



*Making Social Care
Better for People*

inspection report

Local Authority Adoption Services

**Walsall Metropolitan Borough Council
Adoption Service**

Civic Centre (1st Floor)

Darwall Street

Walsall

WS1 1RG

18th January 2005

Commission for Social Care Inspection

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

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

The role of CSCI is to:

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

Inspection Methods & Findings

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

The 4-point scale ranges from:

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

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

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

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

ADOPTION SERVICE INFORMATION

Name of Local Authority

Walsall Metropolitan Borough Council Adoption Service

Headquarters Address

Civic Centre (1st Floor), Darwall Street, Walsall, WS1 1RG

Adoption Service Manager

Beate Wagner

Tel No:

01922 658239

Address

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Fax No:

01922 646350

Email Address

Certificate number of this adoption service

Date of last inspection

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

Date of Inspection Visit		18th January 2005	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Pat McKay	125790
Name of Inspector	2	Vivien Slyfield	
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			

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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 Walsall Metropolitan Borough Council Adoption Service. The inspection findings relate to the National Minimum Standards for Local Authority Adoption Services published by the Secretary of State under sections 49 of the Care Standards Act 2000.

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

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

The report will show the following:

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

This report is a public document.

INSPECTION VISITS

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

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

The Metropolitan Borough of Walsall is situated in the West Midlands. It is one of the four Black Country local authorities. The other Black Country authorities are Wolverhampton, Sandwell and Dudley. Walsall is a member of the "Adoption in the Black Country " project that was set up in November 2002.

Walsall has a population of 253,000.

The adoption service is located within the Social Care and Housing directorate, in the Children's Services division.

The Council provides a domestic and an inter country adoption service.

The adoption service recruits, assesses, trains, prepares and supports prospective adoptive parents to meet the needs of babies, children and young people with an adoption plan.

The service provides Section 51 counselling for adopted adults and counselling for those who are considering placing their baby for adoption.

There are three fieldwork teams that are responsible for care planning for children looked after.

A service to birth parents is provided in collaboration with Adoption Support a local agency that provides support to all parties whose lives have been touched by adoption.

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.)

The inspection took place one week after the adoption team had moved into new premises. The inspection process ran very smoothly. The materials and timetable were well organised.

Standard 1 Statement of Purpose

This standard was nearly met. There was a statement of purpose in place. The statement of purpose had been formally approved by the executive side of the council and accurately reflected the services provided. The agency was in the process of updating policies and procedures and making them electronically available to all staff. This work needed to be completed. A children's guide to adoption was available.

Standard 2 Securing and Promoting Welfare

This standard was nearly met. The agency had a written recruitment strategy for adopters. The agency was part of the Black Country Consortium in partnership with Sandwell, Wolverhampton and Dudley. The agency was successful in recruiting a diverse group of adopters to meet the needs of children waiting for adoption. The process of matching children to prospective adopters was carried out in a thorough way.

Standards 3 to 6 Prospective and approved adopters

Three of these standards were met. One had minor shortfalls. Initial enquiries from prospective adopters were dealt with courteously and efficiently. There was a good preparation programme carried out in partnership with other agencies in the Black Country Consortium. There was evidence that adopters got a good service from the agency. The agency needed to make sure that adopters got all the support they needed from partner agencies.

Standards 7 to 9 Birth parents and birth families

One of these standards was met. Two had minor shortfalls. The agency was in the process of commissioning some independent services for birth families. The agency needed to make sure they had an effective strategy for birth parents that included providing information about support groups and independent services.

Standards 10 to 13 Adoption Panels and Agency decisions

There was an adoption panel that met monthly. The panel set aside extra days to make sure there would always be enough panels to avoid delays for adopters and children. The panel was thorough and professional in their work. The panel was properly constituted and chaired by someone with a good understanding and skills in adoption work. The agency decision was made without delay. The agency needed to make sure that letters were sent out without delay.

Standards 14 and 15 Management of the Adoption Service

Both of these standards were met. The managers were all experienced and qualified childcare professionals. The adoption service was well managed.

