



Champions for
Social Care
Improvement

inspection report

Local Authority Adoption Services

**Gloucestershire County Council
Adoption Service**

Shepherd End

Tuffley

Gloucester

Gloucestershire

GL2 5DW

5th January 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

Gloucestershire County Council Adoption Service

Headquarters Address

Shepherd End, Tuffley, Gloucester, Gloucestershire, GL2
5DW

Adoption Service Manager

Cathy Shea

Tel No:

01452 418658

Address

Shepherd End, Tuffley, Gloucester, Gloucestershire, GL2
5DW

Fax No:

01452 425102

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		5th January 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Sally Woodget	113975
Name of Inspector	2	Delia Amos	128500
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. 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 NCSC, 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 NCSC in respect of Gloucestershire County Council Adoption Service. The inspection findings relate to the National Minimum Standards for Local Authority Adoption Services published by the Secretary of State under sections 49 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003 are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the NCSC 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.

Gloucestershire County Council child care services operate within separate localities around the County with some teams having responsibility of Children in Need and other for Looked After Children.

The Council's adoption service is presently incorporated with the permanence fostering team and is managed by one operational manager for both services. This service is located in Cheltenham. The team have undergone a number of changes recently following the introduction of recommendations made by the Adoption Task Force and via the provision of a Public Service Agreement to develop adoption services. As a result the team has expanded rapidly and further changes are planned to split the fostering and adoption services and introduce discreet teams for both, each with its own team manager.

Social workers in the adoption and permanence team undertake recruitment, preparation and assessments. They are involved in family finding for named children for whom adoption has been identified as a plan, and assist with the matching, introduction and placement processes. A number of intercountry adoption assessments have also been undertaken by free-lance workers who have the relevant experience.

Section 51 Counselling has only recently become the responsibility of the team, who will be undergoing some appropriate training to be able to undertake this task in the future.

The post adoption letter box service has recently become the responsibility of the Adoption Support workers, and it is anticipated that direct contact arrangements will also be facilitated by the Adoption Support workers.

The adoption service provided placements for the majority of children needing adoptive homes in Gloucestershire. The service subscribes to the South West Adoption Consortium in seeking and providing placements.

There is a Service Level Agreement with the South West Adoption Network to provide support and advice to children and adults who have been adopted, and to birth families where their child is being or has been placed by the Council for 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 report is the first by the National Care Standards Commission under the National Minimum Standards for Adoption, and therefore serves as an audit of the service against the new requirements, identifying development needs to meet the new requirements within a reasonable period of time.

The Gloucestershire County Adoption Service had been through of enormous restructuring change and expansion recently and this was intended to continue for a while as the authority was responding positively to the recommendations of the adoption task force. Extra funding had been made available via a ring fenced government grant and internal Gloucestershire County Council and was being used effectively to provide a new adoption support services. Inspectors noted that the service had recognised many of their shortfalls and was working towards putting mechanisms in place to address these. However the development of the service was somewhat fragmentary and piecemeal and it was felt that improved strategic planning and effective leadership needed to be evidenced across the adoption service. Inspectors met with six sets of adopters, a group of adoption and post adoption workers, a group of field social workers with the responsibility for children where adoption was identified as the plan, relevant managers, senior managers and a councillor with portfolio responsibility for adoption. They received completed questionnaires from 2 specialist advisors, 14 adopters, 2 placing social workers and 3 birth family members. Inspectors also observed a Panel meeting and interview the Panel Chair.

Statement of Purpose

The Standard was not met

The draft document made available to inspectors did not address the issues required in the regulations. The children's guide was not yet available.

Securing and Promoting Welfare

This Standard was nearly met

The service have a detailed marketing and communications strategy to be able to recruit sufficient adopters for children needing a placement, however more work needs to be done to make the matching process more robust, using a risk assessment model to identify any shortfalls. More work also needs to be done to ensure that children's views are ascertained and recorded consistently.

Prospective and Approved Adopters
All of these Standards are nearly met

The range of information available to prospective adopters was poor and the Agency was in the process of updating and amending this. There were a number of criticisms received from questionnaires about the preparation/training courses which were being addressed.

Further work needed to be undertaken to make the assessment of adopters more robust and a risk assessment approach included in the matching process. The Agency needs to develop systems to ensure adoptive parents keep the adoption agency informed if a child dies. They also need to develop a more consistent approach to assisting adopters to provide information about themselves that is appropriate and accessible for the children to be linked, matched and placed with them.

Birth Parents and Birth Families
These 3 Standards were nearly met

Independent support and counselling was provided via a Service Level Agreement from the South West Adoption Network. However the take up on this service is not evaluated or monitored and it is difficult to determine whether this is sufficient, or meeting ongoing needs of birth families. Placing social workers were seen to be struggling with the completion of From Es and obtaining all the relevant information from the birth families, although some good work was evident this was not consistent. Further work needs to be undertaken to provide clarity about the arrangements for direct contact between birth families and adopted children.

Adoption Panels and Agency Decision
3 of these Standards were nearly met, and 1 Standard was exceeded

The policies and procedures of the Panel were inadequate and require amending and updating to meet the Standards. The Panel Chair needs to be consulted in this process. There was a need for more systematic documentation and planning regarding the recruitment, induction and training of Panel members. The Agency decision maker considered recommendations without delay and letters were sent to adopters with the Agency decision in good time. The Agency needs to address the issue of how it informs birth families and children of these decisions.

