.

The council has appropriate public liability and professional indemnity insurance.

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

As mentioned elsewhere in this report, the adoption service views training issues seriously. Gateshead has an in-house training plan, which is reviewed annually; and workers can access appropriate external courses. Training needs are identified through the supervision and appraisal systems.

Although staff are given an induction pack when they join the service, and are mentored by the senior practitioner; it is recommended that the service considers developing an induction training programme that includes an adoption work element for all new placing social workers.

Staff are apprised of relevant legislative and policy changes via regular team meetings, as well as attendance at external events, both local and national.

See Recommendation 17

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
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Gateshead keeps records for each child, prospective and approved adopters. There is clearly set out guidance on what information should be kept in files. It is recommended that all social workers are given training on case recording and file maintenance, as the files seen during the inspection were of varying standards. For example, one adopter's file had case notes missing and there was no evidence to suggest remedial action had been taken to retrieve them. In a child's adoption file, inappropriate information was stored, and other information was inconsistent.

The service has management audit tools for the oversight of files, but there was no evidence of their being used on the files seen during the inspection. Neither was there any evidence of case decisions taken during supervision. It is recommended that quality assurance systems are tightened up across the service.

All current files are stored in lockable cabinets; archived records are kept in fire and waterproof cabinets within a secure area of the civic centre.

The recording arrangements are congruent with the Looking After Children system.

See Recommendations 12, 18

Standard 26 (26.1 – 26.2)

The adoption agency provides all relevant information from its case files, in a timely way, to other adoption agencies and local authorities with whom it is working to effect the placement of a child.

Key Findings and Evidence	Standard met?	2
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Gateshead has clearly set out policies and procedures in relation to this standard, which were confirmed to work very well in practice by the administrative team. However, the written guidance should be updated to take into account the requirements of the Human Rights Act 1998.

See Recommendation 19

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

References to, and recommendations regarding the case recording and the upkeep of files can be found elsewhere in this report. The service has an appropriate statutory complaints procedure. It is recommended that the service maintains its own records of complaints and allegations in relation to adoption matters.

All written records should be dated; this was not the case on files seen during the inspection.

See Recommendation 18

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

Staff and panel members' personnel records did not meet this standard. All personnel files must be updated to ensure that they comply with Regulations 6 and 15 of the Adoption Agencies Regulations.

It should also be noted that interviewers should keep notes of a successful interview on the employee' files.

It is commendable that immediately following the inspection, plans were put in place to remedy these shortfalls.

See Requirement 5

See Recommendation 20

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

The premises that house the adoption service are generally fit for purpose. However, the inspectors had concerns regarding the allocated office space to the adoption team. Particularly in the case of the team manager, who does not have her own office, and is situated in close proximity to the people she supervises. There is a meeting room available for meetings and supervision, but these have to be booked in advance.

The administrative systems appear to be efficient and all records are kept in a lockable room. There are lockable facilities for records, and IT systems are protected by passwords and ant-virus arrangements. The building is adequately protected and insured.

Gateshead is in the process of updating its disaster recovery plan, and the adoption team manager confirmed that aspects of it that relate to the adoption service had been submitted for inclusion.

See Recommendation 21

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 19 October 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary

NO

Comments were received from the provider

NO

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

NO

Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report.

NO

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 18 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>

NO

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

Print Name _____

Signature _____

Designation _____

Date _____

Or

D.3.2 I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____

Signature _____

Designation _____

Date _____

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

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