Standards 16 to 18 Provision and management of the adoption agency

One of these standards was met. Two standards had minor shortfalls. The Executive side of the Council received an annual report on the work of the adoption service. The agency was developing an audit tool to monitor compliance with procedures. This work needed to be completed. There was good access to qualified legal and medical advice. The agency was in the process of revising procedures in relation to the Adoption Register. This work needed to be completed.

Standards 19 to 23 Employment and management of staff

Four standards were met. One standard had minor shortfalls. The adoption team were all qualified and experienced social workers. The team had a lot of skills and experience in adoption work. The procedures for staff recruitment were clear and thorough. All the relevant checks were in place. There was a staff supervision and appraisal programme and a good staff training programme in place.

Standards 25 to 28 Records

Four of these standards had minor shortfalls. The records seen were generally of a good standard. The agency needed to make sure there was a policy and procedure for access to adoption records. The agency also needed to make sure the decisions of supervisors were recorded on case files.

Standards 29 Premises

This standard was met. The adoption team had just moved into new premises the week before the inspection. The new premises at Pinfold Health Centre were well presented, spacious and secure. The agency needed to make sure there were enough computers and photocopying equipment for the use of the adoption service.

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	The Local Authority Adoption Service (England) Regulations 2003 9 (1)	LA2	The agency must develop a policy and a procedure to be followed in the event of any allegation of abuse or neglect of a child placed for adoption.	30 April 2005
2	The Adoption Agency Regulations 1983 11(2d)	LA13	The agency must notify prospective adopters in writing as soon as possible after the agency decision has been made	30 April 2005
3	The Local Authority Adoption Service (England) Regulations 2003 15 (1)	LA28	The agency must ensure that staff personnel files contain all of elements required in Schedule 3	30 April 2005
4	The Adoption Agency Regulations 1983 6(1)	LA26	The agency must develop a policy and procedure for access to adoption records.	30 June 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 ensure that the children's guide is available in a range of formats to meet the needs of all children.
2	LA5 LA16	The agency should develop up to date procedures and written information for prospective adopters about the Adoption Register.
3	LA6	The practical application of the multi agency adoption support strategy should be kept under review.
4	LA7 LA9	The agency should develop a clear strategy for working with birth parents. This should be supported by procedures and written information for birth parents about the services available, including an independent social worker.
5	LA10	The agency should develop a comprehensive reporting format for panel on children and adopters at all stages in the adoption process.
6	LA13	The agency should ensure that the decision maker has the panel minutes to inform the decision making process.
7	LA17	The agency should prepare a leaflet detailing financial support for adopters.
8	LA17	The agency should consider developing a six monthly reporting format for the executive side of the council on the management and outcomes of the adoption service.
9	LA20	The agency should ensure that there is sufficient I.T. and photocopying equipment to support the adoption service.
10	LA25	The agency should ensure that decisions by supervisors are recorded on files.
11	LA27	The agency should ensure that separate records are kept for complaints and allegations.

- 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	YES
• 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	NO
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	17/01/05
Time of Inspection	10.00
Duration Of Inspection (hrs)	86
Number of Inspector days	10
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)	8

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

There was a statement of purpose in place. The statement of purpose had been approved by the executive side of the council and had been reviewed and included all of the required elements. The statement of purpose was clear and well presented. The staff were familiar with the statement of purpose.

The agency had adoption policies and procedures in place. These had been recently updated and were to be made available electronically from April 2005. The policies and procedures accurately reflected the statement of purpose.

The agency had a children's guide in place. The guide contained all of the required elements. A system had been set up to monitor the use of the children's guide. The agency needed to ensure that the children's guide was available in a range of formats to meet the needs of all children, including children with disabilities

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

YES

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?

YES

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

- The needs and wishes, welfare and safety of the child are at the centre of the adoption process.

Standard 2 (2.1 - 2.3)

The adoption agency has written plans for the implementation and evaluation of effective strategies to recruit sufficient adopters to meet the needs of the range of children waiting for adoption locally.

Key Findings and Evidence

Standard met?

2

The agency was part of the Black Country consortium. The consortium had a jointly funded marketing officer. There was a written consortium recruitment strategy for the recruitment of adopters for children over five. This included an evaluation system. In addition Walsall had a marketing officer who focussed on the needs of children waiting in Walsall. The internal recruitment strategy was also the subject of routine evaluation.