Fitness to Provide or Manage an Adoption Agency
1 of these Standards was nearly met and 1 was met

The manager of the service has appropriate professional and business management qualifications and a significant amount of child care experience. The 'operational' manager has a professional social work qualification and many years' experience in family placement. She is working towards obtaining her management qualification.

Provision and Management of the Adoption Agency
These Standards were nearly met

The Council had a commitment to ensuring that adoption matters were monitored. The efficiency of the service was being affected at the time of the inspection by the number of changes which had recently been implemented and by many more proposed changes. Communication and consultation needs to be improved during this period.

Clear procedures need to be agreed and developed to cover arrangements for the use of services provided by the Adoption Register. Protocols need to be provided for the role of specialist advisors.

Employment and Management of Staff
2 of these Standards were nearly met, 3 were met

Personnel files were examined. The information on the files was not sufficient to meet the Standards. The practice of making telephone enquiries to referees needed to be established in the recruitment guidelines, and operated in practice. Staff had relevant qualifications and family placement experience. Workers in the child care teams had only very recently had some training, and lacked experience and appropriate support to undertake this work. Staffing levels had recently increased to be able to provide the post adoption support work. Field social work staff have been responsible for family finding and recruiting families which has led to some poor practices. Contractual/sessional workers need to be supervised regularly and their work signed off by the manager of the adoption service. Staff felt that the organisation was fair and competent, received regular supervision and support and had access to some good training opportunities.

Records
All of these Standards were nearly met

Field social workers needed some assistance and training on creating children's adoption files. Adopters' files were found to be comprehensive. There was a policy regarding personal access to records but the Agency need to inform adopters of their rights to access their records. Personnel files are kept centrally; insufficient information was included on the staff files. The Agency is in the process of developing a quality audit tool. Files need to be set up for all Panel members. CRB checks need to be undertaken for all administrative staff.

Fitness of Premises
This Standard was nearly met

The Adoption and Permanence Team are situated in the Cheltenham Office. The Adoption Support Team are situated on a different level of this office. Appropriate measures are taken to safeguard the IT systems and records were locked away at night. The Council needs to provide a Disaster Recovery Plan that includes 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:

NO

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:

YES

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:

NO

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:

NO

The grounds for the above Report or Notice are:

1. The Local Authority did not have an adequate written Statement of Purpose listing all the matters in Schedule 1.
2. The Local Authority did not have a children's guide to the adoption service which could be provided to the Commission, to every prospective adopter with whom the Agency has placed a child for adoption, and every child (subject to their age and understanding) who may be or has been placed for adoption by the authority.
3. The Local Authority did not hold the required information on all persons who work for the adoption service in accordance with Schedule 3. This applied to all staff, sessional workers and Panel member.
4. Records maintained in respect of staff were insufficient to meet the requirements of Regulation 13 Schedule 4.

**Implementation of Statutory Requirements from Last Inspection
(Not relevant at first NCSC 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 National Care Standards Commission 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 and recommendations are to be addressed. This action plan is shown in Part D of this report.

STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	LAAS Regs 2003 2(1)	LA1	The Local Authority must compile a written Statement of purpose listing all the matters in Schedule 1, and a copy must be provided to the Commission.	16.7.04
2	LAAS Regs 2003 3(1)	LA1	The Local Authority must produce a Children's Guide to the adoption service which must be provided to the Commission, to every prospective adopter with whom the authority has placed a child for adoption, every child (subject to their age and understanding) who may be, or has been placed for adoption by the authority	16.7.04
3	AA Regs 1983 Reg 7 (1) (a) i - iii	LA7	The adoption agency must ensure birth parents are given a service	16.7.04
4	AA Regs 1983 Reg 7 (1) (a) i - iii	LA8	The agency must ensure birth parents' views are recorded	16.7.04
5	AA Regs 1983 Reg 7 (1) (a) i - iii	LA9	Agency must develop a strategy to support birth parents	16.7.04

6	AA Regs 1983 Reg 6(1)	LA10	The adoption agency must in consultation with the adoption panel, make arrangements which shall be set out in writing to govern the exercise of the Agency's and the Panel's functions and such arrangements shall be kept under review and where appropriate revised by the Agency.	16.7.04
7	AA Regs 1983 Reg 5(2) (d)	LA11	The adoption agency must ensure that at least three independent members shall be appointed to the Panel (not being members or employees of the adoption agency).	16.7.04
8	AA Regs 1983 Reg 12(2)	LA13	The adoption agency must, as soon as possible after making a decision about a child's placement, notify in writing the parents or guardian of the child of the proposed placement for adoption, unless the parent or guardian has made a declaration under Section 18(6) or 19(4) of the Act.	16.7.04
9	AA Regs 1983 Reg 11 (2) (a)	LA13	The adoption agency must as soon as possible after making a decision notify in writing the parents of the child.	16.7.04
10	LAAS 2003 Regs 11 (3) (d)	LA19	The Local authority must ensure that information is held on all persons who work for the adoption service in accordance with Schedule 3. This applied to all staff, sessional workers and Panel members	16.7.04
11	LAAS 2003 Regs 15 (1)	LA28	The Local Authority must maintain and keep up to date staff records as specified in Schedule 4.	16.7.04

