



Making Social Care
Better for People

inspection report

Local Authority Adoption Services

Wigan Metropolitan Borough Council Adoption Service

Town Hall (Permanence & Adoption)

Elliott Street

Tyldesley

Manchester

M29 8EH

14th June 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

Wigan Metropolitan Borough Council Adoption Service

Headquarters Address

Town Hall (Permanence & Adoption), Elliott Street,
Tyldesley, Manchester, M29 8EH

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01942 404776

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Certificate number of this adoption service

Date of last inspection

NA

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

NA

Date of Inspection Visit		14th June 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Sean White	071337
Name of Inspector	2	Rosie Dancer	125017
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		Paul Connolly, Manager	

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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 Wigan 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

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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.

Wigan Adoption Agency operates all the adoption services and functions as required by current legislation; it does not undertake to assess people for inter-country adoption – such applicants are referred to a local voluntary adoption agency. It is located in council premises and is accessible to the public during normal office hours.

This is a reasonably small agency that only needs to recruit a limited number of adopters; it is part of the local consortium and recruits to maintain a reasonable level of input into the resources of the consortium. It only rarely places children from the Wigan geographical boundaries with its own adopters, preferring to place them a suitable distance away to protect their anonymity. The reciprocal arrangements with the consortium appear to work to the advantage of the agency.

PART A SUMMARY OF INSPECTION FINDINGS

Inspector's Summary

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

This was a positive inspection undertaken with every assistance and cooperation of the staff of the agency. The managers, staff and service users extended every courtesy and assistance throughout the process; this enabled the inspection to be undertaken efficiently and effectively. The inspectors wish to thank everyone involved for their time and effort.

The following summary is presented under the main headings of the National Minimum Standards (NMS).

Statement of Purpose.

The one standard in this section was not met.

The agency has a statement of purpose that was re-drafted in April 2004. It is a fairly comprehensive document that outlines the aims and objectives of the agency, the range of services and facilities, and describes future plans. It had not been approved by the executive of the council, however, and was, at the time of the inspection, only in draft form.

The agency had not produced its own children's guide, although a draft of a proposed guide was made available for inspection.

Securing & Promoting Children's Welfare.

The one standard in this section was almost met.

In the main the agency does not recruit adopters to meet the needs of the children of Wigan but works closely within the consortium to ensure there is a realistic 'pool' of adopters available and children are placed, usually, within the consortium. The agency does not have, however, a written plan or strategy for the recruitment of adopters. There was information available in policy and review documents in respect of the importance of effective matching, and children are placed with families that reflect their ethnic and cultural backgrounds.

Prospective & Approved Adopters.

Of the four standards in this section two were met and two were almost met.

The agency has a good information pack that provides prospective adopters and interested people with details about adoption. The preparation groups had a realistic timetable and content and adopters made it clear that they were given sufficient information to enable them to understand adoption. The agency approaches the preparation and assessment of prospective adopters from a thorough perspective and has practices in place to ensure adopters are recruited that can meet the needs of children. There was a clear commitment to anti discriminatory practice with applications being welcomed from all sectors of the community, including same sex couples. The assessment process was found to be generally good in respect of thoroughness, although there were criticisms reported in relation to lengthy time scales that had been experienced by some. There were also some issues in respect of the lack of comprehensiveness and analysis in some Forms F that were noted. Nevertheless, information provided by adopters showed that the agency workers have a sensitive and knowledgeable approach to their work. The agency supports adopters after

approval and during matching and placement.

Enhanced Criminal Records Bureau checks are carried out on all prospective adopters but there was some inconsistency in the way this information is recorded on case files.

Although all reasonable efforts are made by the agency to ensure that information in respect of a child being considered for placement is full and comprehensive, there are times when this was not achieved.

The arrangements for providing children with information about a prospective adopter were satisfactory through the practice of a family book being produced.

Birth Parents & Birth Families.

Of the three standards in this section one was met and two were almost met.