There was evidence from the cases seen by the inspectors that children were matched with adopters who could best meet their assessed need. There was a placement policy. A profile of need was completed for all children. Same race placements were always sought as a first option. This had been achieved in 86% of cases. Where a trans racial placement was made there were special requirements to ensure racial identity needs were met. The agency had recently approved an additional senior practitioner post to focus on the recruitment of adopters from ethnic minority groups. The wishes and feelings of the child were considered.

The agency had dealt with one child protection referral in relation to a child placed for adoption in the last twelve months. This had been properly investigated and the outcome recorded on the appropriate files. The agency had followed the procedures for a looked after child. The agency needed to have a policy and procedure to be followed in the event of an allegation of abuse or neglect of a child placed for adoption.

In the last 12 months:

How many children were identified as needing adoptive families?

61

How many children were matched with adopters?

32

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

15

How many children were placed with other services' adopters?

16

How many children were referred to the Adoption Register?

14

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

27

What percentage of children matched with the adoption service's adopters does this represent?

86

%

How many sibling groups were matched in the last 12 months?

6

How many allegations of abuse or neglect were made about adopters approved by this adoption service?

1

On the date this form was completed, how many children were waiting for a match to be identified?

49

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?	4
<p>A detailed information pack, that included a complaints leaflet, was available for prospective adopters. Prospective adopters could also access information about adoption from the council web site. The information was clear and well presented. There was a separate information pack for inter-country adopters. The eligibility criteria were clearly presented in all of the information. Prospective adopters were welcomed without prejudice. There was evidence from adopters during the inspection that they had felt valued and respected in their relationships with Walsall.</p> <p>The team manager had a system in place to prioritise assessments of adopters most likely to meet the needs of children waiting. This system placed the needs of children at the centre of the process.</p>		

Standard 4. (4.1 – 4.9)

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

Key Findings and Evidence	Standard met?	4
<p>The inspectors found evidence of a thorough and comprehensive assessment process. This was also evidenced in re-assessments.</p> <p>The preparation course was delivered in partnership with the other Black Country authorities. This avoided delay for applicants. The course ran eight times a year. The course was co-facilitated by an experienced adopter.</p> <p>Inter country adopters were given the opportunity to attend the preparation course. The Black Country Consortium was in discussion with the overseas adoption helpline service about the possibility of delivering regional training specifically for inter-country adopters. The preparation course was run at different times and venues throughout the year to meet the needs of prospective adopters. The preparation course programme addressed issues of diversity and equal opportunities. Adopters were able to describe the ways in which the exercises highlighted these issues.</p> <p>Adopters confirmed that they were kept informed throughout the process.</p>		

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

Adopters said they had been told about the Adoption Register but had not been given written information. The agency needed to develop this.

Adopters were given information about the matching, introduction and placement process. There was confirmation from adopters that this information was clear and helpful. There was evidence from adopters that they were given full information about the children. The inspectors saw family books completed by adopters for children. Adopters were also asked to prepare videos as appropriate.

The post adoption contact agreement asked adopters if they were willing to agree to notify the agency if the adopted child died in childhood and pass on the information to birth parents.

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?**

3

Adopters said that they had been prepared by the agency to help children to understand their history. They described how they would do this in an age appropriate way. The importance of keeping safe information provided by birth families was clearly communicated. Adopters described what this information could be and how they would keep it safe and share it with the child.

The agency had an adoption support strategy. A multi agency project group was set up within the Local Strategic Partnership to develop the strategy in response to the Adoption Support Services (Local Authority) Regulations 2003. The partners were Social Services, Education Walsall and the Primary Care Trust. The strategy was comprehensive and clearly presented. Cabinet agreed the strategy in March 2004. There was evidence of comprehensive adoption support plans being presented to Adoption Panel. The effectiveness of the strategy and its ability to deliver multi agency services needed to be kept under review. There was evidence from an adopter that the social services link worker still had “to battle” sometimes to get a service from partner agencies for an adopted child.