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 Adoption Agency's policies and procedures and any written guidance to staff should accurately reflect the Statement of Purpose
2	LA2	The views and wishes of the child should be recorded wherever possible in regard to the matching process
3	LA3	There should be more written information made available to staff and prospective adopters about the process and eligibility criteria, including for those wishing to adopt from another country.
4	LA3	The Adoption Agency needs to have systems in place to prioritise prospective adopters who are most likely to meet the needs of children waiting for adoptive placement.
5	LA4	The assessment of prospective adopters should include a more explicit evidence based approach to identifying competencies or strengths they have or will need to develop
6	LA4	Previous partners of prospective adopters should be contacted wherever possible during the course of an assessment.
7	LA4	Health and safety checks should be carried out on prospective adopters' homes as a routine part of the assessment process.
8	LA4	Clear written criteria about the process for assessment and approval should be developed for prospective adopters.
9	LA5	Clear written information should be provided to adopters about the matching, introduction and placement process, to include information about practical and financial post approval and adoption support.
10	LA5	Adopters should be given accurate, up-to-date and full written information to help them understand the needs and background of the child and an opportunity to discuss this and the implications for them and their family.
11	LA5.3	The Agency should develop systems to comply with all element of this Standard.
12	LA5	The Agency should ensure that information is obtained for the child from the prospective adopters about themselves and their home, and when applicable their children, family and pets.
13	LA6	The Agency should develop a strategy to define what happens in the event of a disruption.

14	LA7	The Agency should monitor, review and evaluate their Service Level Agreement with the South West Adoption Network to assess how well this service is being used and valued by birth families.
15	LA7	Training and advice should be provided to field social workers to inform them about accessing independent support for birth families.
16	LA8	Training and advice should be provided for field social workers to inform them about completing documents to ensure that birth families' information and views are appropriately and sensitively recorded.
17	LA9	There should be a clear strategy for working with direct contact arrangements between adopters and birth families
18	LA10	The Adoption Agency should review the Panel's functions, policies and procedures and incorporate all the elements of Standard 10.2
19	LA11	The Adoption Agency should ensure that all Panel members have systems in place to ensure that each Panel member has the opportunity to attend training outlined in Standard 11.4 and that this is recorded.
20	LA14	The legally nominated manager of the adoption agency should exercise effective strategic leadership of the operation of the whole adoption service.
21	LA16	The Adoption Agency should ensure that a Statement of Purpose is expediently produced so that the adoption service can be run in accordance with it.
22	LA16	The Adoption Agency should develop clear and concise written procedures that cover the arrangements for the use of services provided by the Adoption Register for England and Wales, including all the elements of standard 16.7
23	LA17	Clear written procedures for monitoring and controlling activities of the adoption agency and ensuring quality performance should be developed.
24	LA18	The Agency should develop written protocols governing the role of the specialist advisors.
25	LA19	Recruitment procedures should be reviewed to include specific reference to the need to make telephone enquiries to each referee to verify the written reference.
26	LA19	The Agency should ensure that no person is allowed to begin work until written confirmation has been received that the outcomes of all status, CRB and references checks are satisfactory.

27	LA20	Structures and systems should be in place to ensure that all assessment and approvals of prospective adopters (whether purchased by the adoption service or the children's field work teams) are managed and implemented effectively.
28	LA20	All staff including sessional staff should be provided with appropriate written contracts, job descriptions and conditions of service as outlined in this standard. This should include the Statement of Purpose when it available and the GSCC Code of Practice.
29	LA25	The Agency should ensure that the case records for children and prospective adopters and archived documents are securely stored to minimise the risk of damage from fire or water.
30	LA26	The Agency should ensure that all prospective adopters and adopters are informed of their right to access their records.
31	LA27	The Agency should develop a system to ensure that the administrative staff are aware of the whereabouts of all records kept for the purposes of the adoption service
32	LA27	Written entries in records should be signed and dated.
33	LA29	The Council should have a disaster recovery plan which includes the adoption services premises and the safeguarding/back-up of the records

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

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	YES
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	NO
• 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	05/01/04
Time of Inspection	09:00
Duration Of Inspection (hrs)	70
Number of Inspector days	7
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	13

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

The scale ranges from:

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

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

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

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

Statement of Purpose

The intended outcome for the following standard is:

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

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

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

Key Findings and Evidence	Standard met?	1
<p>The service manager produced a Statement of Purpose, but this was very much in its draft form and did not contain any of the information required by Regulation 2 (1) Schedule 1. The statement also had a heavy emphasis on fostering services and did not provide discreet information on the adoption service. This therefore requires amendment to meet the necessary regulations.</p> <p>At the time of the inspection the Statement of Purpose had not been formally approved by the adoption agency.</p> <p>There was no Children’s Guide to Adoption at the time of the inspection, although the production of this was planned for March 2004. The service manager must ensure that the Children’s Guide includes all the matters outlined in Schedule 2 Regulation 3(1). Different formats of the Children’s Guide to be accessible to children and young people with disabilities was also planned.</p> <p>Many of the adoption services policies and procedures needed renewing and amending to take into account changes in legislation and practice, and in order to accurately reflect the service’s Statement of Purpose.</p>		
<p>Has the Statement of Purpose been reviewed annually? (Record N/A if the information is not available)</p>	NO	
<p>Has the Statement been formally approved by the executive side of the council?</p>	NO	
<p>Is there a children’s guide to adoption?</p>	NO	
<p>Does the children’s guide contain all of the information required by Standard 1.4?</p>	NO	

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

Standard 2 (2.1 - 2.3)

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

Key Findings and Evidence

Standard met?