The agency works satisfactorily with birth parents to ensure that the plans made for children are the most appropriate. Birth parents are welcomed at reviews when their child is being considered for adoption and in any court proceedings.

Support for birth parents/families is provided in partnership with a voluntary agency; it was evident that the agency has a realistic and workable approach to this area of work and that there is a strong commitment to ensuring that parents and family members are aware of all support networks and services. Every effort is made by the agency to encourage birth parents to contribute to the preparation of a life-story book. There were minor shortfalls in policy arrangements in this section.

Adoption Panels & Agency Decisions.

Of the four standards in this section, one was met and two were not met.

The panel was well managed with all of its business given due gravitas; members were given every opportunity to express their views and appropriate guidance was exercised by the panel chair. Decisions are made in a timely way, in receipt of all necessary information, and are relayed to applicants and children within reasonable timescales. The administration of the panel was very well managed, including an efficient and timely approach to preparing and distributing papers, and preparing minutes.

However, the agency must reassess the membership of the panel and ensure that it meets all requirements of current legislation and guidance.

Best Interest cases are brought to the Panel without a form E being completed for members to consider and discuss and there has not been any training undertaken by panel members with agency staff.

Fitness to Provide or Manage an Adoption Agency.

Of the two standards in this section, one was met and one was almost met.

The manager of the agency has wide and lengthy experience in social work with children. He and other senior staff demonstrated that they had the necessary expertise and knowledge to manage an agency and that they possessed the necessary insight into adoption law, current thinking and guidance. Recruitment and selection practices were found to be appropriately rigorous for managers and senior staff; all had job descriptions and person specifications that correlated to their work and responsibilities. Although generally well managed, new arrangements in respect of senior staff's responsibilities were not entirely clear and historical 'hangovers' were impacting negatively on the overall efficiency of the management infrastructure.

All required checks are routinely and rigorously undertaken, and all had been subject to enhanced CRB disclosure.

Provision & Management of the Adoption Agency.

Of the three standards in this section, one was met, one was almost met and one was not met.

Although there is a range of policies and procedures in place that govern the operations and practices of the agency, it was found that they are not as coherent as they could be, this requires some attention and the manager was aware of the shortfalls.

Recent changes to the management structure of the agency had not 'bedded in' at the time of the inspection and it was clear that historical matters were having an impact on the efficacy of the new arrangements; this was affecting role certainty and clarity in some respects. There is a medical adviser and legal adviser who are members of the Panel and who also provide general and specific advice to the agency.

Employment & Management of Staff.

Of the six standards in this section, one was met, four were almost met and one was not met.

The agency has reasonably robust recruitment and selection procedures that ensure the workers employed by the agency are suitable to carry out their duties and responsibilities and enhanced CRB disclosures are obtained in all cases. There was sufficient skill, experience and knowledge evident and all the social workers in the agency were suitably qualified, although there are none who has obtained a Post Qualifying award

The current manager had only been in post for a matter of months at the time of the inspection and acknowledged that his aim had been to develop the agency into a robust and effective service from one that had suffered from a protracted managerial hiatus prior to his appointment. It was clear, however, that there was a range of well-managed systems in some areas that promoted effective working, although improvements are necessary in others, particularly in respect of clarity of roles of some staff.

The current staffing levels are too low to provide a realistic level of service across the board; an appointment of a new worker was in the process of being finalised at the time of the inspection but there are no plans in place to recruit any further workers.

The employment policies and procedures of the authority are suitably presented with an appropriate approach to staff selection and employment practices.

Although there is a staff development policy in place and evidence was found of some training having taken place, there wasn't an annual training plan, there were no social workers with a Post-Qualifying Award (and none undertaking it), and there was no formal induction programme in place (although one is in the process of being formulated). Some staff raised concerns about the level of training opportunities available.

Records.

Of the four standards in this section, one was met and three were almost met.

In the main the case records of adopters, prospective adopters and children were comprehensive, contained relevant information and were reasonably well maintained, although there are no contemporaneous notes of assessment sessions kept on file and there were no supervisor's decisions recorded.