Number of adopter applications started in the last 12 months

15

Number of adopters approved in the last 12 months

13

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

15

Number of adopters approved but not matched

23

Number of adopters referred to the Adoption Register

13

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

2

Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

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

Standard 7 (7.1 – 7.5)

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

Key Findings and Evidence	Standard met?	
<p>There was evidence from Form E's that birth parents views about adoption were gathered and recorded. A number of Form E's seen during the inspection had been signed by the birth parent. The Adoption Panel monitored the inclusion of birth parents views on Form E's and the presence of the birth parents signatures on the form.</p> <p>The agency did offer an in house counselling service to birth parents. The agency was in the process of negotiating an independent support worker for birth parents in partnership with the other agencies in the Black Country Consortium. This service needed to be secured.</p> <p>Three birth parents completed a questionnaire. Two birth parents expressed satisfaction with the support they had received. One birth parent said they had not been given enough information about the process and the support available.</p>	2	

Standard 8 (8,1 – 8.2)

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

Key Findings and Evidence	Standard met?	
<p>There was evidence in adoption support plans that birth parents were enabled to contribute to the maintenance of their child's heritage.</p> <p>The agency had appointed a senior practitioner, adoption support. Birth parents were given written guidance and practical support to assist in the writing of letters to adopters. The post box system facilitated the exchange of information between adopters and birth parents. There was evidence from a birth parent that this system was well managed.</p> <p>There was evidence that life story work had been undertaken for some children. Birth parents had contributed to this process.</p>	3	

Standard 9 (9.1)

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

Key Findings and Evidence**Standard met?**

2

The agency did not have a clear and comprehensive strategy for working with birth parents. This needed to be developed.

The strategy needed to be supported by policies and procedures in relation to a service to birth parents and birth families.

The agency should routinely provide birth parents with information about support groups and independent networks that they can access.

There was evidence in returned questionnaires that birth parents did not have information about support groups.

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>There were written policies and procedures in place in relation to the operation of the adoption panel. The policies and procedures were in the process of being updated at the time of the inspection.</p> <p>A senior manager from within the agency chaired the panel. The vice chair of the panel was an independent member. Discussions were taking place within the Black Countries Consortium to explore reciprocal arrangements that would provide an independent panel chair in each agency.</p> <p>The agency had given adopters the opportunity to attend panel since October 2002. Adopters attending panel were given a private space in which to wait before and after their panel attendance. There was evidence from adopters that their attendance at panel was viewed very positively.</p> <p>The panel had devised a monitoring form to provide feedback to the agency on the quality of cases being presented.</p> <p>The panel routinely received written progress information on some of the cases presented. Progress was not routinely reported on all cases. The agency should consider revising the content and format of the progress information to ensure that the panel is kept informed of all children at all stages of the process from best interest recommendation to adoption.</p>		

Standard 11 (11.1 – 11.4)

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

Key Findings and Evidence**Standard met?**

3

The adoption panel was properly constituted. There was a vacancy for a panel member. This was being addressed by the agency.
 Panel members had recently attended a training day about inter-country adoption. Before joining the panel, new members were given the opportunity to observe the panel. The induction of panel members was a combination of observing panel, access to reading materials and input from the professional advisor to the panel.
 The inspector observed the panel. The panel was thorough in the way business was conducted. The panel chair had a lot of skills, knowledge and experience of adoption work.

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?**

3

Panel meetings were held monthly. Six additional panel dates were identified at the beginning of the year to ensure that any increase in workload could be dealt with. The panel papers were sent out by special delivery at least seven days in advance of the meeting. Panel members confirmed that papers were received well in advance of the meeting. The panel minutes were very comprehensive. Panel recommendations were clearly recorded.

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 agency decision maker was the Assistant Director of Children's Services. The decision maker met with the panel chair following the panel meeting to discuss panel business and recommendations. The decision maker received all of the panel papers in advance of the panel meeting. The decision maker was an experienced childcare professional with experience of adoption work.

The decision maker did not receive the panel minutes before making a decision. The agency should make the minutes available to the decision maker as soon as possible after panel to ensure that the decision maker has all of the information surrounding the case before making a decision.