2

The adoption service has recently developed a written "Marketing and Communications Strategy" to improve the recruitment of adopters who can meet the need of the range of children they have waiting locally. The outcomes of the implementation of this plan had yet to be evaluated.

There was evidence of detailed matching considerations being discussed and recorded appropriately. The service were proactive in working towards placing siblings together where this met their individually assessed needs, and choosing adopters who met the children's cultural, religious and ethnic background. However there is a need for a more robust risk assessment model of matching, to identify gaps in the match and in order to be able to provide appropriate support to adopters after placement. There was also an acknowledgement by the service manager of the need to do more work to identify the Panel's role with regard to matching. The inspectors were unable to evidence that the views, wishes and feelings of the child were ascertained consistently by their social workers, and more work needs to be done in this area to record these views and those of the child's birth family.

Gloucestershire Adoption Service are members of the South West Adoption Consortium and will use this, Voluntary Adoption Agencies and BAAF to try to find the right match for a child.

In the last 12 months:

How many children were identified as needing adoptive families?

78

How many children were matched with adopters?

25

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

16

How many children were placed with other services' adopters?

4

How many children were referred to the Adoption Register?

6

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

1

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?

2

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

0

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

13

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?	
<p>At the time of the inspection the service were developing a new “Information Pack for Adopters” which was planned to include information outlined in this Standard. They were also planning on an adoption website as part of the recruitment and communication strategy. Questionnaires from approved adopters revealed that a large number were unclear about the present eligibility criteria and the assessment process. Inspectors noted that the present eligibility criteria needs updating to reflect practice. Inspectors were told that the service did prioritise prospective adopters who were likely to meet the needs of children waiting but there was no system in place to identify what this was.</p> <p>Written information must also be provided for those wishing to adopt from another country, including the processes and eligibility criteria for these countries.</p> <p>Applicants are given information about support services available during their preparation courses, but this needs to be followed up with some written information.</p>	2	

Standard 4. (4.1 – 4.9)

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

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

There was no clear written criteria about the process for assessment and approval and this needs to be developed.

All prospective adopters are assessed using the BAAF form F, and all files that were examined showed a thorough and detailed assessment. Inspectors noted however a lack of consistency in the assessment process and felt that a more evidence based approach should be introduced and encouraged in the assessment process. Those adopters who were interviewed and those who responded to the questionnaires feel that the assessment and preparation process was fair and satisfactory. However there were several comments noted by inspectors that the training was not appropriate for foster carers who were applying to adopt and it was noted that relatives applying to adopt were not invited to training. There were comments that the courses were too infrequent, creating waiting periods in the preparation and assessment process, that the groups were too large and the venue or timing inconvenient. The service has noted these comments and has already started to implement the planned changes following this feedback.

The inspectors noted that specialist training was commissioned for inter-country adopters.

Whilst adopters are encouraged to complete an evaluation form following their training course there was not a systematic review of preparation courses and their effectiveness in the preparation of adopters, however inspectors were told that this was intended.

Health and Safety checks were not being consistently and routinely completed on all prospective adopters and this needs to be incorporated into the assessment process for all applicants. Inspectors noted that whilst the Recommendations of the Brighton and Hove Enquiry had been discussed as a team, there had been no changes to the practice of carrying out references. It is advised that where applicants have had a previous partner/relationship/marriage, further references and checks must be undertaken.

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

Approved adopters reported that information regarding the matching process was unclear to them, nor are they routinely or systematically informed about the role of the National Adoption Register, or when their names are passed on to this organisation. The service needs to ensure that it provides written information to adopters about the matching, introduction and placement process and any support available to facilitate this.

Adopters report being unsure if they were being given the full information about the children with whom they were being matched. The agency needs to ensure that adopters are given accurate, up-to-date and full written information to help them understand the background and needs of the child.

The agency needs to develop systems to ensure that adoptive parents are prepared to agree to notify the adoption agency; if their adopted child dies during childhood; to explain the importance of the birth family having this information and to pass on information to birth parents if they wish to have it, as recommended in Standard 5.3. The inspectors understand that the agency intend to have this system in place by the end of January 2004.

Whilst a number of adopters had prepared information about themselves and their family for the child prior to the placement, this was not routinely or consistently being completed and the agency recognises it needs to do some work in this area. Plans to include some information and guidance for social workers and prospective adopters about how to go about this in their 'adoption manual' which is due to be implemented in March 2004.