There are satisfactory policies and procedures in place in respect of access to records and the disclosure of information to other agencies and practice reflected these; new policies were being developed at the time of the inspection.

The general administration was found to be of a good quality; the systems in place being effective and efficient; there should be, however, a more robust system of file monitoring and auditing put in place.

Personnel files and records were well maintained and included most required information; there were, however, no files kept in respect of members of the Permanency Panel.

Fitness of Premises.

The one standard in this section was not met.

The agency operates from council premises that are open and accessible during normal office hours; there is good local public transport and car parking is available in the vicinity. However, the accommodation for agency staff is cramped and provides for insufficient space; should more workers be employed there would be severe problems accommodating them.

Although there are effective systems in place to back-up IT information and keep case files in a secure archive room, there was no disaster recovery plan produced and the building was not secure. A rear access door to the building was found not to be locked and had deteriorating structure, and there is no intruder alarm.

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	3(2003)	LA1	The agency must have a written statement of purpose in place that has been approved by members of the council. The agency must have a children's guide that includes all required information.	01/10/04
2	5 (1983)	LA11	The agency adoption (permanency) panel must be properly constituted and must not sit if it is not properly constituted.	01/08/04
3	10 (2003)	LA21	Sufficient staff must be employed by the agency.	01/10/04
4	15 (2003)	LA28	The agency must maintain the required information in respect of each member of the adoption panel.	01/10/04
5	16 (1983)	LA29	The agency must ensure the premises are secure at all times.	01/10/04

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	LA10	The agency should ensure that a clear written policy and procedure in respect of the handling of the adoption panel is in place.
2	LA11	The agency should re-consider the appropriateness of the manager of the service having a dual role on the adoption panel.
3	LA2	The agency should produce a written plan or strategy to recruit sufficient adopters.
4	LA4	The agency should effect a quality control system to ensure that information kept on files and written into Forms F is as comprehensive and analytical as possible.
5	LA4	The agency should minimise as much as possible disruption to the assessment process and avoid changing appointments that cause delay – keeping applicants informed throughout the process.
6	LA4	More consistency should be exercised in the recording of CRB checks.
7	LA5	Every effort must be made to obtain all relevant information about a child when a match is being considered.
8	LA5	A system should be put in place to ask adopters about informing the agency about the death of an adopted child.
9	LA7	The agency should develop a formal policy for giving birth parents the opportunity to comment on any written information about them.
10	LA10	Best Interest decisions should not be made without full and complete information.
11	LA10	Up to date policies and procedures that reflect the NMS in respect of the functions of Adoption Panels should be introduced.
12	LA11	The agency should arrange for an annual training event that includes the panel members and workers of the agency.
12	LA14	Greater clarity in respect of the responsibilities of the senior staff should be aimed for, to enable the management of the agency to be entirely unequivocal.
13	LA19LA15	A consistent system of ensuring that all references are checked for authenticity should be put in place.
14	LA16	The agency should ensure that its new management arrangements are appropriate for the running of the agency's services.
15	LA16	Written procedures in respect of the Adoption Register for England and Wales should be produced.
16	LA17	More coherent policies should be produced.

17	LA20	Management systems should be improved,
18	LA20	The agency should ensure that practice reflects the policies.
19	LA23	The agency should develop a more robust training and development programme.
20	LA25	The agency should maintain contemporaneous assessment records on adopters' files and ensure that all supervisors' decisions are recorded.
21	LA27	A more robust file monitoring and auditing system should be introduced.
22	LA29	The agency should produce a disaster recovery plan.

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

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
Directors of Social services	YES
Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
Interview with children	YES
Interview with adopters and prospective adopters	YES
Interview with birth parents	NO
Interview with birth family members	NO
Contact with supervising social workers	YES
Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	14/05/04
Time of Inspection	09.00
Duration Of Inspection (hrs)	55
Number of Inspector days	6.5
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	12

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

The scale ranges from:

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

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

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

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

Statement of Purpose

The intended outcome for the following standard is:

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

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

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

Key Findings and Evidence

Standard met?