There was evidence on files and in discussions with adopters that decisions were conveyed orally without delay. There was evidence on some files that written confirmation of the decision was subject to delay in some cases. The agency needed to address this.

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 for children's resources and the adoption team manager were responsible for managing the adoption service.

There was evidence in interviews with staff and an examination of the systems in place that this was a well-managed service.

The service manager children's resources had recently been seconded into a short term project managers post within the department. She had retained the management of the adoption service. The children's resources service manager and the team manager were very well regarded and respected by the staff working in the adoption service.

The managers had the appropriate management skills and financial expertise to manage the service.

There was evidence that the managers had a lot of skills, knowledge and experience of adoption work.

There were clear written job descriptions in place for managers within the service.

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

The agency had a written recruitment and selection procedure for the appointment of staff. There was a system to follow up written references with telephone enquiries. This was evidenced on personnel files. Enhanced CRB checks were in place for managers. There was a system to renew checks every three years. This was evidenced on 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?

2

There were clear roles for managers and staff. Lines of communication and accountability within the agency were well established. The recent move across to project management of the service manager of children's resources had led to some changes in the system. The decision that she would retain management of the adoption service during this period was reassuring to staff and managers. She had a lot of experience and knowledge in the adoption field. The review of these arrangements in the longer term would need careful consideration by the agency.

Staff were aware of their responsibility to declare any conflict of interest.

The agency had an equal opportunities policy that was evidenced in the assessment of adopters and the matching of children with prospective adopters.

The agency was in the process of developing new procedures to meet the changes to the administration of the Adoption Register. This work needed to be completed.

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

0

Number of the above complaints which were substantiated

0

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

Key Findings and Evidence	Standard met?	2
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There were procedures and systems in place to monitor the activity of the adoption agency. The agency was in the process of developing a tool for ongoing audit of files and compliance with procedures. This work needed to be completed and put into practice to compliment the monitoring of targets and performance that was well established.

The agency had recently developed written information about financial support for adopters. This information needed to be presented in a leaflet and routinely distributed to prospective adopters.

The Cabinet and Scrutiny Committee received an annual report on the work of the adoption service. The agency needed to consider increasing the frequency of reporting on the adoption service. Information about progress around adoption targets was regularly and routinely reported.

How frequently does the executive side of the council receive written reports on the work of the adoption service?		
Monthly?	<input type="checkbox"/>	
Quarterly?	<input type="checkbox"/>	
Less than Quarterly?	<input checked="" type="checkbox"/>	YES

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

Key Findings and Evidence	Standard met?	3
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The agency had access to legal and medical advice. The medical advisor was a panel member and the legal advisor attended panel.

The agency had accessed other specialist advice from a number of sources, including the Overseas Adoption Helpline.

There was a protocol in place governing the role of specialist advisors.

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?

3

There were clear recruitment and selection procedures for appointing staff. Training in these procedures was available for relevant staff involved in recruitment activity. Appointments were dependent on a formal interview and written references including follow up telephone enquiries to referees.

The agency had a skilled and experienced adoption team. The team presented as motivated and enthusiastic.

An enhanced CRB check had been undertaken for all staff. This was evidenced on personnel files. A system to renew checks every three years was in place.

All staff were qualified social workers. One member of staff had completed the post-qualifying award. A second social worker was due to start this award. There was evidence from adopters, files and in meeting with the team that they had the appropriate knowledge and skills in adoption work.

One member of the team undertook section 51 birth records counselling.

All advisors to the service were appropriately qualified.

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?

10

%

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 level of management delegation and responsibility were clearly defined. The adoption team manager had a workload management system in place. Assessments were allocated according to the needs of children waiting. The inspectors saw this system during the inspection.

The team had regular team meetings every two weeks, service meetings every six weeks and family finding meetings every six weeks. These meetings ensured that everyone was kept informed of developments and practice issues.

There was a formal supervision system in place. Staff said that informal supervision was available as required.

The agency had a comprehensive training programme. All members of the adoption team had attended the British Agencies for Adoption and Fostering adoption support training. The team had recently undertaken Family Futures training.