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

NO

Standard 6 (6.1 – 6.7)

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

Key findings and evidence**Standard met?**

2

The agency have recently developed and expanded their Adoption Service and now employ a Deputy Team Manager and four full time equivalent support workers specifically to provide adoption support. This is a new service and as a result there was still a lack of clarity about how it would develop in the future, particularly in relation to support for both families in direct contact arrangements. Literature about the aims and objectives of the Adoption Support Service needs to be produced and provided for all adopters so they are fully aware of the nature and availability of these facilities.

The agency subscribes to the Overseas Adoption Helpline to provide more specific advice and support for those who wish to adopt a child from another country.

The adoption preparation course covers the importance of keeping safe information provided by birth families, and also includes issues such as valuing diversity which incorporates issues involving race and disability and addresses racism.

The agency needs to develop a written strategy to define what happens in the event of a disruption of an adoption placement, ensuring that risk assessments are undertaken to identify any gaps in the match of children with adopters, so that appropriate support can be provided.

Number of adopter applications started in the last 12 months

14

Number of adopters approved in the last 12 months

23

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

17

Number of adopters approved but not matched

15

Number of adopters referred to the Adoption Register

2

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

1

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>The agency has a service level agreement with the South West Adoption Network to provide access to birth parents including telephone advice and guidance and counselling. The service level agreement allows for four individual sessions with each birth family, and the ability to spot purchase further sessions if required, however the take-up of this service is not evaluated or monitored, and it is difficult to determine how accessible or useful this service is for birth parents.</p> <p>Questionnaires were received from 3 birth parents. Two of the three replied that they were kept well informed about their children's plans, but also recorded that they felt the placing social workers were not objective enough. It is however difficult to draw any major themes or trends from such a small sample.</p> <p>Placing social workers report some confusion about their roles in the past, and explained that recently there had been some training on the completion of Form E's and involving birth families in this process, however it has been noted by the panel that the recording of birth parents' views and the planning for contact arrangements is often inconsistent and inadequate.</p> <p>Many field social workers are inexperienced in the field of family placement, and are not regularly involved in the practice issues to be able to build up the skills in this specialist area of work, and the agency recognise the need to address this.</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
<p>Some good work was evident in the area of obtaining appropriate information from birth families about the child's early life and developing 'life story books' though this was not consistent. Placing field social workers, together with play therapists and family support workers were developing some innovative ways of sharing and recording information for children using videos, CD's and photo albums.</p> <p>Some work however needs to be done to ensure that birth families' views about adoption and contact are clearly articulated (as stated under Standard 7)</p>		

Standard 9 (9.1)

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

Key Findings and Evidence**Standard met?**

2

The adoption agency is fully aware of the work that they need to undertake to ensure that a clear strategy is developed in working with and supporting birth families (including siblings) particularly in relation to setting up and fulfilling direct contact arrangements where presently there remains a confusion about whose role it is to perform this task.

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>At the time of the inspection the Agency did not have policies and procedures for their Panel which included all the elements of Standard 10.2. It was recognised that the present policies and procedures need reviewing and updating and it is planned that they are brought in line with this standard. It was noted that the Panel Chair had not been provided with a copy of the present "Composition, Policies, Functions and Procedures of the Adoption Panel" and it is advised that this addressed and that the Panel Chair is fully consulted with regard to the new policy document for the Panel before it is finalised, as required in Regulation 6 Adoption Agency Regulations 1983.</p> <p>Prospective adopters are all given the opportunity to attend the adoption panel and those adopters interviewed as part of the inspection process had found it to be a valuable and positive experience. Prospective adopters who attend Panel are asked to complete an evaluation of their experience of the Panel, which is evidence of good practice, however this goes to the Adoption Agency and the Panel Members do not receive this feedback. It is advised that this information is shared with the Panel so they may utilise it to evaluate the experiences of the attendees and reflect on their own practices in this process.</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

The agency needs to ensure that each Panel member has suitable qualities and experience to be a Panel member. It is advised that a file is kept on each Panel member which evidences this information. Each Panel member has been given the opportunity to observe a panel prior to commencing their role as a panel member.

It is necessary for the agency to ensure that it obtains all the information required by Schedule 3 Regulation 6 and 11 on each Panel member, in order to full safeguard and protect the welfare of the children and young people discussed at the Panel meeting, and have signed a confidentiality agreement. It is advised that the Panel Chair has a list of the Panel members, with a brief outline of the experience and background of each person, to ensure that the Chair can fully utilise their expertise in the Panel discussions.

Whilst there has been some training for individual Panel members in the past it has been recognised by the agency that this has been inadequate and it does not meet all the elements of Standard 11.4. Training has been planned to incorporate these in the coming year. The agency does however need to include an annual joint training day for the Panel with all the Adoption Agency Staff.

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?**

4

The Agency Adoption Panel meets every 2 weeks in order to ensure that delays are avoided and any matters are dealt with efficiently. The adoption panel administrator sends out all the necessary documentation to Panel members in good time.

The Panel minutes were detailed and thorough and provided evidence of a good quality assurance approach to all the matters discussed, reasons for the conclusions and recommendations made.

It became apparent that a number of field social workers required further training on the completion of Form E5 and Court Reports and the Chair fed this information back to the field social work team managers in a sensitive way highlighting the deficiency in the service and informing them of the reasons and need of greater accuracy and detail.