1

The agency has a statement of purpose that was re-drafted in April 2004. It is a fairly comprehensive document that outlines the aims and objectives of the agency, the range of services and facilities, and describes future plans. It also includes a Mission Statement. It is well written and provides for accessible information about the range and scope of the agency and how it operates within the demands of current legislation and standards. It had not been approved by the executive of the council and was, at the time of the inspection, only in draft form; approval should be sought at the earliest opportunity. A consequence of this is that it has not yet been circulated and was not accessible to the staff of the agency – although they had been involved in the drafting.

The agency had not produced its own children's guide, although a draft of a proposed guide was made available for inspection. Until such time as the draft guide is completed and approved the agency uses a standard BAAF publication; whilst this is appropriate as an interim measure, it does not describe the agency and its practices. Given that the National Minimum Standards had been in place for more than a year when this inspection was undertaken it is disappointing that the agency had not achieved an approved statement and children's guide.

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?

NO

Is there a children's guide to adoption?

NO

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

NO

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

Standard 2 (2.1 - 2.3)

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

Key Findings and Evidence

Standard met?

2

In the main the agency does not recruit adopters to meet the needs of the children of Wigan who have had a best interest decision made in respect of adoption; the size of the authority is felt to be too small to ensure that placements are appropriately anonymous. It has, however, an arrangement with the consortium that is notionally reciprocal in that it recruits adopters for the children of the member agencies. Children in the care of Wigan requiring adopters are placed, wherever possible within the consortium.

Although there is some information contained in agency policy documents in respect of the need to recruit sufficient adopters, the agency does not have, however, a written plan or formal methodology for the recruitment of adopters and how it would meet the needs of children requiring adoption in the consortium.

There was information available in policy and review documents in respect of the importance of effective matching, including a social worker's guide; this information was accessible, clearly written and gave appropriate advice on achieving the best outcomes for children.

The agency ensures, so far as is possible, that children are matched and placed with families that reflect their ethnic and cultural backgrounds; it was also evident that it strives to place children with families that have similar physical characteristics.

In the last 12 months:

How many children were identified as needing adoptive families?	45	
How many children were matched with adopters?	3	
How many children were placed with the service's own adopters?	3	
How many children were placed with other services' adopters?	9	
How many children were referred to the Adoption Register?	3	
In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?	3	
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?	4	
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?	16	

Prospective and approved adopters

The intended outcome for the following set of standards is:

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

Standard 3. (3.1 – 3.3 and 3.5 - 3.6)

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

Key Findings and Evidence	Standard met?	3
<p>The agency has a good information pack that provides prospective adopters and interested people with clearly written, unambiguous details about adoption, its processes and eligibility criteria - and makes clear who can be and who will not be considered. It demonstrates an open and non-discriminatory approach to adopter recruitment, and the adopters who were interviewed during the inspection confirmed this. The preparation groups had a realistic timetable and content, but, although in most cases interested people are given the opportunity to meet adopters, there were some occasions where it did not happen; the agency was aware of this and had taken steps to ensure that it now happens by having a separate evening session dedicated to meeting adopters as part of the preparation process. There is a process in place that ensures that applicants who are able to meet the needs of particular children are given priority in the assessment process. The adopters who were interviewed made it clear that they were given sufficient unambiguous information to enable them to understand the range and needs of children who were waiting to be adopted.</p>	<p>Standard met?</p>	<p>3</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?	2
<p>It was evident that the agency approaches the preparation and assessment of prospective adopters from a thorough perspective and has practices in place that ensure, so far as is possible, that adopters are recruited who can meet the needs of children. The agenda for the preparation days was appropriately structured and, in the main, the sessions were held at times and in locations that were realistic for interested people to attend. Overall, responses from and interviews with adopters showed a general satisfaction with the preparation process, with some being particularly pleased with it. There was a clear commitment to anti discriminatory practice with applications being welcomed from all sectors of the community, including gay people.</p> <p>The assessment process was found to be generally good in respect of thoroughness although there were criticisms reported in relation to lengthy time scales that had been experienced by some. There were also some issues in respect of the comprehensiveness and lack of analysis in Forms F that were noted; there needs to be a more effective system of quality control of Forms F to ensure that all relevant information is imparted and rationalised by the author. Quality control would be further enhanced if contemporaneous notes of assessment visits were kept on applicants' files. Information provided by adopters showed that the agency workers have a sensitive and knowledgeable approach to their</p>	<p>Standard met?</p>	<p>2</p>