The administrative staff were responsible for receiving all initial enquiries. There was evidence from adopters that these calls were dealt with courteously and efficiently.

The agency was about to appoint a Customer Services Operator to take on this work. This would free up much needed time in the administrative team. The level of staffing in the administrative team needed to be kept under review to ensure that it was at the right level. Additional administrative support was available from other parts of the children's resources service.

The staff did not have access to enough I.T. equipment. There were two laptops available for the team and manager. This shortfall needed to be addressed. There was evidence that the one photocopier in the building would not be sufficient to meet the demands of the adoption team. The photocopier was located outside the adoption team. Issues of confidentiality meant that no photocopying could be left unattended. This needed to be addressed

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
<p>The agency had recently approved a number of additional posts in the adoption service. The new posts were a full time customer service officer to deal with initial enquiries, a part time family support officer and a senior practitioner to focus on the recruitment of adopters from minority ethnic communities.</p> <p>There was evidence from staff and managers that the new posts were likely to bring the number of staff up to an adequate level to meet the needs of the agency</p> <p>There were a small number of independent social workers that could be used to complement permanent staff and address temporary shortfalls. The independent workers had all been subject to enhanced CRB checks and references.</p>			
Total number of social work staff of the adoption service	8	Number of staff who have left the adoption service in the past 12 months	0
Number of social work posts vacant In the adoption service.	0		

Standard 22 (22.1 and 22.3) The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.			
Key Findings and Evidence		Standard met?	3
<p>There was evidence from staff that the agency was a fair and competent employer. The agency had the appropriate insurance arrangements in place. There was a whistle blowing policy in operation.</p>			

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
<p>There was a staff training programme in place in the department. There was evidence from staff that the training programme was comprehensive and of good quality. All staff training was subject to routine evaluation.</p> <p>There was a staff appraisal system in place. Staff confirmed that this was used. Team meetings took place on a regular basis and were well attended.</p>			

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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Case records were in place for children, prospective adopters and adopters. There was a procedure in place for access to files.

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

There was no evidence that decisions by supervisors were recorded on case files. This needed to be addressed.

Standard 26 (26.1 – 26.2)

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

Key Findings and Evidence	Standard met?	2
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The agency had a corporately produced written policy and procedural instructions in relation to the Data Protection Act. The agency needed to develop a policy and procedures in relation to adoption files. At the time of the inspection requests for access were dealt with on an individual basis.

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

The agency was in the process of developing a written policy on case recording. This needed to be completed, implemented and placed in the updated policies and procedures. The agency had separate records for employed staff and independent workers. The agency needed to set up separate records for complaints and allegations. Adoption records were stored within the agency for five years. There was evidence that this storage was secure. After five years the files were sent to an external storage provider. The inspectors saw the contract for the service provision. An inspector visited the storage facility. The records were securely and appropriately stored.

Standard 28 (28.1 – 28.2)

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

Key Findings and Evidence**Standard met?**

2

There were up to date comprehensive files for members of staff and members of the adoption panel. The files contained all of the elements required in Schedule.3 with the exception of a recent photo. This needed to be addressed.

Fitness of Premises

The intended outcome for the following standard is:

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

Standard 29 (29.1 – 29.5)

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

Key Findings and Evidence	Standard met?	3
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At the time of the inspection the adoption team had moved into new premises during the previous week.

The team were located on the first floor of a newly built health centre.

The premises were pleasant, clean and spacious.

There were facilities for the secure storage of records. Inspectors observed that the records storage room was kept locked at all times. The building had a secure access system during office hours. Outside office hours the building was alarmed and maintained under security surveillance.

The agency had a disaster recovery plan.

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 18-20th January 2005 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary

YES

Comments were received from the provider

YES

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

YES

Provider comments are available on file at the Area Office but have not 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 29th April 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

Provider has declined to provide an action plan

NO

Other: <enter details here>

Public reports

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

D.3 PROVIDER'S AGREEMENT

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

D.3.1 I Beate Wagner of Walsall MBC Adoption Service confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.

Print Name Beate Wagner
Signature _____
Designation Strategic Manager
Date 28.04.05

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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S0000057237.V204685.R01

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