The Panel had devised and introduced a 'Panel Members Summary Sheet' for each individual agenda item which highlighted areas they wished to be discussed from their reading of the panel papers, and the reasons for the recommendation which was a useful tool and evidence of good practice.

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 Adoption Agency's decision is made without delay, usually on the same day as the Panel Meeting. The agency decision maker receives all the information considered by the Panel, and on occasions has required that particular questions be asked by the Panel Chair in order to fully explore issues where there may be a lack of clarity.

The adopters are usually informed of the recommendations of the Panel by their social worker following the Panel Meeting, notified verbally of the decision maker's decision on the day the decision is made and then receive a letter from the decision maker within a few days of this.

The procedure is a little unclear regarding the consistency of informing birth parents and children. The agency is aware of this discrepancy and plans are in place to develop a policy and procedure, and to provide training for Child Care Fieldworkers to ensure full compliance with this Standard.

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?	2
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The Looked After Children Services Manager has been a senior manager with responsibility for Residential, Fostering and Adoption Services for 6 years. She has a CQSW and a Certificate in Management Studies and a Masters in Business Administration. She is currently working towards a National Vocational Qualification 5 in Strategic Management.

The 'Day to Day' or 'Operational' manager of the Adoption and Permanence team is working towards a National Vocational Qualification 4 in Management with a target for completion in April 2004, she has a CQSW and over 20 years experience in family placement work with many of these as a manager of this service.

At the time of the inspection the Operational Manager of the Adoption team also had responsibility for permanence or long term fostering. It was planned to separate these two as distinct areas of work by May 2004. It was unclear who would take on the Adoption Manager role at that time.

It was clear that the Operational Manager was well regarded by both the Agency and the adoption social workers who valued her knowledge, expertise and ability to manage them as a team, however there was some obvious uncertainty about how the separation of the permanence and adoption would affect the team in the future.

The management structure above that of the operation manager was also unclear due to the number of individuals involved in implementing various strategies and changes due to the recommendations of the Adoption Task Force and the Public Service Agreement Projects. This had led to some individuals being confused about who or what was leading the changes and not all the stakeholders being fully involved, consulted or given information about the changes. For example, the inspectors were informed that 2 new adoption posts were being created in the Looked After Children teams to assist with the process of adoption, however the Operational Manager was unaware of this and it became apparent that the plans for training, supervision and linking in with the adoption team had not been discussed or lines of accountability fully understood or agreed.

Whilst the 'Operational' Manager does have a job description this is for her dual role of adoption and permanence. This role is due to be evaluated prior to the separation of the 2 roles and decision about the choice of applicant. The manager has a deputy manager who is responsible for the post adoption support scheme, and would be accountable should he manager be absent.

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

As stated in Standard 14 the Service Manager and Operational Manager are suitable people, with relevant experience and qualifications to run a business concerned with safeguarding and promoting the welfare of children.

Whilst not all the staff files were provided for the inspection, including the managers, inspectors were told that CRB checks had been completed on all the managers.

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

As stated earlier the Agency's draft Statement of Purpose was inadequate and did not address issues pertinent to the effective and efficient management of the distinct and discreet adoption service.

If the Strategic Service Manager is absent then the 'Operational' manager would continue to manage referring strategic decisions to the Head of Children's Service as required.

As stated elsewhere in the report there are a number of individuals involved in developing the adoption service, which has led to a confusion of roles, decision making and accountability. Clearly this has been a time of changes in the Adoption Service due to the Adoption Task Force findings and the Public Service Agreement, and it is laudable that having found deficiencies in the planning and implementation of the plans for children that these are being addressed expediently. As stated earlier it is essential however that all proposals for change are fully discussed with the stakeholders at the regular meetings which occur between senior managers.

The Agency have a Fairness and Diversity Strategy which outlines good practice in relation to respecting peoples' beliefs, cultures, background and welcoming diversity. The Agency is aware of the need to develop the expertise/experience and understanding of adoption within the field work services to provide a more sensitive service for birth parents.

At the time of the inspection the agency was unclear about the arrangements of the use of services provided by the Adoption Register for England and Wales, but had proposed to develop concise written procedures by March 2004 and to include all the elements of Standard 16.7

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

0

Number of the above complaints which were substantiated

0

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

Key Findings and Evidence	Standard met?	2
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The Agency have a number of systems in place to monitor the activities of the adoption service, including their quarterly integrated Service and Performance Plan, quarterly Performance Matters as well as a monthly tracking document for children identified with adoption as their plan. Also statistics are produced on a six monthly basis about the number of children placed or matched and the numbers of adopters approved and those who have had a placement, though it is difficult to extrapolate any information about the quality of the service from these documents, or find out what happens to children and young people who wait, as the numbers do not correlate from one document to the next.

Clear written procedures need to be put into place for monitoring and controlling the activity which identify the reasons for recording specific information and to ensure a quality service.

Inspectors were informed that intercountry adopters were informed by letter of the charge for an adoption assessment, and that there was a policy document available about Adoption Allowances.

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

Monthly?	
Quarterly?	YES
Less than Quarterly?	

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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The adoption agency subscribes to BAAF the South West Adoption Network, The South West Adoption Consortium and the Overseas Adoption Helpline.

The medical advisor is available for staff, who have reported how helpful this service is. She is also a Panel member and can access medical advice on behalf of the agency. The legal advisor is also available for consultation by staff and is a regular Panel advisor.