work.

The staff shortages in recent times have also had an effect on the efficiency of the assessment process. Some responses from adopters were critical of the frequent unavailability of social workers and of appointments being rearranged; although the agency is aware of the difficulties created by insufficient staff, it should always try to ensure that people who have committed themselves to the assessment process are not subjected to undue delay, appointments are not rearranged and they are kept informed of their progress. Enhanced Criminal Records Bureau checks are carried out on all prospective adopters but there was some inconsistency in the way this information is recorded on case files.

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

Although all reasonable efforts are made by the agency to ensure that information in respect of a child being considered for placement is full and comprehensive, there are times when this was not achieved. Some adopters reported that information had been less than satisfactory in content. It is acknowledged that because the agency's adopters usually have children placed with them from other authorities in the consortium there is only limited control that the agency can exercise over the quality and amount of information provided by other authorities. It is, nevertheless, a responsibility that the agency should carry so far it is able and ensure that it makes appropriate representation when information is found to be less than adequate.

There was no system in place to ask adopters whether they are prepared to notify the agency of the death of an adopted child, the importance of such information and its possible value to birth families.

The arrangements for providing children with information about a prospective adopter were satisfactory through the practice of a family book being produced.

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

The agency supports adopters after approval and during matching and placement. Adopters said that the advice and information provided by agency staff was useful and appropriate; it was also said that the workers enabled adopters to provide effective transition arrangements when children came to live with them.

The report and records in respect of a recent disruption were well maintained and demonstrated a thorough and supportive approach to working with families in difficulty or crisis.

Number of adopter applications started in the last 12 months

9

Number of adopters approved in the last 12 months

7

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

3

Number of adopters approved but not matched

3

Number of adopters referred to the Adoption Register

3

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 works satisfactorily with birth parents to ensure that the plans made for children are the most appropriate. Birth parents are welcomed at reviews when their child is being considered for adoption and in any court proceedings. Arrangements are in place for birth parents to be supported by a Voluntary Adoption Agency. There are no formal policies in place for birth parents to have the opportunity to comment on any written information about them.</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?	3
<p>Every effort is made by the agency to encourage birth parents to contribute to the preparation of a life story book; although evidence was found that most children had life-story work completed within a reasonable timescale, there were instances noted where this wasn't the case although it was accepted that these were due to particular circumstances. Nevertheless, it was clear that the agency is committed to fulfilling its responsibilities in this area. The agency has realistic and appropriate policies, procedures and guidance to promote effective practice in this area.</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
<p>Support for birth parents/families is provided in partnership with a voluntary agency; it was evident that the agency has a realistic and workable approach to this area of work and that there is a strong commitment to ensuring that parents and family members are aware of all support networks and services. There was not, however, at the time of the inspection, a written policy or strategy in place that clearly outlined the agency's approach to supporting birth families.</p> <p>The agency manages indirect contact that has been agreed in the adoption plan.</p>		

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?	1
<p>The agency has a Permanence Panel that handles all children's best interests matters, matching children with approved adopters and applications from prospective adopters; it meets at least monthly. On the occasion the panel was observed in relation to this inspection there were no applications from prospective adopters items on the agenda and no matching considerations, the business being exclusively in respect of best interest. The panel was managed and conducted effectively with the Chair and Professional Adviser providing clear leadership and professional guidance. It was, however, noted that Best Interest cases are brought to the Panel without a form E being completed for members to consider and discuss. It was felt by the inspectors that due consideration could not be given to a case of Best Interest without the information that is contained in an appropriately constructed Form E. The policies and procedures that are in place in respect of the functioning of the adoption (permanency) panel were contained in an out of date review document and were not complete. This document did not address all of the matters required by the NMS and it must be seen as a priority to ensure that an appropriate and satisfactory policy/procedure is produced.</p> <p>Applicants to adopt are routinely invited to attend the panel at which their case is being considered. Adopters who had attended the panel said that they had been made welcome and treated with sensitivity.</p>	<p>1</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?	1
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The panel was not properly constituted and did not, therefore, meet standards and regulations; one member, whose membership is that of an agency social worker, does not work for the agency in that, although she is employed by the authority, she is not employed in the adoption service. In addition, the Vice Chair is also a member as an agency social worker (he is also the manager of the agency); this could pose constitution difficulties if, for instance, the Chair was not present and the remaining social worker was presenting a case, or not in attendance. In such a situation the panel could not sit, it not having a quorum for the purposes of meeting regulations.

Although the panel has an annual training day, this has not been undertaken jointly with agency workers and the Chair of the panel was not aware of any principle or practice of joint training during her tenure. Given that the NMS have been in place for more than a year it is disappointing that the agency has not instituted such practice.

The legal adviser and panel adviser provide the panel with effective and relevant advice and keep it up to date with current issues and changes to legislation. During the panel that was observed it was clear that the panel adviser enabled the panel to understand complex matters that helped them with their deliberations.

Is the panel a joint panel with other local authorities?	NO	
Does the adoption panel membership meet all of the statutory requirements?	NO	

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
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The panel was well managed with all of its business given due gravitas; members were given every opportunity to express their views and appropriate guidance was exercised by the panel chair.

The administration of the panel was very well managed, this included an efficient and timely approach to preparing and distributing papers, the compilation of accurate and informative minutes and an overall well integrated system of maintaining records and processes.

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?**

3

A recommendation made following an SSI inspection in 2001 said that the agency decision maker should only make decisions after being furnished with all panel papers and not on recommendations made accompanied only by panel minutes. This recommendation was acted upon and the decision maker is now in possession of all information prior to panel sitting and is apprised fully before the recommendation is made.

Decisions are made in a timely way, in receipt of all necessary information, and are relayed to applicants and children within reasonable timescales.

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
<p>The manager of the agency has wide and lengthy experience in social work with children. He and other senior staff demonstrated that they had the necessary expertise and knowledge to manage an agency and that they possessed the necessary insight into adoption law, current thinking and guidance. The manager and senior staff are well qualified; they are all professionally trained social workers, the manager has obtained a Diploma in Management, and senior staff are pursuing NVQ4 (management). Recruitment and selection practices were found to be appropriately rigorous for managers and senior staff; all had job descriptions and person specifications that correlated to their work and responsibilities. Although it was found that the manager has a responsible and active approach to managing and leading the agency there were some anomalies in the senior staff structure that could have implications for the smooth running of the agency. New arrangements in respect of senior staff's responsibilities were not entirely clear and historical 'hangovers' were impacting negatively on the overall efficiency of the management infrastructure.</p>		
<p>Does the manager have Management NVQ4 or equivalent?</p>	<p>YES</p>	
<p>Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?</p>	<p>YES</p>	

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 ensures that the people employed to manage and work for the purposes of adoption are appropriately qualified, experienced and skilled. All required checks are routinely and rigorously undertaken, and all had been subject to enhanced CRB disclosure checks.

Although it was said that all references are verified by telephone there was no consistent system in place to demonstrate that it was done on every occasion.

Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

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

Standard 16 (16.1 – 16.7)

The adoption agency is managed effectively and efficiently.

Key Findings and Evidence

Standard met?

1

The Statement of Purpose was only in draft form and had not been approved by the council; it was not, therefore, possible to judge the operation of the agency against its contents. Staff did not have their own copy. Nevertheless, the manager is committed to the general operational standards contained in the document, although he was inclined to re-write some parts of it before submitting it for approval.