There are no written protocols covering the role of the specialist advisor and the agency is aware that this needs to be addressed.

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 is 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 written recruitment and selection procedures and all personnel responsible for the recruitment and selection of staff are trained in this area of work.

Staff files were inspected, and it was noted that no file contained sufficient evidence of meeting the requirements of Schedules 3 and 4 and Regulations 6, 11 and 15. The files were also poorly organised. CRB checks are undertaken by personnel staff and kept centrally at Shire Hall. Staff files contained the number, status and date of issue. Original CRB checks were not made available so that inspectors could see evidence of checking surnames, or see how specific information held on the CRB's as dealt with.

All social workers had appropriate knowledge and skills and many had a significant amount of experience of family placement work. The agency have noted some gaps in their training and knowledge and plan development courses and workshops for staff members once they have individually audited their specific needs, these will address areas such as Child Protection, Understanding of the Adoption Act, the assessment of children in need, regulatory requirements under the Care Standards Act, and the knowledge of the roles of other agencies as identified in Standard 19.9.

At the time of the inspection Birth Records Counselling under Section 51 of the 1976 Act had only just become the responsibility of the Adoption and Permanence Team, prior to this the work was done in the fieldwork 'Access' Teams. Two new social workers will be appointed on a short-term contract to work in the adoption support team and will be accountable to the operational manager of the adoption service, whilst the existing staff team receive the specialist training on this issue from NORCAP, in order to eventually integrate this work within the team.

Training in adoption issues to provide specialist advisors with a good understanding of adoption still needs to be undertaken. The agency are aware of this and need to build this into their training programme to deliver the training over the coming months.

There are a number of staff working as adoption support workers who have qualification in subjects other than social work, for example: NNEB, Cert Ed., NVQ3 in Child Care and Certificate in Psychodynamic Counselling. These staff are supervised by the Deputy Team Manager, who is a qualified social worker, on a regular basis, and who is directly accountable for their work. The Agency plans to include these staff in the Agency training programmes mentioned earlier in this report.

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?

47

%

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

All staff in the adoption and permanence team are managed by the Operational Manager. The Deputy Manager supervises the adoption support workers. The Operational Manager is also responsible for supervising any sessional or contractual social workers undertaking work on the part of the adoption agency. It has been recognised that this is too large a number of staff to manager, and the fact that the team presently undertake both fostering and adoption work, this makes the task more complicated. There are plans to alter this arrangement in the near future as already stated, and become 2 distinct and discreet teams, one for fostering and one for adoption.

Presently the field social workers are often involved in recruiting families for their children and purchasing sessional workers to undertake these adoption assessments. The reasons for this are a little unclear, but financial budget holding, and workloads were mentioned in one of the cases tracked by inspectors. It was noted that this had led to a number of discrepancies and poor practices such as: assessment work not being monitored, supervised or signed off by any manager, lack of training opportunities for prospective adopters, lack of discussion and decisions at any appropriate stage in the process and a lack of information about adoption support both of a practical and financial nature. The supervision and management of these sessional workers has not been undertaken by someone with knowledge, experience and background in family placement work, and these issues need to be addressed to ensure good practice and a thorough approach to assessment, preparation and decision making and to ensure a consistent and equitable service provision for all prospective adopters and children placed for adoption.

The Operational Manager uses a caseload management model, and this may need some further work in the light of recent decisions to link adoption social workers to particular children as family finders.

All staff receive regular monthly supervision, and the Agency have been operating a supervision contract system for approximately 18 months. Due to the number of changes over the recent months and changes planned, not all staff have yet signed up to this supervision contract. All staff interviewed reported they felt fully supported by their manager, and that she was accessible, helpful and open in her responses to them. The agency operate an annual appraisal system 'P.A.R.'

Staff interviewed reported that the Agency were good at providing training and their experience of the courses provided was very positive.

The assessment and preparation of prospective adopters had in some cases been taking longer than anticipated, and the Agency have identified the areas of delay and prepared the systems to prevent this in the future, targets have now been set for future assessment and preparation timescales.

The agency has experienced a very difficult time in the recent past, regarding the poor level of administrative support, the lack of appropriate equipment etc., to enable the staff to carry out their duties in an effective and efficient manner. This has improved recently, but with the proposed changes to the adoption and permanence team planned, this needs to be taken into account at all stages of the process.

Presently sessional workers and consultants are not provided with job descriptions or conditions of service or provided with copies of each document outlined in Standard 20.12 and this needs 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

There has been a recent increase in staffing levels in the Adoption and Permanence team due to the Public service Agreement and the development of the adoption support service. This increase is approximately equivalent to 6 full time members of staff. It will take a little while for all the proposed changes to be implemented and managers will need to evaluate and review the staffing levels when the situation has settled down. The Agency needs to ensure that the staffing levels are consistent with the Statement of Purpose.

The Operation Manager keeps a close eye on the workloads of her staff and where necessary the contracts assessments to be completed by sessional social workers (These staff also need to meet the requirements and schedules outlined in Standard 19). There are policies to encourage the retention of staff.

Total number of social work staff of the adoption service	8.25	Number of staff who have left the adoption service in the past 12 months	1
Number of social work posts vacant In the adoption service.	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

Policies and procedures are in place to cover whistle blowing.

Inspectors were informed that staff were happy in their present positions and felt that their manager was a fair and competent individual and would support them in their role for the County.

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

The staff appraisal system (P.A.R.) is in place and it identified individual training needs. Staff reported that there was sufficient and good training available and that if they identified something specific they received positive support to enable them to attend the course.

Training needs have recently been identified for field social workers and adoption training is being rolled out to staff involved in adoption work. New training programmes are being introduced soon to include issues such as: attachment, permanence, legal issues, contract issues, resilience and life story work, matching and learning from disruptions.

The Agency keep staff abreast of any changes in legislation, guidance and case law via regular staff and team meetings. The Adoption Panel's legal advisor often circulates guidance notes to staff on particular issues. Specific training will need to be planned to incorporate the forthcoming changes in adoption legislation.

As the Agency's adoption manual, policies and procedures need amending and updating it is important that staff are fully informed about these changes and about the implications for practice.

Records

The intended outcome for the following set of standards is:

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

Standard 25 (25.1 – 25.5)

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

Key Findings and Evidence	Standard met?	2
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The Agency maintains separate files for prospective and approved adopters. Inspectors found these to be comprehensive. Field Social workers responsible for putting together the children's adoption files report being confused about what to include, and they feel they would benefit from training and further information in this area.

Inspectors were told that adoption staff have signed a confidentiality agreement and that all files and electronic records are securely stored. The Agency sends records to be archived once the adoption order is made. Inspectors did not inspect the archives, but the Agency needs to be certain that all records are securely stored to prevent damage from fire and water.

The Agency informed the inspectors that it is in the process of devising a quality audit tool which will be used across the children's services as well as within the Fostering and Adoption service, decisions by supervisors can then be recorded, signed and dated in a formal way. This was not consistently happening at the time of the inspection.

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 have a comprehensive 'Access to Personal Social Services Records Policy'. Inspectors were informed that this policy complies with the Data Protection Act 1998 and the Human Rights Act 1998. However not all adopters have been informed of their right to access information held on them, and the Agency need to provide them with this information prior to the assessment and preparation process.

The Agency provides Form F's and medical summaries to other adoption agencies with which it is working to effect the placement of a child.

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
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The Agency have a recording policy for children’s files and fieldwork settings, but as already stated there is some confusion in the fieldwork teams about what to include in a child’s adoption file, and it would be helpful for the service to produce some written guidelines on this. A quality audit tool has yet to be developed across the service to monitor the quality and adequacy of the records and ensure that remedial action is taken where necessary. Whilst inspectors were informed that only nominated members of staff can withdraw records from the County Council Records Office there is no policy known to adoption admin staff about the withdrawal of open files. Some system should be devised so that administrative staff are aware at all times of the whereabouts of the records kept for the purposes of the adoption services.

Inspectors were informed that there had been no complaints about the adoption service. It is advised that complaints that come into other parts of the Council, for example, the field social work teams that may be to do with an adoption issue are kept by the adoption service in a separate file, as well as on the child’s or adopters’ file. These should be collated for monitoring purposes to identify any themes or trends arising. Written entries in records inspected were clear, legible, non-stigmatising and detailed. However it was noted that they were not consistently signed or dated.

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
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As already stated elsewhere in this report files on Panel members need to include all the information required in Schedule 3 and Standard 28.2. CRB checks need to be routinely undertaken on all administrative staff to properly safeguard the welfare of children whose confidential information they all have access to.

As stated previously the quality of the personnel files was poor with no headings or dividers which meant it was difficult to find relevant documents such as references, CRB checks information. Other information relevant to this Standard was dealt with under Standard 19.

Fitness of Premises

The intended outcome for the following standard is:

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

Standard 29 (29.1 – 29.5)

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

Key Findings and Evidence

Standard met?

2

Presently the Adoption and Permanence team are one team and this is due to change soon. It was unclear how staff would be organised following this restructuring process and therefore impossible for inspectors to judge whether the premises to be used would be appropriate or sufficient. At the time of the inspection the adoption support staff were in a separate office in the basement of the same building as the Adoption and Permanence team. However inspectors did not note any issues regarding the arrangement of premises at the time of the inspection.

Records were kept in the offices and kept locked at night. Appropriate measures to safeguard IT system "SAFE" were in place.

Inspectors were told that the premises and its contents were fully insured by Gloucestershire Corporate Insurance Scheme the Gloucestershire Corporate Disaster Recovery Plan was being redrafted at the time of the inspection and therefore not available for inspectors to comment on.

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 5th January 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary	<input type="checkbox"/>
Comments were received from the provider	<input type="checkbox"/>
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/>
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/>

Note:

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

D.2 Please provide the Commission with a written Action Plan by 8 June 2004, which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

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

Action plan was required	<input type="checkbox"/>
Action plan was received at the point of publication	<input type="checkbox"/>
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/>
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/>
Provider has declined to provide an action plan	<input type="checkbox"/>
Other: <enter details here>	<input type="checkbox"/>

Public reports

It should be noted that all NCSC 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 Gloucestershire County 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 Gloucestershire County Council Adoption Service am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

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