Recent changes to the management structure of the agency had not 'bedded in' at the time of the inspection and it was clear that historical matters were having an impact on the efficacy of the new arrangements; this was having an impact on role certainty and clarity.

The agency has a robust approach to diversity, anti-discrimination and the promotion of cultural and linguistic tolerance. Although the population served by the council is mainly white British, it was clear that children's needs, in all their respects, were at the forefront of all decision-making.

The agency does not have a written policy or protocol in respect referral to of the National Register.

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

0

Number of the above complaints which were substantiated

X

Standard 17 (17.1 – 17.3)

There are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.

Key Findings and Evidence

Standard met?

2

Although there is a range of policies and procedures in place that govern the operations and practices of the agency, it was found that they are not as coherent as they could be and benefit to the service would be realised if they were analysed and re-drafted to provide a clear and unequivocal operational template. It is difficult implementing effective quality assurance and monitoring systems if there is a lack of coherence in the overall structure. Evidence was found of practice not reflecting policy and guidance; this demonstrates a somewhat confused approach to organisational integrity.

Although members of the council are made aware of much of the work of the agency there are no formal systems in place for them to receive a written report.

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

Monthly?

Quarterly?

Less than Quarterly? YES

Standard 18 (18.1 – 18.5)

The adoption agency has access to specialist advisers and services appropriate to its needs.

Key Findings and Evidence

Standard met?

3

There is a medical adviser and legal adviser who are members of the Panel and who also provide general and specific advice to the agency.

Other specialist advice is sourced as required or necessary; this includes CAMHS, Voluntary Adoption Agencies who specialise in inter-country adoption/adoption support and membership of BAAF.

Employment and management of staff

The intended outcome for the following set of standards is:

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

Standard 19 (19.1 – 19.14)

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

Key Findings and Evidence

Standard met?

2

The agency has reasonably robust recruitment and selection procedures that ensure the workers employed by the agency are suitable to carry out the duties and responsibilities required to promote the welfare of and protect children who are to be adopted. Enhanced CRB disclosures are obtained in all cases but, although there were assurances given that written references are verified, there was no coherent system in place to provide realistic evidence for this.

All the social workers in the agency are suitably qualified although there are none who has obtained a Post Qualifying award. There was sufficient skill, experience and knowledge evident but the limits defined by the small staff team undertaking assessments of adopters means that the knowledge 'pool' is quite small; reports from adopters made clear, however, that they felt the social workers were highly skilled and knowledgeable. Senior staff demonstrated a wealth of knowledge about adoption law and wider issues. S.51 work is undertaken by a worker who has training and experience in this area.

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

YES

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

0

%

Standard 20 (20.1 – 20.12)

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

Key Findings and Evidence

Standard met?

1

As already alluded to in this report, the management arrangements were found to be less than coherent. The current manager had only been in post for a matter of months at the time of the inspection and acknowledged that his aim had to be to develop the agency into a robust and effective service from one that had suffered from a protracted managerial hiatus prior to his appointment. He further acknowledged that in the period between his appointment and the inspection had been one of 'catching-up' rather than moving forward. Whilst this is appreciated and acknowledged, it is important that the agency develops its services and operations through clearly defined management systems that provide clarity and motivation for the agency as a whole. Staff reported that they were confused about their roles, that there was a lack of precision regarding duties and responsibilities and that decisions that had been made were not in the best interests of children. The latter comment

was in respect of Forms E no longer being used to provide information in best interests decisions.

Notwithstanding the above, it was clear that there was a range of well managed systems in some areas that promote effective working; supervision is regular and thorough (but not written into case records), training is available and undertaken (although not jointly with panel members) and the monitoring of the assessment process for adopters was reasonably thorough.

Standard 21 (21.1 – 21.4)

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

Key Findings and Evidence	Standard met?	2
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Although the agency does not need to recruit significant numbers of adopters, the current staffing levels are too low to provide a realistic level of service across the board. The historical legacies that continue to have an impact on the work of the agency; this and the confusions that prevail, contribute to a workforce that is not satisfied with their 'lot' and who feel organisationally unsupported (although they do feel professionally supported by their supervisors). The recent reorganisation has also had an impact on the available staff team; promotion for one worker having left a gap in the practitioner team. An appointment of a new worker was in the process of being finalised at the time of the inspection but there are no plans in place to recruit any further workers.

Total number of social work staff of the adoption service	3	Number of staff who have left the adoption service in the past 12 months	1
Number of social work posts vacant In the adoption service.	1		

Standard 22 (22.1 and 22.3)

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

Key Findings and Evidence	Standard met?	3
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The employment policies and procedures of the authority are suitably presented with an appropriate approach to staff selection and employment practices and they are aimed at providing a safe and fair working environment for their employees. A whistle-blowing policy in place that encourages employees to raise issues of concern without fear of intimidation.

Standard 23 (23.1 – 23.6)		
There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.		
Key Findings and Evidence	Standard met?	2
Although there is a staff development policy in place and evidence was found of some training having taken place, there wasn't an annual training plan, there were no social workers with a Post-Qualifying Award (and none undertaking it), and there was no formal induction programme in place (although one is in the process of being formulated). Some staff raised concerns about the level of training opportunities available.		

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
In the main the case records of adopters, prospective adopters and children were comprehensive, contained relevant information and were reasonably well maintained. However, there are some matters that the agency should address to ensure consistency and overall completeness of case file recording. There are no contemporaneous notes of assessment sessions kept on file and there were no supervisor's decisions recorded. Details of CRB checks undertaken were not consistent across all files.		

Standard 26 (26.1 – 26.2)		
The adoption agency provides all relevant information from its case files, in a timely way, to other adoption agencies and local authorities with whom it is working to effect the placement of a child.		
Key Findings and Evidence	Standard met?	3
The agency has a strong, mutually dependent relationship with other members of the consortium; this dictates, to some extent, the efficacy of the information exchange between it and other members. There are satisfactory policies and procedures in place in respect of access to records and the disclosure of information to other agencies and practice reflected these; new policies were being developed at the time of the inspection and the manager said that these would improve the overall operation of the service in relation to clarity about authorisation and access matters.		

Standard 27 (27.1 – 27.6)

There is a written policy on case recording which establishes the purpose, format, confidentiality and contents of files, including secure storage and access to case files in line with regulations.

Key Findings and Evidence

Standard met?

2

There was a comprehensive policy and practice guidance on case file maintenance. There should be, however, a more robust system of file monitoring and auditing put in place; the system at the time of the inspection being somewhat limited in scope and frequency. The general administration, nevertheless was found to be of a good quality; the systems in place for maintenance of general administration was effective and efficient.

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

Personnel files and records were well maintained and included most required information; the exceptions were in respect of no photographs of all staff and clear evidence that references had been verified by telephone – although it appeared that there is a system in place that is followed but not clearly recorded. There were, however, no files kept in respect of members of the Permanency Panel.

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?

1

The agency operates from council premises that are open and accessible during normal office hours; there is good local public transport and car parking is available in the vicinity. However, the accommodation for agency staff is cramped and provides for insufficient space; should more workers be employed there would be severe problems accommodating them.

Although there are effective systems in place to back-up IT information and keep case files in a secure archive room, there was no disaster recovery plan produced and the building was not secure. A rear access door to the building was found not to be locked and had deteriorating structure, and there is no intruder alarm.

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 14th June 2004 and any factual inaccuracies: 25th August 2004

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

Comments were received from the provider

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

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

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 9th September 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

Action plan was received at the point of publication

Action plan covers all the statutory requirements in a timely fashion

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

Provider has declined to provide an action plan

Other: <enter details here>

Public reports

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

D.3 PROVIDER'S AGREEMENT

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

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

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of Wigan Metropolitan Borough Council 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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